

Material Request Form



This form is used when obtaining materials for your research program.
Please send completed form to negotiations@tamu.edu

1. Principal Investigator: **System Member:** **Department:** **Email:** **Phone:**

2. Primary Person who will use the material, if not Principal Investigator:
Name: **Email:** **Phone:**

3. Name of Provider Organization (company or institution which will be sending the material):

4. If you know the contact for obtaining this material, please provide contact information below:
Name: **Email:** **Phone:**

5. If you know the legal, technology transfer, or administrative contact at the Provider Organization who handles material transfers, please fill in his or her contact information:
Name: **Email:** **Phone:**

6. What is the material you are requesting? Name of Material and Description (include citation or website if applicable):

7. What is the intended use of the material you are requesting?
Research Teaching Other - Please explain:

8. How long do you plan to use the material?

9. How do you plan on disposing of the materials once the project is completed?

10. What source(s) of funding will you use to conduct your research/program with the materials? This will help us manage conflicts between obligations to research sponsors and any obligations requested by the Provider Organization.
Federal State Private Entity Department Other - Please explain:
If available, please provide the proposal number, account number, and/or sponsor name and contract number.

11. Do you intend to publish or present your results?
Yes No

12. Please check the appropriate boxes. The following questions are helpful to us in completing material transfers.

Yes	No	Are you aware of alternative sources, or do you know if this material is commercially available?
Yes	No	Can you extract or reproduce the material from a commercial off-the-shelf product?
Yes	No	Will the materials be used in conjunction with any other materials received from a third party?
Yes	No	Are the materials relevant to any previous or pending disclosures of inventions from your lab?
Yes	No	Have any confidentiality, nondisclosure, or other agreements from the provider been signed which relate to the materials?

If you answered "yes" to any of the above, please explain below:

13. Please briefly describe how the material will be used in your research/program. This will assist us confirming that the agreement with the Provider Organization is consistent with your research/program plans. Attach additional pages, if

Yes	No	Will you create any modification out of the Material (i.e., will you create any substance that contains or incorporates the Material; will you crossbreed Material with your own materials)?
Yes	No	Will you create any derivative of the Material (i.e., functional subunit; product expressed from the original material)?

14. Please check the appropriate boxes below. We are required to collect this information for the purposes of financial conflict of interest review.

Yes	No	Do you have a financial interest in the provider organization (income, consulting, gift, stock ownership or management position) as defined by TAMUS Regulation 15.01.03?
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15. For the purposes of research compliance review, please check one response for each question.

- | | | | | |
|-----|----|--|---------|----------------|
| Yes | No | The Material will be used in Humans. | | |
| Yes | No | The Material is from Humans | | |
| | | If Yes to the Above Question; | | |
| | | Is the Human Material from a commercially available source | Yes | No |
| | | Is the Human Material being collected directly from a Human | Yes | No |
| | | Is the Human Material being collected specifically for your project | Yes | No |
| | | Does the Human Material include personal identifiable information or Personal Health Information (link) | Yes | No |
| Yes | No | Material being transferred is live Animals or will be used in Animals(Vertebrates). | | |
| | | If Yes to the above question, please provide the species | | and AUP number |
| Yes | No | Material being used constitutes an Infectious Biohazard (human blood, human tissues, human cells, pathogens and potential pathogens affecting plants, animals and humans, and/or biological toxins). | | |
| Yes | No | Material being transferred contains Transgenic plant materials. | | |
| Yes | No | Material being used is/contains Human Embryonic Stem Cells. | | |
| Yes | No | Material being transferred is a Select Agent (list): _____ | | |
| Yes | No | Material being transferred is/will be used in Recombinant DNA work. | | |
| Yes | No | Material being transferred must be utilized in a Biosafety Level 3 (BSL-3) facility. | | |
| Yes | No | Material being transferred will be utilized in Good Laboratory Practices (GLP)/Good Manufacturing Practices (GMP)/Good Clinical Practice research. | | |
| Yes | No | Material being transferred is Radioactive or a Radiation Producing Device. | | |
| Yes | No | Material being transferred is Explosive. | | |
| Yes | No | Material being transferred requires permits for handling (list): | | |
| Yes | No | Material being transferred is considered Classified or Proprietary. | | |
| Yes | No | Material being transferred has Commercial Potential. | | |
| Yes | No | Sponsor has Restriction on Participation of Non-U.S. Persons | Unknown | |
| Yes | No | Material will be used in International Collaborations: Involved Nations (list): | | |
| Yes | No | Material will be shipped to a Non-U.S. Destination, if yes where (list): | | |
| Yes | No | Material will be used off campus (Non-University property), if yes where (list): | | |
| Yes | No | Access to the material by non-U.S. persons is restricted. | | |
| Yes | No | Material will be provided by Non-U.S. Entity. | | |
| Yes | No | Does Material being transferred have the potential (or could it be modified) for military use or use in outer space? | | |
| Yes | No | Is there reason to believe that your research/program with the Material could be used in the development of weapons of mass destruction including the proliferation of nuclear explosive devices, chemical or biological weapons, or missile technology? | | |

16. PRINCIPAL INVESTIGATOR CERTIFICATION: By signing this form or submitting this through my registered campus email address, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current TAMUS policies and federal regulations.

Name

Date