Biological Material and Other Research Material Transfer Checklist

Type of Agree	ment:	Material	l Transfer Ag	reement	Data Use Agreement
HMH Entity:					
Non-HMH En	tity:				
Protocol #/Pro	ject Name tr	ansfer as	sociated wit	<u>h</u> :	
Principal Inve	stigator:				_
Contract Spec	ialist:				
Date of Appro	val by COVI	D Comm	nittee: (as ap	plicable)	
1. Please brief	fly outline the I	Purpose of	f Transfer:		
	TWO-WAY T	ransfer, i.e	e., a reciprocal	transfer of Ma	aterial/Data between the Parties or a
(CHECK:	TWO-V	VAY	ONE-WAY	
· · · · · · · · · · · · · · · · · · ·	rial(s) to be trait CHECK:	nsferred fo Yes	or use in huma No	n subjects, a cl	inical trial or for diagnostic purposes?
-	s the applicable CHECK:	e Clinical Yes	Trial Agreeme No		B approval? RB approval date
,	al(s) to be trans	sferred for Yes	use in a Colla No	borative Resea	rch Project for Basic Research?
IACUC, Bio	rill IRB or othe osafety, Conflic CHECK: orovals and Inso	cts, Export Yes	t Control) appr No		Research Committee, Covid 19 Database, ed?
c) Does the	Material/Data	include PF	HI?		
,	CHECK:	Yes	No		
If yes, pl	ease explain w	hat PHI w	ill be included	:	
d) Is the Ma					
,	aterial de-identi	ified?			

2.	Describe the Material(s)/Data to be transferred (include specific details and amounts). Identify Materials to be transferred from each of the Parties only if applicable:
3.	Provider Investigator and Institution name and address:
4.	Recipient Investigator and Institution name and address:
5.	Date of Transfer:
6.	Material(s)/Data originates from: HMH Outside Entity
	b. Please identify any Third Party Ownership Interest in the Material:
7.	Identify all funding sources for the research:
8.	Any Special Instructions or Limitations (transport requirements, storage and/or return requirements, use limitations/ownership of research results, IP/Invention ownership, Publication rights, etc.)