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 Sponsored Programs (ORSP) maintains oversight of MTA’s. The Vice President for Research 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 Vice President for Research, Foust 251.
2. The Vice President for Research will obtain the necessary review and approval from the CMU oversight compliance committees.
3. If follow up information is needed from the faculty or staff member, the Vice President for Research will solicit the required information and forward it to the oversight committee.
4. Once the oversight committee’s review and approval is completed, the Vice President for Research 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 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 EHS? .................................................................................... ☐ Y ☐ N ☐ U

Does your project involve chemical hazards? ..................................................................................... ☐ Y ☐ N ☐ U
  If “Yes,” have you discussed these with EHS? ..................................................................................... ☐ Y ☐ N ☐ U

Does your project involve radiation hazards? ....................................................................................... ☐ Y ☐ N ☐ U
  If “Yes,” have you discussed these with EHS? .................................................................................... ☐ Y ☐ N ☐ U

Does your project involve blood-borne pathogens? ........................................................................... ☐ Y ☐ N ☐ U
  If “Yes,” have you discussed this with EHS? ....................................................................................... ☐ Y ☐ N ☐ U

Does your project require liquid nitrogen or other cryogenics? ................................................................. ☐ Y ☐ N ☐ U
  If “Yes,” have you discussed this with EHS? ....................................................................................... ☐ 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 EHS? ....................................................................................... ☐ Y ☐ N ☐ U

Does your project require select agents? ............................................................................................. ☐ Y ☐ N ☐ U
  If “Yes,” specify agents __________________________________________________________________________
  If “Yes,” have you discussed this with EHS? ....................................................................................... ☐ 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 EHS? ....................................................................................... ☐ Y ☐ N ☐ U

Does your project involve nanoparticles? ............................................................................................. ☐ Y ☐ N ☐ U
  If “Yes,” specify particle and quantity __________________________________________________________________
  If “Yes,” have you discussed this with EHS? ....................................................................................... ☐ 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: __________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Does not apply to this oversight compliance committee: __________________________

Comments: __________________________

__________________________________________________________________________

__________________________________________________________________________

Signature: __________________________Date: __________________________

Review and Approval: (ORSP)

Approve: __________________________

Reject: __________________________

Need more information: __________________________

__________________________________________________________________________

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__________________________________________________________________________

Does not apply to this oversight compliance committee: __________________________

Comments: __________________________

__________________________________________________________________________

__________________________________________________________________________

Signature: __________________________Date: __________________________