

OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID) TECHNOLOGY TRANSFER AND INTELLECTUAL PROPERTY SERVICES (TTIPS)

Email: orid-ipatt@ug.edu.gh Contact No.: 0302 213850 (Ext. 2717)

MATERIAL TRANSFER REQUEST FORM (OUTBOUND)

This form is to facilitate the drafting of a Material Transfer Agreement (MTA) for materials to be <u>transferred out</u> of the University of Ghana (UG) for research and / or teaching purposes.

First name		Middle name	Last Name
Unit / Department		School / College	
Contact number		Email	
Details of recipient scie	ntist		
		Aiddle name	Last Name
Unit / Department		School / College	
Contact number		Email	
Name of Institution / Organ	-		
	-	Contact person	
Name of Institution / Organ	-	Contact person Email	
Name of Institution / Organ Country Contact office Contact number Information on materia Nature / Type of materia	isation l(s) al(s): Please select as	Email	
Name of Institution / Organ Country Contact office Contact number Information on materia Nature / Type of materia	isation l(s) al(s): Please select as	Email	
Name of Institution / Organ Country Contact office Contact number Information on materia Nature / Type of materia Human Samp	isation l(s) al(s): Please select as	Email s appropriate	
Name of Institution / Organ Country Contact office Contact number Information on materia Nature / Type of materia Human Samp i) Blood v) Plasmid Non-Human S	isation l(s) al(s): Please select ase e ii) DNA vi) Biofluids	Email s appropriate iii) Cell line iv) Tissue vii) Other (Please specify)	
Name of Institution / Organ Country Contact office Contact number Information on materia Nature / Type of materia Human Samp i) Blood v) Plasmid	isation l(s) al(s): Please select ase e ii) DNA vi) Biofluids	Email s appropriate iii) Cell line iv) Tissue	

o. Qua	antity of material(s) to be provided	
	ription of material(s) ast be as precise as possible as it will be	be used to define the materials in the MTA)
. Indica	ate the purpose for which the materia	l(s) is being transferred.
	the material(s) created from a projectes, please attach a copy of the Prime	t(s)? [Yes / No] Agreement governing the Project(s). Also complete the table below.
Name	e of Project	
Princ	ipal Investigator on Project	
Fund	er of Project	
Gran	t Number / Contract Number	
E.g.,	r agreements related to the project. Non-Disclosure Agreement, Material sfer Agreement, etc.	
f. Wa	s the material(s) developed using any	y material(s) owned by other parties? [Yes / No]
If yes,		y material(s) owned by other parties? [Yes / No] lso indicate whether they are specific rights associated with that
If yes,	please provide details of the party. A	
If yes,	please provide details of the party. A	

g. Will the material(s) be used in c	ombination with any material(s) provided	by another party? [Yes / No]
h. Do you expect to create derivati	ves ¹ of modifications ² of the material(s)?	[Yes/No]
Declaration by provider scientist		
 I have obtained ethical approvements form. 	val for the study, and a copy of the relevant	approval(s) is/are attached to
 An application for ethical approval Acopy of the ethical approval 	oval for the study has been made and a co will be provided to ORID.	ppy is attached to this application.
 All national and international s obtained. 	afeguards and approvals for the transfer o	f the materials have been
I certify that the information containe	d herein is accurate to the best of my kno	wledge.
		
Name	Signature	Date
Endorsement by Head of Department		
Name	Signature	Date
Endorsement by Dean (This section is	s to be completed where the applicant is t	he Head of Department)
Name	Signature	Date
	email the completed form to orid-ipatt@ug	

¹ Derivatives refer to substances created by the recipient that constitute a functional subunit or product expressed by the original material. This includes purified or functional subunit or an expression product of the original material that was provided.

² Modifications refer to substances created by the recipient which incorporate/ contain the material.