MEDIZINISCHE UNIVERSITÄT
INNSBRUCK

MTA^{in}

[MTA INCOMING – QUESTIONNAIRE]

1. Guided by the checklist for material transfer (link) please submit a scan of this completed and signed questionnaire to the Technology Transfer Office (TTO): technologietransfer@i-med.ac.at.

2. Attach the MTA draft along with any email correspondence or information related to your request that you think will help expedite the process of executing your MTA. Please send any additional documentation (e.g. statement of investigator form, letter of intent) stating any condition(s), restriction(s) or guidelines under which the Material will be used.

3. Upon receipt of this completed and signed questionnaire TTO will examine the MTA draft arrange the review by Legal & Compliance Department.

4. Please complete ALL fields of this questionnaire, incomplete forms will not be processed!

5. Please add any additional information that you believe to be pertinent.

I. CONTACT DETAILS

Recipient	MUI PI's name	
	Unit	
Provider	Investigator's name	
	Institution	
	Type	☐ University ☐ Other academic institution ☐ Non profit ☐ Commercial ☐ Other:
	Address	
	Email	

II. MATERIAL

1. Exact name of the Material

2. Description of the Material being received by MUI

3. What is the origin of the Material?

☐ Human (Please use MDTA checklist for details on human material/data) ☐ Non Human

4. What is the type of the Material?

☐ Chemicals ☐ Biological Materials ☐ Genetically Modified Organisms

☐ De-identified Human Tissues and Specimens ☐ Other:

5. **If genetic resources or traditional knowledge relating to genetic resources from a country that is a Party to Nagoya Protocol are utilized, is a proof of origin or documentation available (link? Referrence to)**
   ☐ YES ☐ NO

6. **Is the receiving of the Material a straightforward transfer of materials ("stand alone")?**
   ☐ YES ☐ NO
   If NO:
   Description of the **collaboration** with the Providing Scientist/Provider:

7. **How long will the Material be used for?**

8. **Will you be modifying (creating a new substance that contains or incorporates) the Material?**
   ☐ YES ☐ NO
   If YES, how?

9. **Will any progeny, derivatives or modifications to the Material be produced (i.e. unmodified descendants from the Material, such as virus from virus, cell from cell, etc.)?**
   ☐ YES ☐ NO

10. **Will you be creating a new substance that contains or incorporates the Material?**
    ☐ YES ☐ NO

11. **Do you have the Material already in your disposition?**
    ☐ YES ☐ NO

12. **Does the use of the Material involve animals?**
    ☐ YES ☐ NO

13. **Does the use of the Material involve human subjects?**
    ☐ YES ☐ NO

14. **Will you use the Material for clinical or diagnostic purposes / in a clinical trial?**
    ☐ YES ☐ NO

15. **Does the research involve hazardous substances?**
    ☐ YES ☐ NO

16. **Is the Material known to be toxic?**
    ☐ YES ☐ NO

17. **Does handling the Material require more than the standard laboratory precautions of safety measures?**
    ☐ YES ☐ NO

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III. DATA

1. Will data be transferred?
☐ YES ☐ NO
If YES: What kind of data?

2. Will the transferred data be open to the public?
☐ YES ☐ NO

3. What is the method of transferring the data (please describe)?

4. How will the data be secured (please describe)?

5. Will the data be reported and/or published?
☐ YES ☐ NO

6. Does the transfer include personal data (personal data can include data or information that can identify a specific individual, e.g. fingerprints, DNA or family/address information, etc.)?
☐ YES ☐ NO
If YES: If the data is pseudonymized, the data is still categorized as personal data under law, therefore please continue:
- What will the personal data/identifiers include (e.g. names, age, gender, image, etc.)?

7. How long will the data be kept?

8. What will the data be used for?

9. Will any third parties gain access to the data, e.g. a third party carrying out a task/processing on your behalf?
☐ YES ☐ NO

10. Is a data management plan in place?
☐ YES ☐ NO

11. If the data is pseudonymized will you have access to the key that can re-identify the data?
☐ YES ☐ NO

12. Will the data be coming from an EU/EEA country?
☐ YES ☐ NO
Please specify origin country:

13. Where will the data be stored?
☐ at MUI location ☐ outside MUI
If outside MUI, please specify (cloud services or other):

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IV. DISCLOSURES – IPR

1. What is the original source of the Material (created by the Provider, received by the Provider from a third party, etc.)?

2. Has the Material been described in a publication?
☐ YES ☐ NO

3. Do you intend to publish the findings?
☐ YES ☐ NO

4. Do you plan a joint publication with the Provider?
☐ YES ☐ NO

5. Is the Provider to be named as a co-author in any publication resulting from your research using the Material?
☐ YES ☐ NO

6. Will this work be part of a thesis?
☐ YES ☐ NO

7. Are you receiving any proprietary technical information or data related to the Material?
☐ YES ☐ NO

8. Does the scope of work involve other employees of MUI?
☐ YES ☐ NO

9. Will students be using the Material?
☐ YES ☐ NO
If YES, will their work with the Material be part of a thesis?
☐ YES ☐ NO

10. Is the Material encumbered by patent(s) or license(s) of which you are aware?
☐ YES ☐ NO
If YES, please explain:

11. Will the Material be used in conjunction with other materials from other parties?
☐ YES ☐ NO
If YES, please specify:
What are the other materials and who provided them?

12. Have Material Transfer Agreements (MTA) been signed for these other materials (If YES, please provide this MTA)?
☐ YES ☐ NO

13. Do you anticipate any inventions from the use of the Material?
☐ extremely unlikely ☐ unlikely ☐ possible ☐ difficult to say

14. **Do you need to give any organizations (apart from the Provider) access or rights to use your findings from using the Material (including any progeny or derivatives from the Material), for example in an EU project?**
☐ YES ☐ NO
If YES, please specify:

15. **Is there any reason why your research with the Material should not be publishable, or why should you not be free to use your findings for further academic purposes (e.g. where commercial material is being used for confidential evaluation only)?**
☐ YES ☐ NO
If YES, please specify:

V. DISCLOSURES – FINANCIAL

1. **Is MUI paying for the Material (preparation, provision)?**
☐ YES ☐ NO

2. **Is the Material available commercially or through any other source such as a research reagent bank or depository?**
☐ YES ☐ NO
If YES, please specify:

3. **Did you approach the Provider of the Material?**
☐ YES ☐ NO

4. **Will the work be for the benefit of the Provider?**
☐ YES ☐ NO
If YES, please specify:

5. **Will the Material be used in any research project funded by any government?**
☐ YES ☐ NO
If YES, please indicate the department(s), agency(s) and the applicable account, grant number or application number:

6. **Will the Material be used in any research project that is funded by a third party?**
☐ YES ☐ NO
If YES, please provide the third party's name(s) and the applicable budget or grant number:

7. **Have you received or will you receive a financial support from the Provider:**
☐ YES ☐ NO

8. **Do you have a financial link to the Provider?**
☐ YES ☐ NO
If YES, please describe:

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VI. ACKNOWLEDGMENT

Please be aware that there may be terms and conditions in the Material Transfer Agreement (MTA) which may

(i) preclude your use of the Material in research sponsored by third parties, or

(ii) prevent you from obtaining the Material in the future from third parties whose policies do not allow distribution of the Material or may be limited by pre-existing obligations

Please acknowledge your obligation to:

make sure that your use of the Material does not conflict with either your current grant funding or pre-existing research contracts;	☐ Acknowledged
refrain from distributing the Material to others either internally or externally (unless distribution to named persons as permitted by the MTA);	☐ Acknowledged
inform the TTO immediately about inventions made by using the Material;	☐ Acknowledged
provide drafts of proposed publications and/or reports on the research using the Material (if required by the Provider);	☐ Acknowledged
if applicable: destroy or return the Material to the Provider after the research project ends or the MTA has expired (as specified in the MTA);	☐ Acknowledged
abide to all other obligations as specified in the MTA, e.g. use the Material without changing the nature/scope of the intended use of the Material;	☐ Acknowledged
observe the data protection legal framework, especially with regard to the legal basis for receipt and also in the event that you publish (pseudonymized or anonymized) data. Ensure that processing of data is safe.	☐ Acknowledged

By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current MUI policies and federal regulations and law.

Date	Principal Investigator's name (typed) / Signature
Date	Director's name (typed) / Signature

Once you have completed and signed this questionnaire, please send it together with the MTA draft to technologietransfer@i-med.ac.at.

We are working on improving our MTA process.
Please let us know if you have any additional questions, feedback or concerns.