



NON-FINANCIAL AGREEMENT ROUTING AND APPROVAL FORM

Form Instructions

	Material Transfer Agreement (MTA)	Data Use Agreement (DUA)	Non-Disclosure Agreement (NDA)	Other
Provider	<p>Provider/ Sponsor: Mailing address <u>OR</u></p> <p>Email: Website:</p> <p>Representative of Provider: Mailing address <u>OR</u></p> <p>Email: Website:</p>			
PI	<p>Principal Investigator: Net ID: Title:</p> <p>Dept/Ctr Admin- istering Project: Org Other Code: PI Title:</p>			
MTA	<p>Material to be transferred: Where will material be used:</p> <p>Please list the source(s) of funding that will be used to support the research:</p> <p>Sponsor: Title <u>OR</u> OSP#:</p> <p>Complete if material will be used in conjunction with other material(s) received from a third party:</p> <p>Provider: Material <u>OR</u> OSP#:</p> <p>Please email the completed form to osp_mta@cornell.edu.</p>			
DUA	<p>Project Title:</p> <p>Description of Data:</p> <p>Where will the data be secured? (i.e., CRADC, Office and Room #): Location of Data Access(i.e., Office / Room #):</p> <p>Complete if data will be used in conjunction with sponsored award:</p> <p>Sponsor: Title <u>OR</u> OSP#:</p> <p>Please email the completed form to osp_dua@cornell.edu.</p>			
NDA	<p>Complete if the NDA is related, or will be related, to a sponsored award or agreement:</p> <p>Sponsor: Title <u>OR</u> OSP#:</p> <p>If the NDA is related to a Cornell Invention, please consult Center for Technology Licensing (CTL).</p> <p>Please email the completed form to osp_nda@cornell.edu.</p>			
COMPLIANCE	<p>Will this activity involve any of the following (check all that apply):</p> <p style="text-align: center;"> Human participants; use of data, biomaterials from humans (IRB) Live vertebrate animals (IACUC) Recombinant or synthetic nucleic acid molecules (r/sNA); genetically or synthetically modified organisms (GMOs) (IBC) Human and mammalian cell lines, human tissue and blood (IBC) Biological pathogens or biotoxins; regulated or restricted plant pathogens or pests (IBC) Hazardous Chemicals / Controlled Substances Ionizing radiation, radioactive isotopes (Rad. Safety Committee) None </p> <p>The Principal Investigator is responsible for ensuring that approval for all necessary research protocols is in place before funds are released and that any financial interests related to the design, conduct or reporting of this research have been disclosed.</p>			
SIGNATURES	<p>In signing this statement, I acknowledge that I am responsible for adhering to the requirements for the use, storage and disposal of the material(s)/data/information and will ensure that all other authorized users abide by the terms and conditions of this agreement.</p> <p style="text-align: center;">Signature: Typed Name: Date:</p> <p>Principal Investigator:</p> <p>The receipt of the material(s)/data/information under this agreement is compatible with the objectives and policies of the Department/Chair.</p> <p style="text-align: center;">Signature: Typed Name: Date:</p> <p>Dept. Chair/Center Director:</p> <p>Please list other Key Personnel who have independent responsibility on the MTA, DUA, or NDA agreement.</p> <p style="text-align: center;">Name: Net ID: Name: Net ID:</p>			