

University of Rochester PI Name: Lab/Office Address (include Box #): Department: Phone Number: Email: Dept. Admin. Name: Dept. Admin. Email:	Sending/Receiving Party Organization: Lab/Office Address: Scientist Name & Title: Email: Dept. Admin. Name: Dept. Admin. Email: EU Country: Yes No
Date: Direction of Transfer: Incoming Outgoing	Funding Source [if applicable]: Federal Non-Profit Industry Internal Duration of Project/Discussion [e.g. 6 months, 1 year, 3 years]:
COMPLIANCE - Will this Agreement involve any of the following?	
Export Control: Is the Confidential Information or Material export controlled [e.g. under EAR or ITAR]? Yes No Do Not Know → If yes, please provide further explanation:	
Conflict of Interest: Is there any financial relationship or interest with the Sending/Receiving Party? Yes No → If yes, please provide further explanation:	
RSRB: Human participants / Use of Data or Materials from Humans: Yes No	
Will the Material and/or Information be used in humans or for diagnostic purposes?: Yes No	
Intellectual Property: Is the Information/Material/Data related to developing intellectual property? Yes No → If yes, please summarize the potential intellectual property and contact UR Ventures :	
Choose Agreement Type: Confidentiality Agreement (CDA / NDA) Material Transfer Agreement (MTA) Data Use Agreement (DUA / DTA)	
CONFIDENTIALITY AGREEMENT (CDA / NDA)	
Clinical Trial: Is this CDA/NDA related to an Industry Sponsored Clinical Trial? Yes No → If yes, please provide the name of the Industry Sponsor/CRO: → If yes, please provide the title of the study or protocol #:	
Will the University of Rochester PI share Confidential Information?: Yes No → If yes, please provide a brief description of the Confidential Information to be shared: → If yes, did the Confidential Information originate at the U of R? Yes No → If yes, what is the specific project, collaboration, or study the Receiving Party should be limited to use the U of R Confidential Information for?:	
MATERIAL TRANSFER AGREEMENT (MTA)	
Material Description [Provide exactly how the Material should be specified in the MTA]: Animals - Live vertebrate animals?: Yes No EHS - Please provide any relevant Environmental Health & Safety information: If Clinical Material, is the Material de-identified [all HIPAA identifiers removed]?: Yes No → If no [and sending material out], fill out DUA Section; If yes, please fill out and submit HIPAA Form 25.5.1 and send a PDF copy to the MTA Administrator by e-mail.	
Will there be any fees associated with the transfer of the Material?: Yes No → If yes, please specify exact \$ amount [e.g. \$ per plasmid, \$ per cell line]:	
Will the Incoming Material be used with other Material you have received/expect to receive from a third party?: Yes No → If yes, please specify:	
Modifications - Do you intend to modify the Incoming Material?: Yes No → If yes, please specify:	
Was the Outgoing Material developed, made, isolated or purified at the U of R?: Yes No → If no, where did the Material originate from?: → If no, was there a previous MTA to cover the transfer of Material to the U of R? Yes No → If yes, what is the previous U of R MTA#?:	
Should the Receiving Party be restricted to only use the Material for a specific research purpose?: Yes [Required for Industry] No → If yes, please provide the scientific research project/purpose exactly how it should be specified in the MTA:	
DATA USE / TRANSFER AGREEMENT (DUA / DTA)	
Data Description [Provide exactly how the Data should be specified in the DUA]: Does the Data contain human genomic sequencing data?: Yes No If originating from human subjects, the Data is: De-identified Limited Data Set (LDS) More Than a LDS/Identifiable **If sending de-identified Data, please fill out and submit HIPAA Form 25.5.1. If sending a limited data set (LDS), please fill out and submit HIPAA Form 25.6.1.**	
If sending more than a limited data set (LDS), has a specific patient consent/authorization or RSRB waiver been received?: Yes No → If yes, please provide copy of the patient consent/authorization or RSRB waiver; if no then contact RSRB	
Should the Receiving Party be restricted to only use the Data for a specific research project / purpose?: Yes No → If yes, please provide the scientific research project / purpose exactly how it should be specified in the DUA:	
Was the Data to be shared collected/developed at the U of R?: Yes No → If no, where did the Data originate from?: → If no, was there a previous DUA to cover the transfer of Data to the U of R? Yes No	
Will there be any fees associated with the transfer of the Data?: Yes No → If yes, please specify exact \$ amount:	