

**Material Transfer (MTA), Data Transfer (DTA) or Confidentiality (CDA) Agreement Request Form**

### UC Davis InnovationAccess Phone: 530-754-8649

### 1850 Research Park Drive, Davis, CA 95618-6134 Fax: 530-754-7620 attn: MTA

### **Email to:** **MTA@ucdavis.edu** Check our website itc.ucdavis.edu/MTA

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| **UC Davis principal investigator (PI)**College/School:       Department:      Name & Title:      Telephone:       Email:       | **Outside organization**Organization name:       [ ]  non-profit, university or government [ ]  for profit Name & title of scientist:      Telephone:       Email:       |
| **UC Davis primary contact (if other than PI)**Name and Title:      Telephone:       Email:       | **Outside organization’s legal or administrative contact** Name:      Telephone:       Email:       |

1. UC Davis will [ ]  receive material/data [ ]  provide material/data [ ]  both

UC Davis will [ ]  receive confidential information [ ]  provide confidential information [ ]  both

1. Name/description of the material, data or confidential information:
2. Date material/data is needed:   /  /
3. Dates of the research:   /  /      to   /  /
4. Proposed use (2-3 sentences):

Note: If the outside organization provided an agreement, please include with this request form.

**If you are RECEIVING material/data/confidential information:**

1. Origin of the material [ ]  human [ ]  plant [ ]  animal [ ]  other

NOTE: If specimens/data/records are from human subjects, *and* contain personal identifiable information *and* will be used for research purposes, contact the [UCD IRB Administration](http://research.ucdavis.edu/policiescompliance/irb-admin/) for further information about human subject research.

1. Will derivatives or modifications be made? [ ]  yes [ ]  no [ ]  do not know
2. If the material can be purchased or obtained from another source, please specify:
3. If you will use this material with other material from another provider, specify the other material      , provider name      and MTA file number       (if known, enter “yes” if not)
4. If the material/data/confidential information will be used in support of UC research, do you, your spouse, domestic partner or dependent children have a financial interest in the provider organization (e.g. equity/ownership interest, management position, consulting arrangement, etc.)? [ ]  yes [ ]  no

If yes, complete the *California Form*  (available at <http://research.ucdavis.edu/resources/forms/#Forms-FinancialConflictsofInterest>). If you answered “yes” to any questions in *Form 700-U Part 3*, send a signed original of *the California Form 700-U* and the *PI Supplemental Form* with this request. We will forward the forms to the Research Compliance Office for approval.

1. Indicate the current or anticipated funding source(s) for the research.

[ ]  Federal grant (grantor name):       (award number):       (amount): $

[ ]  Sponsored research agreement (sponsor name):       (award number):        (amount): $

[ ]  Gift funds (donor name):       (amount): $

[ ]  Department funds (amount): $

[ ]  Other grant or source of funds (please specify):       (award number):       (amount): $

**If you are PROVIDING material/data/confidential information**:

1. If it uses or incorporates material(s)/data received from another entity, specify the provider      , MTA file number for that transfer       (type YES if you don’t know it) and describe the material/data
2. If there is a UC Record of Invention (ROI), specify the UC Case Number (type YES if you don’t know it):

**Please provide any additional information here:**

**Email form and any attachments to mta@UCDAVIS.EDU**