TERM SHEET: MATERIAL/DATA TRANSFER AGREEMENT

*Commitment to MTA/DTA terms*

*Please note: this document is NOT an official material transfer agreement (MTA) or data transfer agreement (DTA) and denotes only a commitment to the terms of the proposed MTA/DTA*

|  |  |
| --- | --- |
| Research Project title |  |
| Health Research Ethics Committee (HREC) number *(if already obtained)* |  |
|  |  |
| STELLENBOSCH UNIVERSITY (SU) |
| Name of SU PI/scientist  |  |
| Email address of SU PI/scientist |  |
| □ SU is providing materials/data□ SU is receiving materials/data | Please provide a justification for this: |
|  |  |
| OTHER ORGANIZATION(S) / INSTITUTION(S) |
| Name of organization/institution  |  |
| Country |  |
| Name of PI/scientist  |  |
| Email address of PI/scientist  |  |
|  |  |
| Name of organization/institution  |  |
| Country |  |
| Name of PI/scientist  |  |
| Email address of PI/scientist  |  |
|  |  |
| Name of organization/institution  |  |
| Country |  |
| Name of PI/scientist  |  |
| Email address of PI/scientist  |  |
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| THIRD PARTIES |
| If 3rd parties are involved, provide their details and nature of involvement (e.g. a laboratory or other 3rd party to whom the material/data will be transferred for processing for shipment, storage, further analysis or verification / shipment to another collaborator who will participate in the project / funder of the project or transfer of the material).  |
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| NATURE OF MTA |
| □ This MTA/DTA is part of a project, grant or clinical trial etc. for which there is a signed contract (or a contract in the process of being signed) OR□ This MTA/DTA is a stand- alone MTA (not linked to an existing contract) |
| If linked to a contract, please provide the contract and SU contract number (it will be S00----) provided by the Research Contracts office. | SU contract number:  |
| □ I have attached/provided the contract |
|  |
| □ SU will be paying a fee to the other organisation to conduct the research or perform the services□ SU will be receiving a fee from the other organisation to conduct the research or perform the services |
| Please provide a justification for this: |
|  |  |
| TYPE OF MATERIAL/DATA  |
| (*Please tick all that apply)*□ Data□ Human tissue (e.g. blood, sputum, urine) □ Cell components | □ Plants□ Animals□ Microorganisms (e.g. bacteria, viruses)□ Genetically Modified Organisms |
| □ Other *(Please explain)* |  |
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|  |  |
| DESCRIPTION OF THE MATERIAL/DATA |
| Type: |  |
| Quantity: |  |
| Place of origin: |  |
| Describe the curation of material/data |  |
| Who is the custodian of the material/data? |  |
| Already identified potential uses: |  |
|  |  |
| MATERIAL/DATA USE |
| Describe the manner in which the material/data will be used by the recipient |  |
| Describe the timeframe for which the material/data will be used |  |
| Describe what will happen to the material/data after study completion |  |
|  |  |
| DECLARATION |
| The Researcher shall ensure that the content of the MTA is consistent with the information in this MTA Term Sheet and that the MTA is negotiated/drafted and approved by the Research Contracts office: http://www.sun.ac.za/english/research-innovation/Research-Development/contractsIf, after HREC approval of this MTA Term Sheet the MTA differs *substantively,* the Researcher shall submit the MTA to HREC to enable review prior to signature of the MTA. | Name:Date:Signature: |