

**Material Transfer Agreement Checklist: HHMI mRFP Gateway clones
Not-for-profit Institutions**

Name of PI (please print): _____

Institution (please print): _____

- Print a copy of this document.
- On page 2 of this packet, in the appropriate spaces, print or type the name of the lab PI and the name of the institution, and date.
- At the bottom, the lab PI must sign and date in the space indicated by “Recipient Investigator”.
- Check with your Authorized Institutional Official as your institution may require that their signature be included as well. At universities or not-for-profit institutions, such an individual is often in the Office of the Vice President for Research or Technology Transfer office.
- If an Authorized Institutional Official is required to sign, insert an approval area or add an extra page with their signature.
- If your institution has not modified the agreement, the institutional official or the PI should email this form to both UCSD and the DGRC
- Email the form to **mta@ucsd.edu** with a cc to the DGRC: **dgrc@indiana.edu**

The UCSD MTA office will return copies of the fully executed MTA by pdf only, and only when requested in writing (please make this request in the box for listing constructs in the middle of the page on the MTA, including an email address).

- Once the DGRC and UCSD receive the MTA signed by the PI and the institutional officer, we will enter it into our system. You will then be able to place your order. (Note that a Carnegie MTA is also required to obtain the eight mRFP1 Gateway vectors.)
- The recipient PI is responsible for making sure a copy of the MTA gets to the DGRC. With a pdf of the MTA there's less chance for the MTA to get lost (like with paper or faxed docs) and it's quicker to transmit.
- If any changes are requested, send the MTA to mta@ucsd.edu

HHMI Investigator Name Roger Y Tsien, Ph.D.	UCSD Department Department of Pharmacology 92093-0647	Date
Recipient Investigator (Name, institutional title & contact email)	Recipient Non-Profit Institution (Institution name, address & contact email)	

The material described below is being provided to you by **DR. ROGER Y TSIEN**, a Howard Hughes Medical Institute (“HHMI”) Investigator at the University of California, San Diego (“UCSD”), for research purposes in your laboratory only. The material is experimental in nature and must be used with prudence and appropriate caution, since not all of its characteristics are known. **THE MATERIAL IS PROVIDED WITHOUT WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR ANY OTHER WARRANTY, EXPRESS OR IMPLIED. THE MATERIAL IS PROVIDED WITHOUT REPRESENTATION OR WARRANTY THAT THE USE OF THE MATERIAL WILL NOT INFRINGE ANY PATENT OR OTHER PROPRIETARY RIGHT.** It cannot be used for any commercial purpose or for work on human subjects, including diagnostic testing. Should the use of this material result in one or more scientific publication(s) you should acknowledge in the paper(s) that the material was provided to you by the HHMI Investigator identified above. The material must not be distributed to laboratories of for-profit companies. The material may be distributed to other non-profit laboratories only with the HHMI Investigator’s prior consent, and only under an agreement that prohibits further transfers of the material and use of the material for commercial purposes or for work on human subjects, including diagnostic testing.

The parties agree that this Agreement may be executed by electronic copy (pdf) and/or facsimile and in two (2) or more counterparts, each of which shall be deemed an original and all of which together shall constitute but one and the same instrument.

Description of Material Provided (List up to three (3) constructs here)

I acknowledge that I have read, understand, and agree to abide by the terms of this Agreement.
RECIPIENT INVESTIGATOR

By: _____ Date: _____
Recipient Investigator Signature

Name: _____

AGREED: RECIPIENT INSTITUTION (if required by your institution)

By: _____ Date: _____
Authorized Official of Recipient Institution Signature

Name: _____
Title: _____

APPROVED: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO CAMPUS

By: _____ Date: _____
Signature

Name: Doriot N. Lair, MBA
Title: Manager, Disclosure and Material Transfer, Technology Transfer and Intellectual Property Services

NOTE to Recipient Institution: After the Recipient Investigator and the Authorized Official of the Recipient Institution have signed the form, please return the agreement as a pdf attachment by email to mta@ucsd.edu. While a pdf is preferred, you may send the agreement by fax to 858-534-7345 Attn: MTA Coordinator. A fully executed MTA will be returned by email for your files.

HHMI Investigators: This agreement must be signed by an authorized representative of the University of California, San Diego, before materials may be sent using this form. Please arrange for an appropriate University official to sign at least this agreement.