



MATERIAL TRANSFER AGREEMENT (MTA) QUESTIONNAIRE – Supplying Material

Please complete the following questionnaire so the proposed MTA can be appropriately evaluated to ensure it is consistent with Lakehead University policies and practices. If you have received a draft MTA from the Recipient, please attach it to this questionnaire, along with any supporting information and submit it to:

Lakehead University
Economic Development and Innovation Office
Office: (807) 343-8871
Fax: (807) 766-7178

LU Faculty member providing Materials:		
Department:		
Phone:	Fax:	E-mail:

Materials Recipient:	
Address:	Phone:
	Fax:
	E-mail:

1. Please name and describe the Material.	
2. Please describe the intended use of the Material or the proposed research involving the Material. Attach additional pages if necessary.	
3. Have you provided the material already? If so, when?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you previously provided materials to this recipient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a standard MTA? Please attach if available.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the material toxic, infectious or biohazardous? If so, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO

6.	Will the recipient be modifying (creating a new substance which contains or incorporates) the Material? If so, please explain how.	YES	NO
	Are you comfortable with the modification of the Material?	YES	NO
	Would you like the MTA to restrict the modifications of the Material? If so, please explain how.	YES	NO
	If modifications are made, would you like to receive samples of such modifications?	YES	NO
7.	Will any progeny be produced (i.e. unmodified descendants, such as viruses or cells)?	YES	NO
8.	Will the recipient publish the findings of the research involving the Material?	YES	NO
	If so, would you require an advance copy from the Material recipient for review?	YES	NO
9.	Are you aware whether the Material will be used by the Recipient in any research project which is funded by industry sponsors?	YES	NO
	If yes, please provide the sponsor(s) name(s).		
10.	Are you aware whether the Material will be used by the Recipient in conjunction with other Materials from other parties?	YES	NO
	If so, what are these other Materials and who provided them?		
11.	Will there be a production cost recovery for providing this Material? If so, please state how much.	YES	NO
Signature:		Date:	