**Material Transfer Agreement Checklist Process**

Material Transfer Agreements (MTA’s) entered into between Central Michigan University (CMU) and an outside entity must go through a formal review process before they are signed by CMU. The Office of Research and Graduate Studies (ORGS) maintains oversight of MTA’s. The Vice President for Research and Innovation (VPRI) is the designated institutional official for approving and signing MTA’s on behalf of CMU.

If an MTA is received by a CMU faculty or staff member, the following process must be followed:

1. The MTA, along with the attached checklist, needs to be completed by the faculty or staff member interested in acquiring the materials covered by the MTA. Both documents need to be forwarded to the Executive Director for Research and Innovation (EDRI), Melinda Brakenberry, ([meyer1mm@cmich.edu](mailto:meyer1mm@cmich.edu)) Foust 251.
2. The EDRI will obtain the necessary reviews and approvals from the CMU oversight compliance committees; as well as conduct necessary reviews of the agreement’s content.
3. If follow up information is needed from the faculty or staff member, the EDRI will solicit the required information and forward it to the oversight committee.
4. Once the oversight committee’s review and approval is complete and the document’s terms have been negotiated, the Vice President for Research and Innovation will sign the MTA and return it to the sponsor, with a copy to the respective faculty or staff member.

**Material Transfer Agreement Checklist**

**(to be completed by Principal Investigator)**

**Project Needs and Special Considerations** (Check “Y” for Yes, “N” for No, and “U” for Unsure)

Does your project involve the use of human subjects in research?  Y N U

If “Yes,” have you received approval from the IRB? (Date approved:    /    /   )  Y N U Does your project involve research using animals?  Y N U  
 If “Yes,” have you received IACUC approval? (Date approved:    /    /   )  Y N U

Does your project involve human embryonic stem cells?  Y N U   
Does your project involve recombinant DNA?  Y N U   
 If “Yes,” have you received IBC approval? (Date approved:    /    /   )  Y N U

If “Yes,” specify agent and containment level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Does your project involve biohazards?  Y N U

If “Yes,” have you discussed these with the Biosafety Officer?............................................................  Y N U

Does your project involve chemical hazards?..............................................................................................  Y N U

If “Yes,” have you discussed these with the Chemical Hygiene Officer?..............................................  Y N U

Does your project involve radiation hazards?..............................................................................................  Y N U

If “Yes,” have you discussed these with the Radiation Safety Officer?..................................................  Y N U

Does your project involve blood-borne pathogens?  Y N U

If “Yes,” have you discussed this with the University Exposure Control Officer?..................................  Y N U

Does your project require liquid nitrogen or other cryogenics?  Y N U

If “Yes,” have you discussed this with the Chemical Hygiene Officer? ……….……………………………………..  Y N U

If “Yes,” specify quantity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your project require flammable gas?  Y N U

If “Yes,” specify gas and quantity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “Yes,” have you discussed this with the Chemical Hygiene Officer? ……………………………………………..  Y N U

Does your project require select agents?  Y N U

If “Yes,” specify agents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “Yes,” have you discussed this with the Biosafety Officer? …………………………………………………………..  Y N U

Does your project require controlled substances?  Y N U

If “Yes,” specify substance and quantity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “Yes,” have you discussed this with the Assistant Director, Office of Research Compliance? ……..  Y N U

Does your project involve nanoparticles?  Y N U

If “Yes,” specify particle and quantity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “Yes,” have you discussed this with the Chemical Hygiene Officer? ……………………………………………..  Y N U

Does your project involve hiring additional personnel?  Y N U Does your project require space beyond departmental allocations?  Y N U

Does your project require any space renovations, wiring, plumbing, etc.?  Y N U

Does your project commit the University after completion of the project?  Y N U

Does your project involve activities that may produce inventions, patents, or copyrights?  Y N U

If “Yes” or “Unsure” to any Project Needs and Special Considerations, please explain:

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Date

**Review and Approval: (Oversight Compliance Committee**)

Approve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Need more information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does not apply to this oversight compliance committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review and Approval: (ORGS**)

Approve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Need more information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does not apply to this oversight compliance committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_