

P.I	:(Name)		Date:			
(Name) College:		Departi	ment:			
Tel	ephone No.:		Email:			
	Material Information me of Material					
1)	Is the Material related to or has the Material been Research Materials to the Center for Technology L				Disclosu	re of Tangible
lf "y	es", please provide the docket number:	(Don't remember do	cket number 🗌 )	. ***THEN SKIF	P TO SE	CTION II.
lf "l	No" or "Not sure", ***CONTINUE BELOW					
ava	ase provide a brief description of the Material and it ailable. Your description should include what the man nber of the sponsor that has supported your researc	erial is and what it is for				
2)	Was this Material created at Cornell University und	er the Cornell P.I.'s supe	ervision?	□ Y	□ N	
3)	Is this human material that is subject to review by t If yes, please provide a copy of the approved I		oard (IRB)?	<b>□</b> Y	<b>□</b> N	
4)	Does the material contain embryonic human stem • If yes, please provide the Embryonic Stem Cel		RO) registration/appr	<b>□ Y</b> oval.	□ N	
5)	Did you receive the Material from others and there	ore this is a re-transfer?		□ Y	🗌 N	☐ Not sure
6)	Does the Material contain in whole or in part any material(s) that a Cornell University investigator received from another party under an agreement [e.g., such as a Material Transfer Agreement, Collaborative Research Agreement, Sponsored Research Agreement, Confidentiality Agreement, purchase agreement of research reagent vendors, etc.] that prohibits the redistribution or further transfer of such material(s)?					
7)	Does this Material contain a controlled substance	pathogens or other harr	nful biological age	nts subject to spec	cial guide	eline procedures?
8)	Do you want to charge the Recipient for the Mater • Cornell normally charges for-profit organization			□ Y	□ N	
	<ul> <li>As an academic courtesy, Cornell normally does not charge not-for-profit organization if the not-for-profit organization accepts our standard Material Transfer Agreement (MTA). However, material providers have the right to request reimbursement from recipient for actual costs associated with the preparation and shipment of the Material.</li> <li>If the not-for-profit organization negotiates changes to our standard MTA, CTL will charge the recipient a reasonable administration fee.</li> </ul>					
9)	Do you want to post this Material on the CTL webs	ite?		Υ	🗆 N	
	Transfer Information cipient Organization:					
Ple	ase indicate whether this is a 🛛 for-profit organiz	ation, 🔲 not-for-profit o	rganization, or	] not sure.		
PI	at Recipient Organization:		Email:			
Со	ntact person at the Recipient organization:					
Tel	. No.: FAX No	).:	En	nail:		
Pro	posed use of material by Recipient: Please provide CTI	with a copy of the recipie	nt's email or letter th	nat indicates the inte	ended us	e of the material.

CTL will contact you about this disclosure and request for transfer of tangible research materials, or you can email mta-ctl@cornell.edu or call Ithaca Campus: 607-254-4698, and New York City/Weill Cornell Medical: 646-962-7045. Please submit this form via email to mta-ctl@cornell.edu