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| **Cal Poly Pomona Technology Transfer Materials Transfer Questionnaire Please click the Submit button when completed** |
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| |  | | --- | | CPPD is the: | | |  | | --- | | Provider | | Recipient | | |
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| **PARTIES & CONTACTS** |
| **Principal Investigator (PI)** |
| |  |  | | --- | --- | | Name: |  | |
| |  |  | | --- | --- | | Title: |  | |
| |  |  | | --- | --- | | Institution, School, Dept: |  | |
| |  |  | | --- | --- | | Address: |  | |
| |  |  | | --- | --- | | Phone |  | |
| |  |  | | --- | --- | | Email: |  | |
| **External Principal Investigator (PI)** |
| |  |  | | --- | --- | | Name: |  | |
| |  |  | | --- | --- | | Title: |  | |
| |  |  | | --- | --- | | Institution, School, Dept: |  | |
| |  |  | | --- | --- | | Address |  | |
| |  |  | | --- | --- | | Phone: |  | |
| |  |  | | --- | --- | | Email |  | |
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| **MATERIAL** |
| |  |  | | --- | --- | | Type of Material (e.g. cell line, plasmid, etc): |  | |
| |  |  | | --- | --- | | Uniquely Identifying Description: |  | |
| |  | | --- | | Check all that apply: | | |  | | --- | | Human Tissue or derived there from | | Protected Health Information as defined by HIPAA | | Hazardous | | Subject to Export Control Regulations | | |
| |  |  | | --- | --- | | Value (cost in lab, cost to reproduce, etc.) |  | |
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| **RESEARCH** |
| Check all that apply: |
| |  | | --- | | Clinical Research: | | |  | | --- | | Involves Clinical Research ("All research that involves patients or Protected Health Information, or clinical testing or procedures, or drug/device diagnostic testing in humans or any planning/lab/clinical service in support of such clinical research") | | |
| |  | | --- | | Animals: | | |  | | --- | | Involves Animals | | |
| |  | | --- | | Will research involve intellectual property or technology previously disclosed to CPPD? | | |  | | --- | | Yes | | No | | |
| |  | | --- | | Do you expect to create modifications or derivatives of research materials? | | |  | | --- | | Yes | | No | | |
| |  | | --- | | Do you expect new intellectual property (new inventions, copyrights or know-how)? | | |  | | --- | | Yes | | No | | |
| |  |  | | --- | --- | | Research Description: |  | |
|  |
| **FUNDING SOURCES & OTHER POTENTIAL ENCUMBRANCES** |
| Please list funding sources (company, government, foundations, etc.): |
| Please list and describe all agreements related to this research (e.g. other MTAs, research, license, NDAs, consulting, etc.): |
|  |
| MTAs impose restrictions on your use of the Materials, such as use with materials, technology or information from other sources, and permit use only by the Principal Investigator and those under his or her direct supervision. Non-compliance with the terms of an MTA may result in a breach of contract by the University. The penalties for such a breach may include the assignment of ownership of research results to an external organization, potentially blocking the University’s or your right to continued research. |
| *I certify the information given above to be accurate.* |
| |  |  | | --- | --- | | Signature of Submitter (please type your name - this is a required field): |  | |
| |  |  | | --- | --- | | Email address of Submitter, this is important (this is a required field)\* |  | |
| |  |  | | --- | --- | | Date: |  | |
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