

NON-FINANCIAL AGREEMENT ROUTING AND APPROVAL FORM <u>Form Instructions</u>						
	Material Transfer Agreement (MTA)	Data Use Agreement (DUA)	Non-Disclos	ure Agreement (NDA)	<u>Other</u>	
Provider	Provider/ Sponsor: Email: Representative of Provider: Email:	OR Website Mailing OR	Website:  Mailing address			
PI	Principal Investigator: Dept/Ctr Administering Project:  **Pls and Co-Pls whose titles fall under "Non-Listed Pappointment type, review and approval by a Faculty S  If this project includes a Pl or		Dean, or Associate Dean	of Research may also be require	ed	
	Material to be Where will material transferred: be used:					
MTA	Please list the source(s) of funding that will be used to support the research:  Sponsor: Title OR OSP#:  Complete if material will be used in conjunction with other material(s) received from a third party:  Provider: Material OR OSP#:  Please email the completed form to osp_mta@cornell.edu.					
DUA	Project Title:  Description of Data:  Where will the data be secured? (i.e., CRADC, Office and Room #):  Complete if data will be used in conjunction with sponsored award:  Sponsor:  Title OR OSP#:  Please email the completed form to osp_dua@cornell.edu.					
NDA	Complete if the NDA is related, or will be related, to a sponsored award or agreement:					
	Sponsor: Title OR OSP#:					
Z	If the NDA is related to a Cornell Invention, please consult Center for Technology Licensing (CTL).  Please email the completed form to osp_nda@cornell.edu.					
COMPLIANCE	Will this activity involve any of the follow Human participants: use of data, to recombinant or synthetic nucleic or synthetically modified organism Biological pathogens or biotoxinst gens or pests (IBC) Ionizing radiation, radioactive isotometric periodic periodi	piomaterials from humans (IRB) acid molecules (r/sNA); geneticall is (GMOs) (IBC) regulated or restricted plant path opes (Rad. Safety Committee) of or ensuring that approval for all related to the design, conduct or i	Human (IBC)  Hazard  None  necessary researc reporting of this re-	ch protocols is in place be search have been disclosts for the use, storage an	ed Substances  efore material and/or data sed.	
SIGNATURES	al(s)/data/information, for ensuring that approval for all research protocols is in place, and will ensure that all other authorized users abide by the terms and conditions of this agreement.  Signature: Typed Name: Date:					
MA	Principal Investigator:					
SIG	Please list other Key Personnel who ha			NDA agreement.	Net ID:	
	Name:	Net ID:	Name:		NGC ID.	