**MTA Request Form for Outgoing Materials**

Please complete and return the MTA Request Form to Contract-Admin@nus.edu.sg. Also, do disclose any additional information which might be relevant to this materials transfer.

**NOTE**: Please complete ALL fields, incomplete forms will not be processed.

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| 1. **CONTACT INFORMATION OF THE RECIPIENT INSTITUTION**
 |
| Recipient Institution/Company Name |       |
| Recipient Scientist Name |       |
| Recipient Tech Transfer Office Contact (Name, Phone, Email address) |       |
| 1. **TYPE AND DESCRIPTION OF MATERIALS BEING SENT** *(please check the applicable box and provide a short description)*
 |
| Name/ Description of the Materials being provided:      Type of Materials:[ ]  Biological materials [ ]  Clinical samples*(Please append a copy of the IRB application/approval to this Questionnaire)*[ ]  Drugs / pharmaceutical materials[ ]  Chemicals[ ]  Software[ ]  Engineering materials (e.g. nano-particles, etc)[ ]  Others, please describe:       |
| 1. **WERE THESE MATERIALS DEVELOPED BY YOU AND IN YOUR LABORATORY?**
 |
| [ ]  YES, ownership of the Materials belongs solely to NUS[ ]  YES, but it was in collaboration with a third party; please specify:      [ ]  NO, Materials were received from a third party; please specify:      [ ]  NOT SURE (TTI will contact you for more information) |
| 1. **RESEARCH TITLE AND SHORT DESCRIPTION OF THE PROPOSED RESEARCH IN WHICH THE REQUESTED MATERIAL WILL BE USED**
 |
| Project Title:      Project Description:      Intended Use of the Material:      Project Duration:       |
| 1. **ARE THE MATERIALS AVAILABLE FROM OTHER SOURCES?** (e.g. commercial entities, other research institutes, etc)
 |
| [ ]  NO[ ]  YES Alternative source:        |
| 1. **ARE THERE ANY PATENT RIGHTS IN THE MATERIALS?**
 |
| [ ]  NO, Materials are not patented[ ]  YES, Materials have been patented (if available to you, Patent Ref. No.      )[ ]  Don’t know |
| 1. **HAVE THE MATERIALS BEEN PUBLISHED?**
 |
| [ ]  NO, not published[ ]  YES, published in      [ ]  Not sure |
| 1. **WILL THE MATERIALS BE USED AS PART OF RESEARCH IN AN ON-GOING COLLABORATION WITH THE RECIPIENT SCIENTIST?**
 |
| [ ]  NO, the Recipient Scientist will use the Materials solely for research conducted at Recipient Institution with no inputs from NUS. [ ]  YES, the Recipient Scientist will use the Materials in a formal collaboration project with NUS.  TTI Ref. No of existing research agreement (if any):      |
| 1. **WHAT IS THE FREQUENCY OF THIS MATERIALS TRANSFER?**
 |
| [ ]  One-time transfer[ ]  Multiple transfers over a period of       |
| 1. **ADDITIONAL INFORMATION** (e.g. special handling of Materials, etc)
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|       |
| 1. **I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE**
 |
| Name of Principal Investigator :       Department & Faculty :      Contact Number :      Email :      Date :       **Note:** 1. If you are holding joint appointments in more than one department at **NUS**, please indicate the primary department for the purpose of this agreement.
2. If you are holding joint appointments in **NUS and NUH**, and the Materials were collected or prepared at NUH premises or using NUH resources, please indicate in Q10 above, and we will advise you accordingly.
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