MATERIAL TRANSFER AGREEMENT COMPLIANCE COMMITTEE CHECKLIST

Instructions:

- 1. Complete each section of this form and include with the request to execute an MTA.
- 2. Send or e-mail all information to Sponsored Programs.
- 3. Sponsored Programs will facilitate the review and execution of the MTA on your behalf with the Research Foundation's (RF) Tech transfer office, as needed.
- 4. Contact information:
 - a. Sponsored Programs: Jennifer Rudes (Rudesj@upstate.edu); 4-5385
 - b. IBC (bio-safety), IRB (human subjects), SCRO (stem cell) Questions: Nikki Mason (MasonN@upstate.edu); 4-4565
 - c. IACUC (animal) Questions: Dr. Quinn (Quinnr@upstate.edu); 4-6563
 - **d.** RF Technology Transfer: Matt Mroz (<u>Matthew.Mroz@rfsuny.org</u>); 518-434-7061 (phone), 518-434-8351 (FAX)

| I. | Does this MTA involve sending human subject data or specimens? |
|-----|---|
| | \square NO, go to next section |
| | \Box YES and I confirm that IRB approved (or exempt) project #, includes sending the data/specimens to the recipient and that for HIPAA compliance, I have: |
| | \square An executed consent & authorization form for each subject |
| | \square An executed data use agreement with the recipient |
| | OR |
| | \square All data/specimen are stripped of all 18 identifiers ("de-identified") |
| II. | Does this MTA involve receiving any animals? |
| | \square NO |
| | \square YES and I confirm that the animals to be received are included in the IACUC approved project # |

| 111. | (includes all human tissue or cells and cultured cell lines)? | |
|--|--|--|
| | \square NO, go to next section | |
| | ☐ YES we are <u>sending</u> biohazardous/infectious agents <u>and I confirm</u> that the materials to be sent will be packaged and shipped under IBC approved project # and the person packaging and shipping the materials has completed required DOT training on CITI. | |
| | OR | |
| | ☐ YES we are <u>receiving</u> biohazardous/infectious agents and I confirm that the materials to be received are included in the IBC application form for IBC approved project # (if not, please 1 st submit an amendment request to the IBC for review). | |
| IV. | Does this MTA involve receiving any agents, which will be used to conduct recombinant DNA research? | |
| | \square NO | |
| | \square Yes and I confirm that the recombinant DNA research is included in the IBC application form for IBC approved project # | |
| Faculty Investigator Digital Signature | | |