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| *For ORSP Use Only* | |
| *Date received in ORSP:* | *Received by:* |

**MTA Screening Form**

*Instructions:* Material Transfer Agreements (MTAs) must follow the university’s [contract review and approval process](https://www.uwlax.edu/grants/assistance-with-contracts/). Prior to review by the Contract Administrator, the UWL faculty/staff member initiating the MTA must complete this form, route it for signatures, and submit it to ORSP for review. **A copy of the MTA and all accompanying materials must be included with this form.** Allow sufficient time for routing, review, and approval. Please note that all protocols and other compliance requirements must be finalized before an MTA can be approved.

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| **UWL will:** (Check one.) |
| Provide material to an outside institution. |
| Receive material from an outside institution. |

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| **Section I: Contact Information** | | | | |
| ***UWL Personnel*** | | | | |
| PI/PD: | | | Department: |  |
| Co-PI/PD: | | | Department: |  |
| Co-PI/PD: | | | Department: |  |
| Co-PI/PD: | | | Department: |  |
| ***Outside Institution*** | | | | |
| *Recipient or Provider of Material* | | | | |
| Name: |  | Institution: | |  |
| Address Line 1: |  | Address Line 2: | |  |
| City: |  | State/Province: | |  |
| ZIP/Postal Code: |  | Country: | |  |
| Phone: |  | Email: | |  |
| *Administrative Contact* | | | | |
| Name: |  | Institution: | |  |
| Address Line 1: |  | Address Line 2: | |  |
| City: |  | State/Province: | |  |
| ZIP/Postal Code: |  | Country: | |  |
| Phone: |  | Email: | |  |

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| **Section II: Material Overview** | | | |
| *Please answer all of the following questions.* | | | |
| 1. Briefly describe the material and its intended use. | | | |
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| 2.a. Are there any restrictions on the use or transfer/transport of the material?  Yes (complete 2b)  No (proceed to 3) | b. Describe the restrictions: |  | |
| 3.a. Is any portion of the project involving the material sponsored by an extramural grant(s) or contract(s)?  Yes (complete 3b & c)  No (proceed to 4) | b. Primary Sponsor Type: | | Choose an item. |
| c. Specify primary sponsor(s): | |  |
| 4.a. Is there a requested date for the transfer of the material[[1]](#footnote-1)?  Yes (complete 4b)  No (proceed to Section III) | b. Requested transfer date: | | Click or tap to enter a date. |

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| **Section III: Compliance** | | |
| *Please answer all of the following questions. Complete and supply information for all that apply to the material. For compliance reviewed/approved by outside institutions, attach a copy of the approval letter(s) to this form.* | | |
| 1.a. Does the material originate from or involve the use of human subjects?  Yes (complete 1b & c)  No (proceed to 2) | b. IRB date of approval: | Click or tap to enter a date. |
| c. Protocol ID #: |  |
| 2.a. Does the material originate from or involve the use of vertebrate animals?  Yes (complete 2b & c)  No (proceed to 3) | b. IACUC date of approval: | Click or tap to enter a date. |
| c. Protocol ID #: |  |
| 3.a. Does the material constitute recombinant DNA and/or biohazardous materials?  Yes (complete 3b, c, & d)  No (proceed to 4) | b. IBC date of approval: | Click or tap to enter a date. |
| c. Protocol ID #: |  |
| d. Is the material one of the 15 agents/toxins identified in [federal DURC regulations](http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf)? | Yes  No |
| 4.a. Does the material constitute radioactive or radiation producing materials, and/or is it subject to other [Chemical & Physical Safety requirements](https://www.uwlax.edu/grants/chemical--physical-safety/)?  Yes (complete 4b & c)  No (proceed to 5) | c. Chemical/Physical Safety date of approval: | Click or tap to enter a date. |
| d. Protocol ID #: |  |
| 5.a. Does the material involve intellectual property/technology transfer (actual or potential)?  Yes (complete 5b & c)  No (proceed to 6) | b. Does it involve material/information/data that is confidential or proprietary to UWL or another party? | Yes  No |
| c. Is there an associated non-disclosure agreement or similar contract? | Yes  No |
| 6.a. Is the material associated with subaward(s) made to or received from another institution?  Yes (complete 6b)  No (proceed to Section IV) | b. Specify the lead institution issuing the subaward: |  |

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| **Section IV: Export Controls** | |
| *Check all that apply to any portion of the material and/or related activities. If any items below are affirmative, further screening, licensing, and/or project modifications may be required prior to MTA approval.* | |
| A. The material and/or related activities are associated with:  International travel  International collaborator(s)  International sponsor(s)  Transfer, shipment, and/or storage of items, data/information, and/or electronic communication across international borders  *If any of the boxes above are checked, complete B. Otherwise, proceed to Section V.* | |
| B.1. Specify disciplinary area(s) associated with the material: |  |
| B.2. The material constitutes and/or is associated with: (Check all that apply.)  [Dual use](https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=15:2.1.3.4.20#se15.2.730_13) (i.e., has both civil and military applications) components, items, and/or data/information  Chemical and/or biological materials/agents  Publication restrictions or prior review requirements  Corporate partners | |

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| **Section V: PI/PD Signature** | | |
| In signing, I certify that, to the best of my knowledge, (1) that the above and attached information is true, complete, and accurate; and (2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties. | | |
|  |  | Click or tap to enter a date. |
| *Printed Name* | *Signature* | *Date* |

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| **Section VI: For ORSP Completion** | |
| A. Congruency Check(s)  1. IRB  Required?  Yes  No  Completed?  Yes  No | 2. IACUC  Required?  Yes  No  Completed?  Yes  No |
| B. Subaward(s) Risk Assessment & Monitoring *(federal sponsored projects only as applicable)*  Required?  Yes  No  Assessment completed?  Yes  No  Monitoring in compliance?  Yes  No | |
| C. Intellectual Property/Technology Transfer *(required for all sponsored projects)*  Required?  Yes  No  IP form completed?  Yes  No | |
| D. MTA Compliance Terms  1. For material sent from UWL to an outside institution: MTA contains terms that the recipient will be responsible for oversight of and adherence to all mandated compliance regulations to which the recipient is subject regarding the transferred material?  Yes  No  Not applicable | |
| 2. MTA addresses who retains ownership of materials?  Yes  No | |
| 3. MTA addresses whether material can be redistributed to a third party?  Yes  No | |

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| **Section VII: ORSP Representative Signature & Recommendation** | | |
| I have reviewed the reported information and recommend the following action:  Material meets compliance requirements, and MTA review by Business Services can proceed.  Further review by Business Services is needed to ensure export control compliance.  Renegotiation is required to address the following compliance concern(s): | | |
|  |  | Click or tap to enter a date. |
| *Printed Name* | *Signature* | *Date* |

1. Transfer by the requested date is not guaranteed. Please allow sufficient time for completion of institutional review and approval, as well as completion of applicable compliance requirements. [↑](#footnote-ref-1)