Simple Letter Agreement for the Transfer of Materials

In response to RECIPIENT's request for the MATERIAL [insert descr	ription]
	the RECIPIENT and the RECIPIENT
SCIENTIST agree to the following before the RECIPIENT receives the MATERIAL:	
1. The above MATERIAL is the property of the PROVIDER and is made available as a service to the research	
community.	
2. THIS MATERIAL IS NOT FOR USE IN HUMAN SUBJECTS.	
3. The MATERIAL will be used for teaching or not-for-profit research	n purposes only.
4. The MATERIAL will not be further distributed to others without th	
RECIPIENT shall refer any request for the MATERIAL to the PROVI	
PROVIDER or the PROVIDER SCIENTIST agree to make the MATI	
Letter Agreement to other scientists for teaching or not-for-profit research	
5. The RECIPIENT agrees to acknowledge the source of the MATERI	
6. Any MATERIAL delivered pursuant to this Agreement is understood	
hazardous properties. THE PROVIDER MAKES NO REPRESENTA	TIONS AND EXTENDS NO WARRANTIES
OF ANY KIND, EITHER EXPRESSED OR IMPLIED. THERE ARE	E NO EXPRESS OR IMPLIED
WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PA	ARTICULAR PURPOSE, OR THAT THE
USE OF THE MATERIAL WILL NOT INFRINGE ANY PATENT,	COPYRIGHT, TRADEMARK, OR OTHER
PROPRIETARY RIGHTS. Unless prohibited by law, RECIPIENT ass	
against it by third parties which may arise from the use, storage or disp	
extent permitted by law, the PROVIDER shall be liable to the RECIPI	
negligence or willful misconduct of the PROVIDER.	ETVT when the damage is edused by the gross
	all annicable statutes and resulations
7. The RECIPIENT agrees to use the MATERIAL in compliance with	
8. The MATERIAL is provided at no cost, or with an optional transmi	
for its preparation and distribution costs. If a fee is requested, the amount	
The PROVIDER, RECIPIENT and RECIPIENT SCIENTIST must sign	
signed copy to the PROVIDER. The PROVIDER will then send the M	IATERIAL.
PROVIDER INFORMATION and AUTHORIZED SIGNATURE	
PROVIDER Scientist:	
PROVIDER Organization:	
Address: 6011 Executive Boulevard, Suite 325, OTT Service Center, I	Rockville MD 20852-7660
Name of Authorized Official: Suzanne L. Winfield, Ph.D.	AGERVINE, VID 20032 7000
Title of Authorized Official: NIMH Technology Development Coordin	nator
Certification of Authorized Official: This Simple Letter Agreement ha	
	is _ / has not _ [check one] been mounted. If
modified, the modifications are attached.	
Signature of Authorized Official	Date
Lab/Branch Chief	Date
RECIPIENT INFORMATION and AUTHORIZED SIGNATURE	
RECIPIENT SCIENTIST:	
RECIPIENT Organization:	
Address:	
Name of Authorized Official:	
Title of Authorized Official:	
The of Fundament Continue	
G:	
Signature of Authorized Official	Date:
Certification of RECIPIENT SCIENTIST: I have read and understood	the conditions outlined in this Agreement and
I agree to abide by them in the receipt and use of the MATERIAL.	
RECIPIENT SCIENTIST	Date
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