

WAYNE STATE UNIVERSITY
Affirmation Memo for Incoming Material Transfer Agreements

TO: MTA Assistant/ mtainfo@wayne.edu/ (f) 313-577-5650/ 5057 Woodward Ave, Suite 6400, Detroit, MI 48202

FROM: _____
WSU Investigator's Name, Phone Number, and Email Address

RE: Material Transfer Agreement between Wayne State University (Recipient)
and _____ (Provider)

DATE: _____

Please find attached a copy of the above-referenced Material Transfer Agreement (MTA). I have completed and signed this memo so that it may be attached to the MTA when sent to the WSU Office of the General Counsel for review and approval.

Description of Material from Provider:

Note: If receipt and use of the Material meets the definition of Human Subject Research (see www.hic.wayne.edu), please attach the Institutional Review Board approval or exemption form to this Affirmation Memo.

Address where the Material will be sent:

Having read the agreement, I am answering the following questions:

1. Do you understand **and agree** to the terms of the Material Transfer Agreement? Yes No
Note: If you disagree or do not understand the terms, please describe items of concern on a separate page.

2. Is a patentable discovery likely to come out of your work? Do Not Know Yes No
If yes, please describe on a separate page.

3. **For each item below**, please acknowledge [with a check (✓)] your obligation to:
a) Assign patentable inventions made using the Material to WSU under WSU policies
b) Acknowledge Provider and/or provide manuscripts and other proposed publications to the Provider, as may be required
c) Inform Provider about inventions made using the Material, as may be required
d) Refrain from distributing the Material to others, inside or outside of WSU
e) Obtain prior approval to transfer the Material if you relocate from WSU

4. What is the funding source for the project in which the Material will be used? (*check all that apply*)
WSU
Federal (direct or by flow-down through other agencies)
Agency name, with Grant, Contract ,WSU index# _____
Company providing the Material : _____
Other Company (Company Name) : _____
Other Entity (Describe) : _____
Entity name, Grant # or Contract # : _____

5. Will the project involve the use of proprietary materials of another party besides the Provider? Yes No
If yes, please explain on a separate page.

6. Are you collaborating with non-WSU scientists for this project? Yes No
If yes, please provide names and briefly describe the collaboration:

7. Does the project involve an invention previously developed and disclosed (or to be disclosed) to WSU? Yes No

If yes, please describe (include WSU reference number, if known):

8. Will there be any modifications to the Material? Yes No

If yes, please describe:

9. Is the Material you are receiving a threat to people, animals, or the environment if released? Yes No

If yes, please explain on a separate page.

10. Is the Material a human embryonic cell line? Yes No

If yes, please provide details:

11. Does handling of the Material require more than the standard laboratory precautions or safety measures? Yes No

If yes, please explain on a separate page.

12. Intended use of Material (if not already described above or in the MTA):

13. Have you received the Material already? Yes No

14. Please provide the following information about the Provider (not necessary for Addgene):

Organization name, address, phone, website (not necessary for Addgene):

Scientific contact name, phone, email (not necessary for Addgene):

MTA contact name, phone, email (not necessary for Addgene):

Signature of Investigator

Date