

Received: \_\_\_\_\_\_\_\_\_\_\_

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

Office of Innovation & Partnerships

**OUTGOING Material Transfer Initiation Form**

**LSU Health Provider 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 Recipient’s use of the Material:

Click here to enter text.

* Is the Material associated with an Innovation already disclosed to OIP? Choose an item.
* Was this Material obtained from human or animal subjects? Choose an item.
* Does this material contain a toxin, pathogen, or rDNA? 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. |

**THIRD PARTY OBLIGATIONS**:

* Please list all external funding sources for the research from which the Material was created:

|  |  |
| --- | --- |
| Sponsor name: Click here to enter text. | Contract/Grant #: Click here to enter text. |
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* Was the Material (or any part of the Material) created by or purchased from a third party, or generated in a lab other than your current facility at LSU Health? Choose an item.
* If “yes,” please provide additional details (e.g., what was the material, from whom was it obtained, etc.)? Click here to enter text.

**Recipient Information:**

|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | Title: Choose an item. | Citizenship: Click here to enter text. |
| 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.

**NOTE: Anyone who packs and/or ships biological materials is required to complete EH&S’s *Shipping Biological Materials* training module every two years. This may be accomplished** [**online**](https://www.lsuhsc.edu/admin/pfm/ehs/train.aspx)**.**

**Anyone offering SARS-CoV-2 samples must be trained to pack and ship according to the IATA regulations and in a manner that corresponds to their function-specific responsibilities.**

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

**Please return a scanned copy to OIP at** oip@lsuhsc.edu

Please call 568-8303 or email oip@lsuhsc.edu if you have any questions.