**Technology Commercialization Office**

555 West 57th St., Suite 1407

New York, NY 10019

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**MTA INTAKE FORM**

**This request is for review and execution of the following (Select as Appropriate):**

* **New MTA**
* ***Amendment to Existing MTA, Provide TCO ID:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Receiving Material**
* **Providing Material**

Provide college account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transmittal Fee?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter 0 if there is no fee)

College \_\_Queens College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator (PI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date MTA/Request Received \_02-26-2024\_\_\_\_ Date Submitted to TCO \_02-27-2024\_\_\_\_\_\_\_\_\_\_\_

Other Party Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Party Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Party Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Party Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB / IACUC

Documentation of the necessary IRB and/or IACUC approval must be included if the scope of work involves research with human or animal subjects. Is an IRB/IACUC letter included with this submission?

* Yes, the IRB and/or IACUC letter(s) is/are included.
* No. Human or animal subjects will not be used.
* No. IRB/IACUC approval is pending, and the IRB/IACUC determination will be submitted once received.\*\*\*\* \*\*\*\* TCO will begin negotiation of the MTA, but will not sign it or permit receipt of the material until IRB/IACUC approval has been received..

**Where indicated, the following documents must be attached for this agreement to be processed:**

* Scope of Work (SOW should not include proprietary or confidential information.
* Description of Material To be transferred or received.
* Approval of Restrictive Party Screening (*Import or Export of material, information or technology and/or collaboration*)
* Export Control Determination (*recipient is outside USA & Export Control compliance requirements been resolved*)

**College Authorization**

By signing below, I authorize CUNY TCO to execute the attached MTA on behalf of:

College \_\_\_\_\_Queens\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_;Paul Kran\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Director, Office of Research Compliance\_\_\_\_\_ Phone No. 718-997-5415