



Outgoing Material Transfer Agreement (MTA) Questionnaire

In order to appropriately evaluate the request for outgoing materials and prepare the necessary documentation, please provide the following information:

1. Your contact information:

Name and Title (e.g., Asst. Prof.): _____

Department: _____

Phone #: _____ Fax #: _____

E-mail: _____

2. Type and amount of material requested from you ("Material"). Please provide specific amount and detailed description of material to be transferred: _____

3. Please provide the name, title, email address, phone and fax number and address of the scientist at the institution that has requested the Material ("Requestor"). If you also have the contact information for the institution administrator who deals with technology transfer, that will expedite processing.

Scientist Name and Title: _____

Phone and Email Address: _____

Institution and Address: _____

Administrator Name and Title: _____

Phone and Email address: _____

Institution and Address: _____

4. Have you already provided the Material to the Requestor?
Yes _____ No _____

5. Is the Material available commercially or through any other source such as a research reagent bank or depository (such as the ATCC, Hybridoma Bank, etc.)?
Yes _____ No _____ Unsure _____

6. Is the Material covered by patent(s) or license(s) of which you are aware?
Yes _____ No _____ Unsure _____

7. Describe the proposed use of the Material by the Requestor (you may attach a copy of the request). Be specific: _____

8. Was the Material:

a. obtained under a Material Transfer Agreement or any other form of agreement?
Yes _____ No _____

b. created using other biological material obtained under a Material Transfer Agreement or any other form of agreement (such as the DuPont *cre-lox* transgenic mouse technology)?
Yes _____ No _____

c. created in conjunction with non-AU personnel?
Yes _____ No _____

d. created as part of a research project for which you received External Support?

Yes _____ No _____

If yes to any of the above, please briefly describe the Agreement, non-AU personnel, and/or External Support: _____

9. Is the Material related to an invention that has been or will be disclosed to IAC?

Yes _____ No _____

10. Does the material hold potential value? Yes _____ No _____ Unsure _____

If yes, please describe and list relevant patents or invention disclosures, if any.

11. Would you like the Requestor to reimburse the costs of providing the Material?

Yes _____ No _____

I certify that all information provided is accurate.

Signature Date: _____

Please fax the completed, signed form and attachments to IAC at 844-5963, e-mail to iac.contracts@auburn.edu, or send by campus mail to “Innovation Advancement and Commercialization.”