

## MATERIAL TRANSFER REQUEST FORM

Please fill in the information below and attach this to an email addressed to [mta@danforthcenter.org](mailto:mta@danforthcenter.org). Laura Jordan (314-587-1207) will collect the information and use it to prepare the MTA document for execution. No materials should be transferred until the MTA is fully executed.

1. Name and Address of Sender: \_\_\_\_\_  
\_\_\_\_\_
2. Name and Address of Receiver: \_\_\_\_\_  
\_\_\_\_\_
3. Scientist Name and Email Address and Phone # of Sender: \_\_\_\_\_  
\_\_\_\_\_
4. Scientist Name and Email Address and Phone # of Receiver: \_\_\_\_\_  
\_\_\_\_\_
5. Description of Materials being transferred, and Volume:
6. Insert the Date MTA document is needed (“asap” is not adequate...prefer at least 48 hours from date of delivery of this form to the date the document draft is sent out for review by the non-Danforth party): \_\_\_\_\_
7. Description of the Receiver’s Permitted Use of the Materials (the “Study” or the “Purpose” or “Permitted Use”):
8. The term of the Permitted Use (over what period of time will the Studies/use of the Materials be permitted?). The MTA will expire on the date when the permitted use of the Materials expires. Expiration Date: \_\_\_\_\_
9. Contact information for person who will be reviewing the document for the non-Danforth party to this Agreement. Name/email address/phone number: \_\_\_\_\_  
\_\_\_\_\_