**MATERIAL/DATA TRANSFER REQUEST FORM**

**UCSF INDUSTRY CONTRACTS DIVISION**

**CONTACT INFORMATION**

**UCSF Principal Investigator**

Name:

Phone:

Email:

Department:

Campus Location:

Additional Campus (for dual-appointees):

**UCSF Co-Researcher**

Name:

Phone:

Email:

**UCSF Lab Assistant or Administrator**

Name:

Phone:

Email:

**Best contact(s) for follow up questions**

Name:

Phone:

Email:

**Outside Organization Scientific Contact**

Organization Name:

Organization Status: [ ]  For-profit [ ]  Non-profit

Name of Scientist:

Phone:

Email:

**Outside Organization Legal or Administrative Contact**

Name:

Title:

Phone:

Email:

Do you wish to send or receive the MATERIALS and/or DATA from the Outside Organization?

 [ ]  Receive (Incoming) [ ]  Send (Outgoing) [ ]  Sending & Receiving (Consortium/Collaboration)

Do you want the Outside Organization to reimburse you for the MATERIAL and/or DATA?

 [ ]  Yes [ ]  No

*If YES, please provide the approximate number of samples and fee ($) per sample. If receiving samples, please denote the anticipated rate*

 Number of samples:

 $/sample:

Enter the **EXACT** name of the MATERIAL(s) and/or DATA:

Type of MATERIAL and/or DATA (check all that apply):

 [ ]  Plasmid [ ]  Compound/chemical [ ]  Biologicals (antibodies, cell lines) [ ]  Animal

 [ ]  Human Specimen

Human Data: [ ]  [De-identified or Aggregated Data set](https://irb.ucsf.edu/definitions)  [ ]  [Limited Data Set](http://www.research.ucsf.edu/chr/HIPAA/chrHIPAAdef.asp#L)

 [ ]  [Personal Health Information (PHI)](http://www.research.ucsf.edu/chr/HIPAA/chrHIPAAphi.asp)

[ ]  Other:

Will the MATERIAL and/or DATA be used in humans, or for clinical diagnostic purposes, or as part of a clinical trial?

[ ]  Yes [ ]  No

Do you require [Institutional Review Board (IRB)](http://irb.ucsf.edu/) approval letter(s)?

[ ]  Yes [ ]  No

 *If YES, please attach the letter(s) with your email submission.*

 *If NO, please explain why:*

If **PHYSICAL MATERIAL** only, please complete Sections 1, 2, 3, and 5

If **DATA** only, please complete Sections 1, 2, 4, and 5

If both **PHYSICAL MATERIAL and DATA**, please complete entire form.

**SECTION 1 – rESEARCH PLAN**

Please provide a description of the RESEARCH that requires the MATERIAL and/or DATA and attach a research plan with your email submission:

Does the RESEARCH involve a joint research plan and/or collaboration with a scientist at another organization?

 [ ]  Yes [ ]  No

*If YES, is the joint research plan and/or collaboration with the Outside Organization?*

[ ]  *Yes* [ ]  *No*

*Does the joint research plan and/or collaboration involve a scientist or organization other than the*

*Outside Organization?*

[ ]  *Yes* [ ]  *No*

*If YES, please list the name of all other organization(s) involved with the joint research plan and/or collaboration:*

Will the MATERIAL and/or DATA be commingled with materials and/or data received from 3rd parties?

[ ]  Yes [ ]  No

 *If YES, list the 3rd party materials and/or data:*

Is there an alternate source of the MATERIAL and/or DATA?

 [ ]  Yes [ ]  No

Has the MATERIAL and/or DATA been described in a publication?

 [ ]  Yes [ ]  No

**SECTION 2 – Funding AND COMPLIANCE**

Is the RESEARCH or the MATERIAL and/or DATA relevant to an invention disclosed or about to be disclosed to the [Office of Technology Management](https://innovation.ucsf.edu/office-technology-management-faqs)?

 [ ]  Yes [ ]  No

*If YES, please provide the disclosure number (if applicable) any additional information:*

Are you a member or project member of any of the following?

 [ ]  Parker Institute for Cancer Immunotherapy

 [ ]  Chan Zuckerberg Biohub

[ ]  HHMI

Do you or your spouse, domestic partner or dependent children have a financial interest in the Outside Organization?

 [ ]  Yes [ ]  No

*If YES, the Principal Investigator must complete the* [*California Form 700U*](http://www.research.ucsf.edu/coiac/fppc700u.pdf)*.*

*The original signed copy of the Form 700-U must be submitted via campus mail to:*

 *Campus Box 0294*

 *Attn: MTA*

Please indicate the source of the current or anticipated funding source(s) for the RESEARCH that will use or produce the MATERIAL and/or DATA. This may be a grant for the specific research, departmental funding, or other funds that cover the time of the researchers involved. *Please include the grant number in the description below.*

 [ ]  **Federal Grant:**

 [ ]  **Non-Profit Grant:**

 [ ]  **Industry Sponsored Research Agreement:**

 [ ]  **Department Funds:**

 [ ]  **HHMI Funds:**

 [ ]  **Other Source of Funds:**

**SECTION 3– PHYSICAL MATERIAL ONLY**

Will you or the Outside Organization make derivatives or modifications of the MATERIAL?

[ ]  Yes [ ]  No [ ]  Not sure

Is the MATERIAL a vertebrate animal or will the MATERIAL be used in a live vertebrate animal?

 [ ]  Yes [ ]  No

*If YES, attach a PDF of the* [*Institutional Animal Care and Use Committee (IACUC)*](http://www.iacuc.ucsf.edu/Misc/awFaq.asp) *Approval Letter with your email submission.*

Are the MATERIAL human embryonic stem cells?

 [ ]  Yes [ ]  No

*If YES, is the MATERIAL listed on the* [*NIH Human Embryonic Stem Cell Registry*](http://stemcells.nih.gov/research/registry/)*?*

 [ ]  Yes, the Registry number is:       [ ]  No

Is the MATERIAL infectious or biohazardous?

 [ ]  Yes [ ]  No

*If YES, do you already have approval from the appropriate* [*Biosafety Committee*](https://ehs.ucsf.edu/biological-safety-program)*?*

 *[ ]  Yes [ ]  No*

The PI agrees to:

[ ]  Label the Material with the name given by the Provider, and make all users in their lab aware of this requirement.

[ ]  Read the terms of the MTA and destroy the Material at the end of the project if required by the MTA. Failure to do so is a breach and could result in legal action against you and UCSF.

**SECTION 4 – DATA ONLY**

**Does the DATA contain any of the following direct identifiers?**

1. [ ]  Names

1. [ ]  Postal address information or geographical subdivisions smaller than a State, including street address, city,

 county, precinct, zip code (excepting town or city, state, and zip code)

1. [ ]  Telephone numbers
2. [ ]  Fax numbers
3. [ ]  Electronic mail addresses

1. [ ]  Social security numbers
2. [ ]  Health plan beneficiary numbers
3. [ ]  Account numbers
4. [ ]  Medical record numbers
5. [ ]  Certificate/license numbers
6. [ ]  Vehicle identifiers and serial numbers (including license plate numbers)

1. [ ]  Device identifiers and serial numbers

1. [ ]  Web URLs
2. [ ]  IP Address numbers

15) [ ]  Biometric Identifiers (including finger and voice prints)

16) [ ]  Full face photographic images and any comparable images

17) [ ]  Date directly related to an individual (including birth date, admission or discharge date, date of death or treatment)

18) [ ]  Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)

**If DATA is being transferred to an industry sponsor or to a foreign entity, please provide additional information:**

1)What DATA will be shared with the external party? Include a list of DATA fields from the external party or UCSF requestor, if available.

2) How is the external party going to use the DATA? For example, will they run algorithms on the DATA and then provide clinical decision support back to UCSF, or will they benchmark UCSF against other health systems and provide UCSF with these comparisons?

3) If this is for research, did patients give research consent by signing a consent form and did their consent cover this proposed use of the DATA?

4) What are the sources of the DATA, including whether the DATA is derived from the treatment or care of patients at UCSF?

5) Will the external party be using UCSF DATA to create or improve a commercial or vendor proprietary product, service or system? If yes, please describe.

6) How does this DATA sharing benefit UCSF’s missions of patient care, education, and research?

**SECTION 5 – Additional Information**

When submitting this questionnaire, please attach any email correspondence, agreement from the Outside Organization, or information related to your request that you think will help to expedite the process of executing your MTA.

**BEFORE SUBMITTING – Review your answers to make sure that they are accurate & complete.**

SUBMIT your completed MTA Questionnaire to the ICD officer who provided you with this form, or to mta@ucsf.edu