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/DTA is consistent with the information in this MTA/DTA Term Sheet and that the MTA/DTA is negotiated/drafted and approved by the Research Contracts office: http://www.sun.ac.za/english/research-innovation/Research-Development/contracts  If, after HREC approval of this MTA/DTA Term Sheet the MTA/DTA differs *substantively,* the Researcher shall submit the MTA /DTA to HREC to enable review prior to signature of the MTA/DTA. | | | | | Name:  Date:  Signature: | |