**GVSU PRINCIPAL INVESTIGATOR INFORMATION** 

PI First Name

PI Work Phone Number

PI Email Address

No

## MATERIAL TRANSFER AGREEMENT\_INBOUND

This form is required when a GVSU investigator is receiving a material from another organization. Complete this form and email it to researchadmin@gvsu.edu and attach the Providers MTA.

PI Last Name

PI Cell Phone Number

ABOUT THE MATERIAL BEING	3 REQUESTED					
Describe Material:						
Providing institution or company	name <sup>.</sup>					
. ,						
Provider First Name	Provider Last Na	.me	Provider Email	Address		
Is the material of human origin o	r obtained from a hu	man specimen?	Yes	No		
<b>Note:</b> If any patient identifiers wi when you submit this form.	II be included with hi	uman samples, plea	se submit a co	y of your IRE	approval lett	ter
If the material is being provided	by a institution/comp	oany, who initiated th	ne transfer?			
Who wrote/will write the protocol	for the intended exp	periments?				
SPECIFY FUNDING SOURCE	S) FOR THE PLANN	NED EXPERIMENTS	S USING THIS	MATERIAL		
Corporate Please provide	corporation name:					
Federal Grant(s) Federal a	igency:					
Non-federal Grant(s) Grant	or's Name(s):					
Gift Funds. Give Name(s):						
Other. Please describe:						
NIH INFORMAITON						
If the NIH is the funding source	for these experiment	ts, does your grant re	equire submiss	sion of any of	the following	j:
Intellectual property manag	jement plan	data sharing plan	Mo	odel organisn	n sharing plar	1
Will the material be used in conju	unction with other pro	oprietary materials fi	om commercia	al parties?:	Yes	No
THIRD PARTY COMMITTMENT already disclosed above:	S: Identify any exis	sting commitments n	nade to third pa	arties regardi	ing this resea	rch project no
CONFIDENTIAL INFORMATION	I: Will you receive ar	ny confidential inforn	nation from Pro	ovider about	this Material?	Yes
COMMERCIAL AVAILABILTY: I	s the Material comm	nercially available for	purchase?	Yes	No	

Please submit this form and include a brief description of your research, the Provider's MTA and any related correspondence to researchadmin@gvsu.edu

copy will be sent to the PI as a record of the transaction and to refer to throughout the research project.

The MTA will be reviewed for compliance with Grand Valley State University policies. If the MTA is acceptable, a GVSU Authorized Organization Representative will sign and send it to the Provider. If not, GVSU will negotiate the MTA terms with the Provider. Once the MTA has been signed by all the required Parties, a