MATERIAL (MTA) / DATA (DUA) TRANSFER FORM

PI Name	
Sponsor/Other Entity	
• Anticipated Project Start Date?	
• Anticipated Project End Dates?	
Material/Data being sent: • To UTHealth / From UTHealth / Both	
What is being transferred? • Material / Data / or Both	
Does Data include any Personal Identifiers/Protected Health Information? (Data use only)	
Has the material/data already been sent?	
Describe the material/data or provide a research title	
Describe the research the material/data is intended for?	
Who developed the protocol/scope of work/research plan? • PI / Other entity / or Joint	
Are there shipping/processing fees associated with the agreement? • If YES please provide how payment will be paid • If YES how much do you estimate it will cost	
Was the material and /or data (as applicable) originally developed solely at UTHealth? (i.e. no materials from another institution used)	
Is intellectual property (discoveries with commercial potential) reasonably expected to results from this project?	
Is there existing intellectual property (developed at or held by UTHealth) being used in this project?	
Does project involve human subjects (material or data from human subjects)?	

(pending / approved / not yet submitted) • If you have an approval please attach a copy? • Will you have patient enrollment? • Anticipated date? • How many do you plan to enroll? • Protocol # (if approved)	
Does project involve stem cells? • If YES please list • Do you have an approval?	
Does project involve vertebrate animals? • If YES please list animal • Do you an approval? (pending / approved / not yet submitted)	
Does project involve biological agents, infectious agents, recombinant or synthetic nucleic acid? • If YES list the items	
Does project involve radioactive materials? • If YES list the items	
Is the material on the controlled substance list? Controlled Substance Link	
Other Party's contact information: (name, address, phone & email)	
Does the other party have a Draft agreement and/or any associated documents?	