

MTA OUTGOING - 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. Please add or attach any additional information that you believe to be pertinent, 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 forward this questionnaire to the Legal & Compliance Department for a contract template.
- 4. Please complete ALL fields, incomplete forms will not be processed.

I. CONTACT DETAILS

Provider	MUI PI's name	
Flovidei	Unit	
	Investigator's name	
Recipient	Institution	
	Туре	☐ University
		☐ Other academic institution
		☐ Non profit
		☐ Other:
	Address	
	Email	
II. MATERIAL		

II.	MATERIAL			
1.	Exact name of the Material			
2.	Description of the Material	being provided by MUI		
3.	What is the origin of the M	aterial?		
	☐ Human (Please use MDTA	A checklist for details on hum	an material/data)	□ Non Human
4.	What is the type of the Mat	erial?		
	☐ Chemicals	☐ Biological Materials	☐ Genetically Modified	l Organisms
	☐ De-identified Human Tissu	ies 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.	☐ YES If NO:	of the Material a straightforward transfer of materials ("stand alone")? □ NO collaboration with the Recipient:	
7.	Did you already p □ YES	rovide the Material to the Recipient? □ NO	
8.	Does the use of t ☐ YES	he Material involve animals? □ NO	
9.	Does the use of t ☐ YES	he Material involve human subjects? □ NO	
III.	DATA		
1.	Will data be trans ☐ YES If YES, please con - What kind of data	□ NO nplete:	
2.	can identify a special YES If YES, please con Is the data ano	·	
	- Will the data be	e pseudonymized? ☐ YES ☐ NO cribe the pseudonymization process:	
	please continue	eudonymized, the data is still categorized as personal data under law, therefore e: ersonal data/identifiers include (e.g. names, age, gender, image, etc.)?	
3.	If the data is pseudata?	idonymized, will the Recipient have access to the key that can re-identify the	
	□ YES	□NO	



4.		end to an EU/EEA country?
	☐ YES	□NO
	Please specify the	country:
_		
5.		end to a state outside the EU/EEA?
	☐ YES	□NO
	Please specify the	country:
6.	Is a data manage	ment plan in place?
	□ YES	□NO
7.	Has the Data Clea	aring Commission been involved?
	☐ YES	□NO
IV.	DISCLOSURES	e IDD
IV.	DISCLUSURE	o-irk
1.	Has MUI the exclu	usive ownership of the Material?
	□ YES	□NO
2.	Is the Material cre	eated by MUI?
	☐ YES	□NO
2	Llee the Meterial I	acon received from a third nexts:2
3.	☐ YES	peen received from a third party? □ NO
		ப் NO original source of the Material?
	ii 120, what is the	onginal source of the Material:
4.	-	er agreements (e.g. MTA, Cooperation) regarding the Material?
	☐ YES	□ NO
	If YES, please des	cribe and provide relevant documentation:
5.	Is the Material en	cumbered by patent(s) or license(s) of which you are aware?
	☐ YES	□NO
	If YES, please exp	lain:
_	Door on third no	which are a limbte to the Material 2
6.	☐ YES	irty have rights to the Material?
	If YES, please spe	□ NO
	- What kind of rig	
	TTICE MING OF THE	, .
7.		any inventions and results from the use of the Material?
	☐ extremely unlike	y □ unlikely □ possible □ difficult to say



V. DISCLOSURES - FINANCIAL

Will the Recipient pay ☐ YES ☐ NO	for preparation and/or provision?				
If YES, please provide an estimate:					
VI. ACKNOWLED	GEMENT				
Please acknowledge ye	our obligation to:				
	make sure that the provisions of the Material do not conflict with either a current grant funding or pre-existing research contracts;				
inform FSI immediat intellectual property res	☐ Acknowledged				
review drafts of propos Material (as required b	☐ Acknowledged				
if applicable: monitor d the research project er	☐ Acknowledged				
inform FSI immediatel Material;	☐ Acknowledged				
observe the data prote basis for disclosure an anonymized) data. Ens	☐ Acknowledged				
	rtify that the foregoing is true and correct to the best of my IUI policies and federal regulations and law.	knowledge, and I agree			
Date	Principal Investigator's name (typed) / Signature				
Date	Director's name (typed) / Signature				

Once you have completed and signed this questionnaire, please send it 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.