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ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Innovation & Partnerships

**INCOMING Material Transfer Initiation Form**

**LSU Health Recipient Information:**

|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | | Title: Choose an item. |
| LSU Health Address: Click here to enter text. | | |
| Department: Choose an item. | Business Manager: Click here to enter text. | |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. | |

* Name and Description of the Material:

Click here to enter text.

* Please provide a concise statement of work for your use of the Material:

Click here to enter text.

* Does the Provider require a Material Transfer Agreement? Choose an item.
* Will the Material be used in research with any LSU Health Intellectual Property? Choose an item.
* Will the Material be used with any materials you have received from a third party? Choose an item.
* Will the Material be used in collaboration with any third parties? Choose an item.
* If “yes,” please list the parties:

Click here to enter text.

* Please list all external funding sources for the research in which the Material will be used:

|  |  |
| --- | --- |
| Sponsor name: Click here to enter text. | Contract/Grant #: Click here to enter text. |
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* Does this material contain a toxin, pathogen, or rDNA? Choose an item.
* Will the Material be used in animal or human subjects? Choose an item.
* Will this material be used in COVID-19 related research? Choose an item.

**Committee Approvals:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Committee** | **Approval Date** | **Protocol Number** | **Status** |
| **IBC** | Click here to enter text. | Click here to enter text. | Choose an item. |
| **IACUC** | Click here to enter text. | Click here to enter text. | Choose an item. |
| **IRB** | Click here to enter text. | Click here to enter text. | Choose an item. |

**Provider Information:**

|  |  |
| --- | --- |
| Name: Click here to enter text. | Title: Choose an item. |
| Name of Employer: Click here to enter text. | |
| Work Address: Click here to enter text. | |
| Work Phone: Click here to enter text. | Work Email: Click here to enter text. |
| Business Contact Name: Click here to enter text. | Business Contact Email: Click here to enter text. |

**PRINCIPAL INVESTIGATOR CERTIFICATION**

I certify that the information I have provided is true and accurate; I will comply with any and all terms or conditions of any Material Transfer Agreement that may be executed.

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Please return a scanned copy to OIP at** [oip@lsuhsc.edu](mailto:oip@lsuhsc.edu)

Please call 568-8303 or email [oip@lsuhsc.edu](mailto:oip@lsuhsc.edu) if you have any questions.