

# Material Transfer Process

## Option #3

### I wish to SEND Human Blood, Human Tissue, and/or Human Plasma Form Instructions

#### Overview:

The "I wish to SEND Human Blood, Human Tissue, and/or Human Plasma" form facilitates the processing of the Material Transfer Agreement (MTA) by providing necessary information to ensure that the receiving of materials for research is conducted in accordance with applicable UCSD policies.

#### UCSD Principal Investigator Information:

**Last Name:** Provide the last name of the Principal Investigator who is sending the material. **Please Note:** Only the academic in charge of the laboratory is authorized to, and may request transfers of UCSD research materials. If this is not the same individual as the Principal Investigator listed on the form, the academic who is in charge of the laboratory must sign this form as well.

**First Name:** Provide the first name of the Principal Investigator who is sending the material.

**Phone#:** Provide the telephone number, including area code of the Principal Investigator who is sending the material.

**Email:** Provide the email address of the Principal Investigator who is sending the material.

**Fax #:** Provide the Fax number, including the area code of the Principal Investigator who is sending the material.

**Mail Code:** Provide the Mail Code of the Principal Investigator who is sending the material.

**Building:** Provide the building of the Principal Investigator who is sending the material.

**Lab Room #:** Provide the room number of the laboratory of the Principal Investigator who is sending the requested material.

**Department Org. #:** Provide the department Organization Number of the Principal Investigator who is sending the material. If you do not know the department Organization Number, contact your department business office.

#### UCSD Department Contact Information:

**Last Name:** Provide the last name of an individual in the PI's department who is able to provide information regarding this request in the absence of the academic in charge of the laboratory.

**First Name:** Provide the first name of the individual in the PI's department who is able to provide information regarding this request in the absence of the academic in charge of the laboratory.

**Phone#:** Provide the telephone number, including area code of the individual in the PI's department who is able to provide information regarding this request in the absence of the academic in charge of the laboratory.

**Email:** Provide the email address of the individual in the PI's department who is able to provide information regarding this request in the absence of the academic in charge of the laboratory.

#### Recipient Principal Investigator Information:

**Organization Name:** Provide the name of the company/institution/government entity that will receive the material.

**Contact Name:** Provide the first and last name of the company/institution/government entity's authorized representative responsible for processing this transfer request on behalf of the company/ institution/government agency.

**Phone #:** Provide the telephone number of the company/institution/government agency's authorized representative responsible for processing this transfer request on behalf of the company/institution/government entity.

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**Email:** Provide the email address of the company/institution/government entity's authorized representative responsible for processing this transfer request on behalf of the company/institution/government entity.

**Fax #:** Provide the fax number of the company/institution/government entity's authorized representative responsible for processing this transfer request on behalf of the company/institution/government entity.

#### Material Transfer Process Questions:

**1. Identify material to be sent:** Specify the materials to be sent in the space provided, and then check the appropriate box.

**2. List the approved UCSD Human Subjects Protocol Number:** If the material to be sent is human blood, tissue or human plasma, a UCSD Human Subjects Protocol must be approved prior to finalizing the transfer of such materials. Provide the UCSD Human Subjects Protocol Number.

**3. Provide a concise scientific description of the proposed use of the material to be sent.** Provide a brief, but reasonably detailed description of the research to be conducted with the transferred materials.

#### Principal Investigator:

**Principal Investigator Signature:** The Principal Investigator who is sending the material signs. **Please Note:** Only the academic in charge of the laboratory is authorized to, and may request transfers of UCSD research materials. If this is not the same individual as the Principal Investigator listed on the form, the academic who is in charge of the laboratory must sign here as well.