

## **Check List for Out-Going Material Transfer Agreement (MTA)**

In order to set up an MTA for outgoing material, please submit the following information to the Office of Research Support & Operations (ORSO), [orso@wsu.edu](mailto:orso@wsu.edu).

1. **Lead PI information:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Department: \_\_\_\_\_  
Campus: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

2. **Material:**

A) Description (Name/ Designation etc of each of the constructs/material with a one-line description of each)

B) Is this Material part of any Invention Disclosures previously made to Office of Commercialization (OC)?  
If yes, provide details (Case Number if known, Title, Inventors etc.).

C) If the response to question 2B above is “No”, then do you have plans to disclose this material as part of any new invention disclosures that you anticipate submitting to OC in the near future?

D) Is this transfer being made as part of an existing Research Agreement with the Recipient?  
If yes, provide details (Grant Number if known, Title etc.).

E) Is this material disclosed in any publication? If yes, attach a copy of the publication and/or provide citation for the publication. If not, let us know when/if you plan to publish.

F) Did the material originate at WSU? If no, please provide information regarding where the material originated.

G) Is the material infectious and if so, are any permits required for the transfer of this material?

H) Is the material an animal, a micro-organism, or a genetically modified plant?

If yes, please provide the compliance protocol number at WSU.

3. Purpose of Transfer: What is the Recipient Scientist using the material for? If commercial use is intended, include here.

4. Requesting Scientist Information:

Scientist Name:	
Entity Name:	
Address:	
City, State, Zip	
Country	
Email Address:	
Phone #	

5. Recipient Institution Authorized Contact:  
(please provide information for the person responsible for handing the MTAs)

Contact Name:	
Entity Name:	
Address:	
City, State, Zip	
Country	
Email Address:	
Phone #	