



NON-FINANCIAL AGREEMENT ROUTING AND APPROVAL FORM

Form Instructions

	Material Transfer Agreement (MTA)	Data Use Agreement (DUA)	Non-Disclosure Agreement (NDA)	Other
Provider	<p>Provider/ Sponsor: Mailing address <u>OR</u> Email: Website:</p> <p>Representative of Provider: Mailing address <u>OR</u> Email: Website:</p>			
PI	<p>Principal Investigator: Net ID: PI Title: <input style="width: 100px;" type="text"/></p> <p>Dept/Ctr Admin- istering Project: Org Code: Other PI Title: <input style="width: 100px;" type="text"/></p> <p style="text-align: right;">Non-Listed PI Title**:</p> <p style="font-size: small;">**PIs and Co-PIs whose titles fall under "Non-Listed PI Titles" require review and signature approval the Department Chair, Center Director or Administrative Unit VP. Depending on the appointment type, review and approval by a Faculty Sponsor and a College Dean, Sr. Associate Dean, or Associate Dean of Research may also be required. If this project includes a PI or Co-PI(s) with a "Non-Listed PI Title" Click the button to the right to generate the approval page.</p>			
MTA	<p>Material to be transferred: Where will material be used:</p> <p>Please list the source(s) of funding that will be used to support the research:</p> <p>Sponsor: Title <u>OR</u> OSP#:</p> <p>Complete if material will be used in conjunction with other material(s) received from a third party:</p> <p>Provider: Material <u>OR</u> OSP#:</p> <p>Please email the completed form to osp_mta@cornell.edu.</p>			
DUA	<p>Project Title:</p> <p>Description of Data:</p> <p>Where will the data be secured? (i.e., CRADC, Office and Room #): Location of Data Access(i.e., Office / Room #):</p> <p>Complete if data will be used in conjunction with sponsored award:</p> <p>Sponsor: Title <u>OR</u> OSP#:</p> <p>Please email the completed form to osp_dua@cornell.edu.</p>			
NDA	<p>Complete if the NDA is related, or will be related, to a sponsored award or agreement:</p> <p>Sponsor: Title <u>OR</u> OSP#:</p> <p>If the NDA is related to a Cornell Invention, please consult Center for Technology Licensing (CTL).</p> <p>Please email the completed form to osp_nda@cornell.edu.</p>			
COMPLIANCE	<p>Will this activity involve any of the following (check all that apply): None</p> <p>Human Participants: use of data, biomaterials from humans (IRB) Biological pathogens or biotoxins: regulated or restricted plant pathogens or pests (IBC)</p> <p>Live vertebrate animals (IACUC) Use of human embryonic stem cell lines (ESCRO)</p> <p>Recombinant or synthetic nucleic acid molecules (r/sNA) Hazardous chemicals / Controlled substances (EHS) Ionizing radiation, radioactive isotopes (EHS)</p> <p>Genetically or synthetically modified organisms (GMOs) Foreign activities</p> <p>Human & mammalian cell lines, human tissue & blood (IBC)</p> <p>The Principal Investigator is responsible for ensuring that approval for all necessary research protocols is in place before material and/or data is used, and that any financial interests related to the design, conduct or reporting of this research have been disclosed.</p>			
SIGNATURES	<p>In signing this statement, I acknowledge that I am responsible for adhering to the requirements for the use, storage and disposal of the material(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.</p> <p style="text-align: center;">Signature: Typed Name: Date:</p> <p>Principal Investigator:</p> <p>Please list other Key Personnel who have independent responsibility on the MTA, DUA, or NDA agreement.</p> <p style="text-align: center;">Name: Net ID: Name: Net ID:</p>			