



Principal Investigator (PI) and Lab Contact Information				
PI Name			Lab Contact Name (if different)	
PI Phone		PI E-mail	WHOI Department & Mail Code	

Outside Organization Information				
Organization Name			Address	
Authorized Official/Contact Name		Phone	E-mail	

Details Regarding the Material				
WHOI will be (mark either or both, as applicable)	<input type="checkbox"/> Receiving Material		<input type="checkbox"/> Providing Material	
Scientific Description of the Material and Quantity to transfer/receive				
Will the Material be coming from sources, or sent to entities, outside of the US?	<input type="checkbox"/> Yes (specify country (-ies):		<input type="checkbox"/> No	
Anticipated Time Period Material Will Be Used By WHOI/Outside Organization	Begin Date		End Date	
Are you receiving any funds (contract, grant, or gift) from the Outside Organization?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is the Material an embryonic stem cell?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Questions for Incoming Material	
Intended Use of the Material/Scope of Work for Project using the Material:	
Funding source(s) to be used to support research using the Material:	
Do you intend to <i>modify</i> the Material in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Material contain biological matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Material a Process Design Kit (PDK)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to pay any costs associated with the transfer of the Material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Material be used in humans, or will its use otherwise constitute human subjects research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the status of the IRB protocol:	<input type="checkbox"/> IRB protocol has not been submitted yet.
	<input type="checkbox"/> IRB protocol review is pending.
	<input type="checkbox"/> Approved IRB protocol number:
Was a decision to undertake this research based on receiving access to the Material by the Outside Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a financial relationship exist between the Principal Investigator and the Outside Organization (if not a Federal agency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any confidentiality agreements/requirements related to the Material?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions for Outgoing Material	
Do you want to charge a fee for the transfer of the Material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive the Material from others and this is a re-transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Material: <i>derived</i> from materials received from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>a modification</i> of material rec'd from others?
Does the Material <i>contain</i> materials received from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you published on the Materials and/or the related methodology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Material relate to any patentable invention disclosed, or about to be disclosed, to the Office of Technology Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the Case Number (if known).	
Was the Material developed with any Sponsored Research Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the Sponsor(s) and award numbers:	

<input type="checkbox"/> I certify that this information I have provided is an accurate reflection of my understanding.	
Principal Investigator	Date