Unity Health Toronto
Office of Research Administration

**Addendum #3 – Material Transfer**

**A MTA is not used for the transfer of human biological samples. If you are sending or receiving human biological samples, please submit a request to review a Privacy Agreement (PRA)**

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| **Section 1: Conflict of Interest** |
| Does the Unity Health Toronto Investigator or his/her family member(s) have one or more of the following interests? Please note that if you select yes, this information will be used for review under the [Research Conflicts of Interest Policy.](http://cpps/Default.aspx?cid=888&lang=1)[ ]  No [ ]  Yes, please contact Marianna Betro at x45521 for details and check all that apply:[ ]  Employment, consulting, ownership, or other financial interest in any entity that could benefit from the results of the study (including the funder, sponsor, owner of the study product, or entity that supplies products/materials for the study)[ ]  Member of the senior management (e.g. CEO or VP) or an officer or director of any entity that could benefit from the results of the study (including the funder, sponsor, owner of the study product, or entity that supplies products/materials for the study)[ ]  Inventorship, copyright or other ownership interest in the study product or a competitor product[ ]  Endorsement of the study product or a competitor product (i.e. my name, or my family member’s name, is associated in endorsing the product)The Unity Health Toronto Investigator is responsible for asking all members of the research team (including co-investigators, coordinators, managers, research, administrative staff, etc.) if they have any of the interests listed above.  |
| Are there any disclosures to be made by other members of the research team? [ ]  No [ ]  Yes, please contact  Marianna Betro at x45521  |
| If you answered yes to either of the above, has this information been disclosed in the REB application? [ ]  No [ ]  Yes |
| **Section 2: Agreement Details** |
| Provider:       Recipient:       Material:       Quantity:      What is the intended use of the material?        |
| Is the material derived from humans? (excluding cell lines, virus cultures, plasmid)If yes, please submit a request to review a Privacy Agreement (PRA) instead.Is the material derived from animals?  | [ ] Yes [ ] No [ ] Yes [ ] No |
| Is this part of a collaboration?If yes, please explain.       | [ ] Yes [ ] No  |
| Will the materials be used with other material provided by a third party? If yes, please provide associated contract or contract ID number and the name of the provider:        | [ ] Yes [ ] No |
| Will you be modifying the material? If so, how?       |
| Is there any possibility that you might create a commercializable invention or product?       |
| Please provide any other factors that need to be taken into account in developing or reviewing the agreement (e.g., unique context, precedents/other agreements with source, timing, etc).       |
| Will confidential information be provided?If yes, by whom?       What might it be?       | [ ] Yes [ ] No |
| Are there pre-existing contracts related to the study?If yes, please provide contract(s) and/or contract ID number(s)       | [ ] Yes [ ] No |
| Are there any students working on this study? If yes, will it form part of their thesis work? *(U of T guidelines require reduced publication delays for student thesis work. There may be questions about insurance coverage for non-employee students.)* | [ ] Yes [ ] No [ ] Yes [ ] No  |
| Do you have adequate space and facilities to undertake this project to completion? *If “no”, please discuss with your Department Head.* | [ ] Yes [ ] No  |
| **Section 3: Project Certifications**  |
| **Human Subjects**Are Human Subjects involved in this project at Unity Health Toronto?(Includes questionnaires, drugs, blood, tissue, DNA, excreta, tests or other procedures)If yes, please explain.       | [ ] Yes [ ] No  |
| Will this project require a new REB approval?*(If in doubt, please check with the REB Office before you answer this question.)*If yes, when will the protocol be submitted to the REB?     For which review date?      If no, please provide REB file number:       | [ ] Yes [ ] No |
| ***Animal Welfare***Are Animals involved in this project? Location: Unity Health Toronto [ ]  Other [ ] If other, please name institution:      If Unity Health Toronto, do you have designated animal space for this project at Unity Health Toronto?  | [ ] Yes [ ] No [ ] Yes [ ] No |
| Will this Project require a new ACC approval? *(If in doubt, please check with the ACC Office before you answer this question.)*If yes, when will the protocol be submitted to the ACC?      For which review date?      If no, please provide ACC file number:       | [ ] Yes [ ] No  |
| ***Biohazards***Are Biohazards involved in this project at Unity Health Toronto? Will viral vectors be used/created? Is the material known to be toxic? | [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No |
| ***Radioactive Materials***Does this project involve the use of radioactive materials? *If yes, please contact the Research Biosafety Committee.* | [ ] Yes [ ] No  |
| **Section 4: Incoming Agreement (if applicable)** |
| Do you intend to publish your findings? If yes, are you willing to provide an advance copy of the manuscript to the Provider for review?  | [ ] Yes [ ] No [ ] Yes [ ] No |
| **Please confirm that you understand you must comply with the confidentiality provisions in the agreement and ensure the rest of your research team also complies.**  | [ ]  **I confirm**  |
| Is the material sold commercially? If yes, approximately what would be this amount of material cost?        | [ ] Yes [ ] No  |
| **Section 5: Funding Details** |
| How much money will the Provider be paid for the material transfer? $       Currency: $CAN [ ]  $US [ ]  Other [ ]  if other, name currency       | [ ]  N/A  |
| Will the cost of the material transfer be supported by a third party funder? If yes, please provide the funder’s name       and the applicable contract ID #      *Note: We may need to check that the funding agreement does not conflict with intellectual property rights granted to the Provider*  | [ ] Yes [ ] No  |