

Delaware State University  
Office of Sponsored Programs

**Incoming Material/DATA Transfer Agreement (MDTA) Questionnaire**

*(This form MUST be typed and accompany the MTA you wish to have signed. This information will help to evaluate the terms of the MTA)*

DSU Principal Investigator:

Telephone No.:

Department:

Email Address:

Person submitting MTA:  
(If not PI)

Email Address:

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Material Provider:

Address:

Name of Contact:

Email Address:

Title:

Telephone No.:

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Name/Type of Material:

*In order to appropriately evaluate the proposed MTA, please provide answers to the following questions. Please use additional sheets if you require more space for your answers.*

**1. (a)** What is the intended use of the Material (research description)?

**(b)** Will you be modifying (creating a new substance that contains or incorporates) the material?

YES

NO

UNSURE

If 'yes', how?

**(c)** Will any progeny, derivatives, or modifications to the Material be produced (i.e., unmodified descendants from the Material, such as virus from virus, cell from cell, etc.)?

YES

NO

UNSURE

**(d)** What is the original source of the Material?

**(e)** Do you intend to publish the findings?

YES

NO

**(f)** Will students be using the Materials?

YES

NO

If "yes" will this work be part of a thesis?  YES  NO

(g) Is the Material known to be toxic?  YES  NO

(h) Data – Will data transferred be open to the public?  YES  NO

What is the method of transferring the data?

How will the data be secured?

Will the data be reported and/or published?  YES  NO  UNSURE

2. Have you received the Material already?  YES  NO

3. Will the Material be used in any research project funded by the federal government?

YES  NO

If "yes", please provide the department(s), agency(s) and the applicable account, grant number or application number:

4. Will the Material be used in any research project that is funded by industry or foundation sponsors?  YES  NO

If "yes", please provide the sponsor(s) names(s) and the applicable budget or grant number:

5. Will the material be used in conjunction with other Materials from other parties?

(i)  YES  NO

What are the other materials and who provided them?

(ii) Were Materials Transfer Agreements (MTAs) signed for these other material?

**Please add any additional information that you believe to be pertinent. Once you have completed this questionnaire, please sign it below and return it together with the MTA to:**

Office of Sponsored Programs  
OSCAR Building -3rd Floor

***Thank you for your cooperation in completing this questionnaire.***

Principal Investigator's Name: **(Print)** \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator's Signature: \_\_\_\_\_

Department Chairperson's Signature: \_\_\_\_\_