CDA/MTA/DUA Checklist

Please send completed forms to mta@rochester.edu

University of Rochester	**Sending/Receiving Party**
PI Name:	**Organization:**
Lab/Office Address (include Box #):	**Lab/Office Address:**
Department:	**Scientist Name & Title:**
Phone Number:	**Email:**
Email:	**Dept. Admin. Name:**
Dept. Admin. Name:	**Dept. Admin. Email:**
Dept. Admin. Email:	**EU Country:** Yes ◯ No ◯

Date:
Direction: Incoming ◯ Outgoing ◯ Both ◯

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 ◯ RSRB Protocol #:

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: