	(For Office Use Only)	Material Transfer Agreement No. :	Date Received :		
		WAYNE STATE UNIVE			
	Affirma	tion Memo for Incoming Materia	al Transfer Agreements		
то:		: mtainfo@wayne.edu / Fax: 313-577 ue, Suite 6400, Detroit, MI 48202	7-5650		
FROM					
	_	hone Number, and Email Address			
RE:	Material Transfer Agreement between Wayne State University (Recipient) and		• . •	(Provide	er)
DATE					
his me approva	mo so that it may be attac	e above-referenced Material Transfer thed to the MTA when sent to the W	. ,		
viateria	ii Description.				
1. I	Do you understand and ag	n answering the following questions ree to the terms of the Material Transform understand the terms, please descriptions.	fer Agreement?		No
		tely to come out of your work?	•	•	No
3. I	a) Assign patentablb) Provide manuscrc) Inform Providerd) Refrain from dis	a check ()] your obligation to: e inventions made using Materials to ipts and other proposed publications to about inventions made using Material cributing Materials to others, inside or roval to transfer Materials if you reloce	to the Provider of Material ls r outside of WSU		
4. N	WSU Federal (direct or by Agency name, Company providing	npany Name):			
F	Will the project involve the Provider? f yes, please explain on a s	use of proprietary materials of another	er party besides the		No
	•	non-WSU scientists for this project? s and briefly describe the collaboration		Yes 1	No

7. Does the project involve an invention previously developed and disclosed (or to be

Yes No

disclosed) to WSU?

If yes, please describe:

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8.	Is the Material you are receiving a threat to people or the environment if released? If yes, please explain on a separate page.	Yes	No			
9.	Does handling of the Materials require more than the standard laboratory precautions or safety measures? <i>If yes, please explain on a separate page</i> .	Yes	No			
10.	Intended use of Material (if not already described in the MTA):					
11.	Have you received the Material already?	Yes	No			
12.	Please provide the following information about the Provider (not necessary for Addgene):					
	Organization name, address, phone, website (not necessary for Addgene):					
	Scientific contact name, phone, email (not necessary for Addgene):					
	MTA contact name, phone, email (not necessary for Addgene):					
	·	<u> </u>				
	Signature of Investigator Date					