

Simple Letter of Agreement Checklist
Not-for-profit Institutions

Name of PI (please print): _____

Institution (please print): _____

- Make one (1) copy of this checklist and the associated SLA from UCSF/DGRC
- Include a cover letter stating that this SLA applies to DNA you wish to acquire from the DGRC.
- On page 1 of the SLA, the Principle Investigator/faculty member ("Recipient Scientist) prints and signs his/her/their name in the designated areas.
- The Principle Investigator also dates the form and lists the name of the institution ("Recipient Organization") below his/her/their printed name.
- An Authorized Institutional Official must print or type his/her/their name and title in the space immediately below the investigator. 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.
- Scan the signed SLA and cover letter to create an electronic document. Please email the document to: dgrc@indiana.edu Once we have received the completed SLA from you and have it approved by the Technology Transfer Office at IU, we will enter it into our system and notify you. You will then be able to place your order.

Simple Letter Agreement for the Transfer of Materials

In response to RECIPIENT's request for the MATERIAL _____
the PROVIDER asks that the RECIPIENT and the RECIPIENT SCIENTIST agree to the following before the RECIPIENT receives the MATERIAL:

1. The above MATERIAL is the property of the PROVIDER and is made available as a service to the research community.
2. THIS MATERIAL IS NOT FOR USE IN HUMAN SUBJECTS.
3. The MATERIAL will be used for teaching or not-for-profit research purposes only.
4. The MATERIAL will not be further distributed to others without the PROVIDER's written consent. The RECIPIENT shall refer any request for the MATERIAL to the PROVIDER. To the extent supplies are available, the PROVIDER or the PROVIDER SCIENTIST agree to make the MATERIAL available, under a separate Simple Letter Agreement to other scientists for teaching or not-for-profit research purposes only.
5. The RECIPIENT agrees to acknowledge the source of the MATERIAL in any publications reporting use of it.
6. Any MATERIAL delivered pursuant to this Agreement is understood to be experimental in nature and may have hazardous properties. THE PROVIDER MAKES NO REPRESENTATIONS AND EXTENDS NO WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED. THERE ARE NO EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF THE MATERIAL WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER PROPRIETARY RIGHTS. Unless prohibited by law, Recipient assumes all liability for claims for damages against it by third parties which may arise from the use, storage or disposal of the Material except that, to the extent permitted by law, the Provider shall be liable to the Recipient when the damage is caused by the gross negligence or willful misconduct of the Provider.
7. The RECIPIENT agrees to use the MATERIAL in compliance with all applicable statutes and regulations.
8. The MATERIAL is provided at no cost, or with an optional transmittal fee solely to reimburse the PROVIDER for its preparation and distribution costs. If a fee is requested, the amount will be indicated here: USD 43.00

The PROVIDER, RECIPIENT and RECIPIENT SCIENTIST must sign both copies of this letter and return one signed copy to the PROVIDER. The PROVIDER will then send the MATERIAL.

PROVIDER INFORMATION and AUTHORIZED SIGNATURE

Provider Scientist: Yuh Nung Jan/ Andrew Zelhof

Provider Organization: Howard Hughes Medical Institute / Drosophila Genomics Resource Center

Address: Rock Hall, 1550 4th Street, Room RH-484A, San Francisco, CA, 94158 / Indiana University, 1001 East Third St, Bloomington, IN 47405

Name of Authorized Official: _____

Title of Authorized Official: _____

Certification of Authorized Official: This Simple Letter Agreement has / has not [check one] been modified. If modified, the modifications are attached.

Signature of Authorized Official

Date

RECIPIENT INFORMATION and AUTHORIZED SIGNATURE

Recipient Scientist: _____

Recipient Organization: _____

Address: _____

Name of Authorized Official: _____

Title of Authorized Official: _____

Signature of Authorized Official: _____

Date: _____

Certification of Recipient Scientist: I have read and understood the conditions outlined in this Agreement and I agree to abide by them in the receipt and use of the MATERIAL.

Recipient Scientist

Date