

MATERIAL TRANSFER AGREEMENT REQUEST FORM

Please answer the following questions so that we can expedite your request for a Material Transfer Agreement

Name: Division:

Phone Number: Email:

OTHER PARTY

Company Name:

Company Address:

Signature Authority: Recipient:

Phone: Fax Number:

Email:

Purpose of Agreement:

Export Controlled Yes No Biosafety Hazard Yes No

Is Argonne sending Laboratory generated material? Yes No

If so, what? Include the Argonne invention and/or software number(s), if applicable. Otherwise, identify the protectable

Laboratory information:

Is the other party sending material to Argonne? Yes No

If so, what?

**Please submit this form via E-mail by simply clicking the "SUBMIT" button.
Or, you may save this file and "SUBMIT" at a later date.**