MATERIAL TRANSFER AGREEMENT (MTA)/

DATA USE AGREEMENT (DUA)
INTAKE FORM

Date:

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| A. INVESTIGATOR INFORMATION |  |
| CHLA PI’s Name       |
| CHLA PI’s Phone       | CHLA PI’s Email       |
| If CHLA’s contact person is different from PI, Contact Name:        | Contact Email:       |
| Outside Organization’s Name       |
| Outside Organization’s contact information: | Name:       | Email:       |
| Outside PI’s Name       |
| B. ABOUT THE MATERIAL/DATA SET BEING REQUESTED |
| What is being transferred? [ ]  Materials Only [ ]  Data Only [ ]  Both  |
| Is CHLA receiving or providing the material/data? [ ]  Receiving [ ]  Providing [ ]  Both  |
| Describe the Material/Data set (e.g.: EEG data from patients with Alzheimer’s, Los Angeles traffic pattern data, etc.)       |
| Title of Study and brief description of the use of the Material/Data (at Receiving Institution):       |
| Are the Materials human samples or data derived from humans? [ ]  Yes (IRB approval no.      ) [ ]  No  |
| Could the research lead to a patentable invention? [ ]  Yes [ ]  No [ ]  Possibly  |
| DESCRIBE THE NATURE OF THE DATA SET (IF RELATED TO HUMAN SUBJECTS): [ ]  Completely de-identified data (i.e. includes no personal identifiers)  [ ]  Limited Data Set [i.e may include dates such as admission, discharge, service, DOB, DOD; city, state, five digit or more zip code; and age in years, months or days or hours, but does not include: names, street addresses, telephone numbers, fax numbers, e-mail addresses, Social Security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate license numbers, vehicle identifiers and serial numbers (including license plates), device identifiers and serial numbers, URLs, IP address numbers, biometric identifiers (including finger and voice prints, full face photos (or comparable images)]  [ ]  Protected Health Information (as defined by HIPAA, i.e. includes specific, identifying patient information) \* If PHI, please attach a copy of your IRB approval letter which covers your use of the inbound PHI*If you’re unsure which description applies to the data being transferred, please consult with CHLA’s IRB.* [ ]  Not applicable, there is no data being transferred  |
| C. ABOUT THE DATA (ANSWER IF PROVIDING MATERIAL/DATA; if not, skip to D) |
| Is there a collaborator or organization outside of CHLA who contributed to the generation of the material/data who may need to approve the MTA/DUA? [ ]  Yes [ ]  No If yes, please provide their name, institution, and email address.      If yes, was there a MTA/DUA in place to govern the original transfer of Material/data?       |
| Was this material/data generated as a result of research sponsored by the federal government, a foundation, or a company? [ ]  Yes [ ]  No If yes, please identify the funding source and project title:       |
| Will you be providing any confidential (non-published) information to the Recipient? [ ]  Yes [ ]  No |
| Do you require the Recipient to acknowledge CHLA (particularly the PI) in any publications (should the Recipient publish)? [ ]  Yes [ ]  No |
| Does PI want to be reimbursed by Recipient for the cost and/or shipping of the material/data? [ ]  Yes [ ]  No Amount \_\_\_\_\_\_\_\_\_\_\_  |
| D. ABOUT THE DATA (ANSWER IF RECEIVING MATERIAL/DATA) |
| Will you be sharing the data with any outside (non-CHLA) third parties? [ ]  Yes [ ]  No |
| SPECIFY FUNDING SOURCE(S) FOR THE PLANNED EXPERIMENTS USING THIS DATA [ ]  Industry. Please provide Sponsor Name(s) here:[ ]  Federal Grant(s). Federal agency:[ ]  Non-federal Grant(s). Grantor Name(s):[ ]  Unrestricted Funds[ ]  Other. Please describe: |
| Please identify any existing commitments made to third parties regarding this research project and the transfer of material/data which are not already disclosed above:       |
| Will you need to receive any confidential information from the Provider of the Material/Data? [ ] Yes [ ]  No |
| Will you need to use the Material in conjunction with other Materials/Data received from a third party? [ ] Yes [ ]  No |
| Will you need to use the Material in conjunction with your own proprietary Material/Data? [ ] Yes [ ]  No |
| How long do you plan to use the Material/Data (e.g. 3 months, 2 years)?       |
|  E. COMPLIANCE |

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| Is the Material a live animal or will be used in animals?[ ]  Yes (IACUC approval no.      ) [ ]  No  |
| Is the Material a Human Embryonic Stem Cell or does the research Involve using Induced pluripotent stem cells?[ ]  Yes (SCRO approval no.      ) [ ]  No  |
| Are the Materials hazardous or infectious? [ ]  Yes (Safety and/or biosafety approval no.      ) [ ]  No  |
| In the previous 12 months preceding the date of your signature below, have you, your spouse/domestic partner, or dependent child(ren): (1) received any payments from, including reimbursement for travel, (2) held stock, stock options, or other equity interest in (excluding stocks held through mutual funds), and/or (3) held a managerial position with an organization other than CHLA, CHLA Medical Group, or USC? Yes [ ]  No [ ]  *if Yes, complete* [*COI Disclosure Form*](https://disclose.usc.edu/) |

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| F. SIGNATURES |

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| **Div/Dpt Head Name:****Div/Dpt Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Div/Dpt Admin Name:****Div/Dpt Admin Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Principal Investigator/Program Director**I certify that the statements made in the above are true, complete and accurate to the best of my knowledge. I agree to accept the obligation to comply with terms and conditions of any potential agreement, to accept responsibility for the scientific and technical conduct of this project, and for the timely provision of all required reports. I also agree to administer the project in accordance with the policies and procedures of CHLA. I will ensure that all project personnel complete the required training programs. Until new project staff members have been trained, I will ensure that their work is closely supervised for compliance with regulations and policies CHLA, and applicable law. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature Date** |