

Material Transfer Agreement (MTA)

Hello Joe User,

This form should be used to request or modify an MTA with SPA.

MTA Definition and Information

These agreements should be for incoming materials and should come with no fee other than shipping costs. If the provider is Addgene, then this form is not needed.

- Material Transfer Agreements for outgoing materials should be submitted to the [Office of Technology Management \(OTM\) - otm@illinois.edu](#)
- Material Transfer Agreements that require payment to the provider, e.g. for the materials or prep of those materials, should be submitted to [OBFS Purchasing Department - urbanapurchasing@uillinois.edu](#)

PI*

Julie Robinson	jrobnsn	University of Illinois at Urbana-Champaign
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NetID or UIN

Lead Unit (e.g. 1-681000)*

1-681000

The default value is set based on your home appointment. In necessary, then please update the value for the submission.

Please select your assigned Award Negotiator:*

- Francis Thomas
- Francisco Garcia
- Frank Madden
- Jessica Steenberg
- Julie Robinson
- Justin Blount
- Matt Feely
- Meghan Calandro-Howell
- Paula Jorge
- Robin Beach
- Sarah Hasib
- Susanne Klein

View SPA's unit-based assignments on its [Search All Contacts](#) page.

At your discretion, please add any additional recipients for the system-generated emails.

Email Address	
<input type="text" value="user@example.com"/>	

+ Add At your discretion, please add any additional recipients for the system-generated emails. Row

Please ensure to click "Add Item" for each additional email address.

Next

Request ID: feyy-yyyy-yyyy-y

Provider Name*

ABC Company

Provider Contact Name*

John Smith

Provider Contact Email*

jsmith@abc.com

Description of Material(s)*

Is this material transfer related to a sponsored project?*

- Yes **Choose "Yes" if the Materials will be used in an externally-funded research project.**
 No

Please provide the SPA Institution ID (Award Number), Grant Code, or Sponsor Award Number

100100 -or- AB123 **If "Yes" was chosen above, enter the SPA Award Number or the Banner Grant Code. Note: do not enter the C-FOAP.**

Compliance Considerations* [See last page of job aid for individual Compliance Considerations information.](#)

- Investigator Conflict of Interest
- Export Control
- Human Subjects
- Animal Subjects
- Radiological Materials or Equipment
- Select Agents
- Biological Hazards
- Chemical Hazards
- HIPAA
- None

Start Date*

04/30/2021 **Enter the preferred start date for the use of the Materials.**



End Date*

04/30/2022 **Enter the end date for the use of the Materials.**



Sponsor Deadline

mm/dd/yyyy **Enter a deadline only if there is a mandatory deadline to execute the agreement. Otherwise leave this field blank.**



Do you intend to modify or produce modified derivatives of the Materials?*

- Yes Choose "Yes" if you plan to create Modifications or Modified Derivatives of the Materials; Modifications or Modified Derivatives are substances which contain/incorporate the Materials being provided under this MTA.
- No

Do you anticipate using Background Intellectual Property?*

- Yes Choose "Yes" if the use of the Materials will relate/require/incorporate any Background Intellectual Property – Background IP is any potentially patentable discoveries, including pending patent applications and issued patents, created prior to or outside of the work that will involve the Materials. Specifically note here any inventions disclosed to OTM.
- No

Will the Materials be used in conjunction with other materials from other provider(s)?*

- Yes Choose "Yes" if you will be using the Materials in conjunction with other materials provided to the University under a separate agreement (including separate MTAs)
- No

Will the materials be mixed, bred, hybridized, or otherwise put together?

- Yes Choose "Yes" if the Materials provided under this MTA will be mixed, bred, hybridized or otherwise put together with those other materials provided to the University under a separate agreement (including separate MTAs)
- No

List provider(s). If not commercially sourced, list the SPA Award Number(s)*

Will other University of Illinois researchers, including graduate students, in your lab use the Materials?*

- Yes
- No

Will you transfer the Materials to another University of Illinois lab/researcher?*

- Yes
- No

Will you transfer the Materials to a lab/researcher outside the University of Illinois?*

- Yes
- No

Other Information

e.g. requested receipt date of material.

Please upload all applicable documents: Note: almost all providers have an MTA template and that document should be attached here for SPA review.

Document Type	Upload	
<input type="text" value="Other"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="✕"/>

[+ Add Please upload all applicable documents: Row](#)

Please ensure to click "Add Item" for each document.

Please enter the following Investigator Conflict of Interest information:

Status	Protocol/Registration Number	Approved Protocol Letter	
Exempt	this is single line text	Choose File No file chosen	

If there is an Investigator Conflict of Interest (i.e. PI has an interest in the company that is providing the Materials, or the provider of the Materials has a familial or business relationship with the PI, etc), provide the Information related to the COI Management Plan or Letter.

Please enter the following Export Control information:

Status	Protocol/Registration Number	Approved Protocol Letter	
Pending	this is single line text	Choose File No file chosen	

If the Materials are export controlled, provide the license number (the Provider should have and provide this information).

Please enter the following Human Subjects information:

Status	Protocol/Registration Number	Approved Protocol Letter	
Approved	this is single line text	Choose File No file chosen	

If the Materials are being used for research using human subjects/materials, provide the IRB information.

Please enter the following Animal Subjects information:

Status	Protocol/Registration Number	Approved Protocol Letter	
Exempt	this is single line text	Choose File No file chosen	

If the Materials are live vertebrate animals or being used for research involving live vertebrate animals, provide the IACUC information.

Please enter the following Radiological Materials or Equipment information:

Status	Protocol/Registration Number	Approved Protocol Letter	
SELECT ONE	this is single line text	Choose File No file chosen	

If the Materials are radiological provide the protocol information.

Please enter the following Select Agents information:

Status	Protocol/Registration Number	Approved Protocol Letter	
Not yet applied	this is single line text	Choose File No file chosen	

If the materials are Select Agents, provide the DRS information.

Please enter the following Biological Hazard information:

Status	Protocol/Registration Number	Approved Protocol Letter	
<input type="text" value="SELECT ONE"/>	<input type="text" value="this is single line text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="✕"/>

If the Materials are a Biological Hazard, provide the DRS information.

Please enter the following Chemical Hazard information:

Status	Protocol/Registration Number	Approved Protocol Letter	
<input type="text" value="Exempt"/>	<input type="text" value="this is single line text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="✕"/>

If the Materials are a Chemical Hazard, provide the DRS information.