

Material Transfer Process

Option #2

I wish to RECEIVE material

University of California - San Diego

	UCSD Principal Investigator Information:		UCSD Department Contact Information:
Last Name		Last Name	
First Name		First Name	
Phone #		Phone #	
Email		Email	
Fax #			Provider Information:
Mail Code		Organization Name	
Department		Contact Name	
Building		Phone #	
Lab Room #		Email	
Department Org. #		Fax #	

Please answer the following questions pertaining to the materials you will be receiving:

1. Identify the material to be received. _____

<input type="checkbox"/>	Antibody	<input type="checkbox"/>	Drug
<input type="checkbox"/>	Cell Line	<input type="checkbox"/>	Reagent

 Other _____

2. Identify the origin of the material.
 Animal
 Human
 Other - for example; Plant, Plasmid, Chemical, etc. _____

3. Is the material a human embryonic stem cell?
 Yes
 No
 If **Yes**, is it included in the President's August 2001 list?
 Yes
 No

4. Provide a concise scientific description of the proposed use of the material to be received. _____

5. List the UCSD Human Subjects Protocol Number if receiving human blood, tissue, plasma, or embryonic stem cells. _____

6. Identify the funding source for the proposed use of the material.
 Agency Name: _____
 Fund # _____

7. Will you be making derivatives or modifications of the material received? For example; creating novel materials incorporating the provider's material or using the material to create other substances.
 Yes
 No
 Not Sure

8. Will the provider's material be used with material owned by an Industrial or Non Profit agency?
 Yes
 No
 Not Sure

9. Can the material be purchased from the provider or from another source?
 Yes
 No
 Not Sure

10. Will you be receiving a financial gift from the provider?
 Yes
 No
 Not Sure

11. Have you received a financial gift from the provider?
 Yes
 No
 Not Sure

12. Do you have a financial relationship with the provider? For example; private consulting, stock ownership, etc.
 Yes
 No
 Not Sure

Principal Investigator

Principal Investigator Signature

Date

Send this Completed and Signed Form and the Provider's Material Transfer Agreement to:

Mail Code 0934

Material Transfer Form - University of California San Diego - 10/2008