

**THE UNIVERSITY OF MICHIGAN**  
**MATERIALS TRANSFER FORM**  
(see back of form for instructions)

Materials Transfer No. \_\_\_\_\_

\_\_\_\_\_  
Date Prepared

Administrative Contact

uniquname

Address

Telephone

Fax

1. SUBMITTED TO: \_\_\_\_\_  
Provider

Provider Address (see instructions)

2. MATERIALS REQUESTED: \_\_\_\_\_

3. \_\_\_\_\_  
Principal Investigator/Requester      uniquname      Department / Unit      Org. Code      Telephone

4. PROPOSED TIME PERIOD FOR USE AND POSSESSION OF MATERIALS: \_\_\_\_\_  
Start Date      End Date

5. COST OR FEE FOR MATERIALS: \_\_\_\_\_

6. DOES THE PROPOSED ACTIVITY INVOLVE:

The following activities, if marked YES, may require further registration/inspection/approvals by appropriate institutional committees. Establishment of an agreement may be delayed until approvals are granted.

Use of human subjects / patients      ☐ No      ☐ Yes      If yes, IRB approval number & date \_\_\_\_\_

Use of vertebrate animals      ☐ No      ☐ Yes      If yes, IACUC approval number & date \_\_\_\_\_

Use of recombinant DNA      ☐ No      ☐ Yes      If yes, specify Exempt, Biosafety Level I, II, III, or human gene transfer \_\_\_\_\_

Use or Derivation of Human Pluripotent Stem Cells      ☐ No      ☐ Yes      If yes, date of HPSCRO Committee approval \_\_\_\_\_

Classified research      ☐ No      ☐ Yes      If yes, contact DRDA Project Representative

Restrictions on openness of research      ☐ No      ☐ Yes      If yes, contact DRDA Project Representative

Do the Principal Investigator, Participating Investigators, or other key investigators have "significant financial interest or management interest" in the proposed project that may constitute the basis for a conflict of interest? See Instructions for Policy Statement.

☐ No      ☐ Yes

\_\_\_\_\_  
Signature of Principal Investigator

Use of radioisotopes in or on humans      ☐ No      ☐ Yes      If yes, date of committee approval \_\_\_\_\_

Use of radioactive material      ☐ No      ☐ Yes      If yes, date of RPC approval \_\_\_\_\_

Use of human body substances      ☐ No      ☐ Yes      If yes, specify \_\_\_\_\_

Use of etiologic agents      ☐ No      ☐ Yes      If yes, specify \_\_\_\_\_

Work off University property      ☐ No      ☐ Yes      If yes, identify location of research \_\_\_\_\_

7. Are requested materials dangerous to handle, store or use? \_\_\_\_\_  
☐ No      ☐ Yes      If yes, how? \_\_\_\_\_  
If yes, DRDA will notify UM Risk Management Office

NOTES:  
Written agreements from the provider to allow transfer of materials *must* be signed by someone specifically authorized by the Regents to sign agreements and contracts on behalf of the University. DRDA will secure such properly authorized signatures.

We certify the proposed work is consistent with University unit objectives and all faculty involved in the proposal have agreed to participate. We accept the obligations and commitments described, and agree to perform the work in accordance with University and sponsor policies.

NOTICE: Principal Investigator and Chairperson will bear responsibility for monitoring compliance with agreement terms.

\_\_\_\_\_  
Requested by: Principal Investigator

\_\_\_\_\_  
Approved for DRDA by: Project Representative

\_\_\_\_\_  
Approved by: Dept or Unit Head

\_\_\_\_\_  
Approved for the University

\_\_\_\_\_  
Approved by: Dean

8. Will requested materials be used in research for which there was or is external sponsor support?  
☐ No      ☐ Yes      If yes, name of sponsor(s) \_\_\_\_\_  
    Project Grant Number(s) \_\_\_\_\_  
    If yes, DRDA will check for prior UM obligations to other sponsors.
9. Will requested materials be used in research which has generated, or will result in intellectual property, (including progeny, derivatives, software, etc.) whether or not patentable or disclosed?  
☐ No      ☐ Yes      Describe briefly:  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Will proprietary material of the University of Michigan or any third party be used in conjunction with the requested materials?  
☐ No      ☐ Yes      If University of Michigan proprietary material, please provide OTT file number(s),  
    or if no OTT file number, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
    If third party proprietary material, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Are there other material transfer agreements in place which relate to this request or to the research being done with this  
 requested material?  
☐ No      ☐ Yes      Please give name(s) of provider(s).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Will U-M funds be used as seed money or pilot project support for the research using the requested materials?  
☐ No      ☐ Yes      Source: \_\_\_\_\_  
    Amount received: \_\_\_\_\_
13. University space to be used for research:

Room	Building	Bldg. Zip	Approved by Dean/Director
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14. Please give a brief description of research in which the requested materials will be used.

Notes:

## **MATERIALS TRANSFER FORM INSTRUCTIONS**

Questions regarding this form should be directed to the appropriate DRDA project representative or call DRDA information at 764-5500.

### **PROPOSAL TYPE**

Check the category that best describes the nature of the proposed activity.

### **SUBMITTED TO**

Indicate the name of the company or institution (provider) from which the materials are requested and the name and phone number of your contact in the company or institution, if available.

### **PROJECT DIRECTOR**

The primary or host unit of the proposed project should be identified. The person designated by the unit chair, director, or dean to be responsible for the administrative and programmatic aspects of the proposed project should meet the requirements necessary to serve as Project Director of a sponsored research project.

### **PROPOSED TIME PERIOD**

Indicate the start and end dates proposed for the entire project period.

### **COST OR FEE FOR MATERIALS**

If the provider of materials shown in (1) is also providing funds to conduct the research, do not use this form. Use the Proposal Approval Form. (PAF)

### **USE OF HUMAN SUBJECTS**

For research involving human beings as subjects, a project plan and protocol must be submitted to the IRB committee. This committee must approve the proposal before it is sent to the sponsor or before research is started.

### **USE OF VERTEBRATE ANIMALS**

Approval must be secured from the University Committee on the Use and Care of Animals for any proposed activity involving vertebrate animals during the proposed project period. The Committee can be reached at 763-8028.

### **USE OF HUMAN PLURIPOTENT STEM CELLS**

Approval must be obtained from the Human Pluripotent Stem Cell Research Oversight (HPSCRO) Committee for any proposed activity involving the derivation or use of human embryonic stem cells, and the derivation and use of induced pluripotent stem cells. Further information can be obtained by calling the Committee at 615-8936 or online at: <http://www.research.umich.edu/policies/um/ESCells.html>

### **RECOMBINANT DNA**

Please specify any recombinant DNA that will be used in this project. Regulated recombinant DNA research is specified in the most current edition of the "NIH Guidelines for Recombinant DNA Research," available from the Office of the Vice President for Research (936-3934). Questions concerning recombinant DNA should be directed to this office.

### **REGENTS' POLICY ON OPENNESS OF RESEARCH**

Prompt consultation between the project director and the DRDA project representative is necessary when either discovers a sponsor's intent to impose a restriction on the openness of the sponsored agreement or research results. Often such proposed restrictions can be eliminated through negotiations.

The Regents' policy requires no special justification or documentation procedures for sponsor imposed restrictions that fall within a defined set of "standard" restrictions. Explicit review, justification, and documentation is required for the two categories: non-standard restrictions and classified research restrictions.

A Supplementary Proposal Approval Form R must be submitted for review of restrictions that fall in either the "non-standard" or "classified" categories. The review must be completed prior to acceptance of an award involving such restrictions. Copies of these forms as well as the Regental policy and implementing procedures are available from DRDA project representatives.

### **CONFLICT OF INTEREST**

A conflict of interest may take many forms, but arises when a staff member, in relationship to an outside organization, is in a position to influence the university's business, research, or other decisions in ways that could lead directly or indirectly to financial gain for the staff member or the staff member's family, or give improper advantage to others to the university's detriment.

The University will exercise care in accepting or entering into sponsored agreements in which the faculty investigators or professional staff involved (or, to their knowledge, their spouses, or dependents) have interests that create conflicts. Such agreements will not be accepted if the conflict:

- a) can be expected with reasonable certainty to compromise the integrity of those investigations or undermine the employees' obligations to the University, to the sponsor, or to students, and
- (continued on next page)

(continued from previous page)

b) cannot be satisfactorily managed with appropriate administrative oversight.

By signing on line #10 of the PAF, the Principal Investigator certifies that he/she has read and understood the University's policy on financial conflicts of interest in sponsored projects and technology transfer and, to the best of his/her knowledge, has made all required financial disclosures. Should the outside financial or managerial interests of the PI. Or those of his/her spouse or dependents, change during the next calendar year, the PI further agrees to submit a revised DISCLOSURE and CERTIFICATION.

#### **USE OF RADIOISOTOPES IN OR ON HUMANS**

The use of radioisotopes in or on humans must be approved by the University Institutional Review Board (IRB) and the Radioactive Drug Research Committee (RDRC) / Subcommittee on the Human Use of Radioisotopes (SHUR). Radiation Safety Services (RSS) as the recipient of RDRC/SHUR human use applications.

#### **USE OF RADIOACTIVE MATERIALS**

Authorized users of radioactive material must be approved by the U-M Radiation Policy Committee (RPC) in accordance with the conditions of the University's broad scope license issued by the Nuclear Regulatory Commission. The RPC is responsible for evaluating and approving the users, facilities, protocols, and policies of radioactive material and radiation-producing device use. Radiation Safety Service/OSHE is responsible for ensuring the radiological safety and regulatory compliance of such uses.

#### **HUMAN BODY SUBSTANCES**

Please specify any human body substances to be used in this project. Human body substances include: blood, products, all body fluids, organs, tissues, and all pathological materials. Regulated use of these substances is specified in the most recent edition of the "MDOL Bloodborne Pathogens Standard," available from UM OSEH. Questions concerning human body substances should be directed to the UM OSEH Biological Safety Officer at 763-6973.

#### **ETIOLOGIC AGENTS**

Please specify any etiologic agents to be used in this project. Etiological agents can produce infectious disease in plants and/or animals (including humans). Regulated etiologic agent research is specified in the most current edition of the "CDC/NIH Guidelines for Research in Microbiological and Biomedical Laboratories." Questions regarding etiologic agents should be directed to the UM-OSHE Biological Safety Officer at 763-6973.

#### **PROPRIETARY MATERIALS**

Proprietary materials can include trade secrets, business data, or technical or scientific information that the project director, University, or the sponsor claim as confidential and/or proprietary. Project directors who need to include proprietary material in their proposal or to protect such material in their project should contact their DRDA project representative immediately.

#### **SEED MONEY/PILOT PROJECT**

If this proposal resulted from any seed money or a pilot project funded by the University, please indicate the source of the funding and the amount received. These data enable a review of the success and importance of seed money.

#### **WORK OFF-CAMPUS**

Please indicate if the project will be conducted off University property. If any work is to take place in a foreign country, please indicate the country.

#### **INSUFFICIENT SPACE**

The DRDA project representative should be contacted as soon as possible if sufficient space is not available to carry out the proposed project. Some rental space may be available from Plant Extension. If rental space is committed, a representative from Plant Extension should sign the approval on this form.

#### **UNIVERSITY SPACE**

Indicate the room(s) and building(s) where the proposed activities will occur. This space commitment should be reviewed and approved by the dean or director responsible for the space.