**MTA Checklist and Appendix (Incoming) – v1**

**MATERIALS SUBJECT TO HTA MUST BE APPROVED BY THE UNIVERSITY HTA DESIGNATE INDIVIDUAL. ALL OTHER BIOLOGICAL OR CHEMICAL MATERIALS MUST BE APPROVED BY SSDO AND/OR BIOLOGICAL SAFETY OFFICER. THE MATERIAL TRANSFER AGREEMENT MUST NOT BE SIGNED BY EITHER PARTY UNTIL THE MATERIALS HAVE BEEN APPROVED. IF MATERIALS ARE NOT COMING IN UNDER OUR HTA LICENSE BECAUSE THEY ARE COVERED BY NHS ETHICS, THEY STILL NEED TO COME THROUGH THE UNIVERSITY HTA DESIGNATE INDIVIDUAL TO CHECK THIS IS THE CASE.**

Once the Checklist and Appendix have been completed (& the Checklist has been signed), please send it to research.contracts@lboro.ac.uk. It will be reviewed and passed to a Contracts Manager to negotiate.

If there is any information that you feel the Contracts Manager should be aware of, then please include this in the space provided at the bottom of the Appendix.

Please note that:

1. The Checklists & Appendix below need to be completed even if the Other Party has sent their own forms;
2. A Checklist & Appendix will need to be completed each time materials are transferred;
3. If the Checklist has been signed over 3 months prior to it being sent to research.contracts@lboro.ac.uk, then please confirm with Karen Coopman or Julie Turner that the Checklist does not need to be updated/re-signed.

Once completed, the Fully Signed MTA + signed Checklist + Appendix will be emailed with a Contracts Case Reference Number to the PI, and cc’d to Jacqueline Green (j.a.green@lboro.ac.uk).

**CHECKLIST FOR HTA RELEVANT MATERIALS:**

|  |  |  |
| --- | --- | --- |
|  | Comments provided by Principal Scientist | Satisfactory? (to be confirmed by HTA DI) |
| Has appendix 1 been completed? |  |  |
| Does appendix 1 include detail of: whether the material is from the living or deceased, whether the sample was obtained prior to 1st Sept 2006, any restrictions on use of the material (e.g. parameters or restrictions on consent)? |  |  |
| Are the samples anonymised? |  |  |
| What information about participants will the Loughborough receive? |  |  |
| Please append a sample blank consent form |  |  |
| What, if any risks are there associated with transporting this material and how have they been mitigated? (please append a separate risk assessment if applicable) |  |  |
| If the material has being transferred from outside of the UK, please provide details of the providers organisations storage and disposal methods (please append any relevant SOPs) |  |  |
| Are all Loughborough staff and students involved in this work HTA trained? Please append copies of relevant training certificates |  |  |

|  |
| --- |
| Read and acknowledged by  |
| **HTA Designate Individual**Name:Positions:Signature:Date: |

**CHECKLIST FOR ALL NON-HTA RELEVANT BIOLOGICAL MATERIAL AND CHEMICAL SUBSTANCES:**

|  |  |  |
| --- | --- | --- |
|  | Comments provided by Principal Scientist | Satisfactory? (to be confirmed by HTA DI) |
| Has Appendix 1 been completed? |  |  |
| Does Loughborough already have the appropriate license in place to work with this material? |  |  |
| Has a risk assessment for work with this material been completed? |  |  |
| What, if any risks are there associated with transporting this material to the recipient organisation and how have they been mitigated? (please append a separate risk assessment if applicable) |  |  |
| If the material have being transferred from outside of the UK, please provide details of the providers organisations storage and disposal methods (please append any relevant SOPs) |  |  |

|  |
| --- |
| Read and acknowledged by  |
| **A member of University Health and Safety Service (SSDO and/or Biological Safety Officer)**Name:Positions:Signature:Date: |

**APPENDIX 1**

TO BE COMPLETED BY THE RECIPIENT AND THE RECIPIENT SCIENTIST:

1. **RESEARCH DESCRIPTION:**

2. **DETAILS OF MATERIAL REQUESTED** (i.e. type of material):

|  |  |
| --- | --- |
|  | Is this material (add an ‘X’ in the most appropriate): |
|  | HTA relevant (if yes, please complete section 6) |
|  | Non-HTA relevant biological material |
|  | Class 1 GMO |
|  | Class 2 GMO |
|  | Primary animal derived material |
|  | Non-hazardous chemical |
|  | Hazardous chemical |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

3. **QUANTITY OF MATERIAL TO BE DELIVERED** (insert quantity):

4. **DETAILS OF CARRIER TO BE USED AND CARRIER ACCOUNT CODE**:

5. **LOCATION OF LABORATORY WHERE MATERIAL ARE TO BE HELD/USED**:

6. **HTA LICENCE / ETHICS APPROVAL** (if applicable):

Complete one of the following:

This Study has been given a favourable opinion by an ethics committee which, within the UK, is recognised under the Human Tissue Act 2004. Please provide the reference of the opinion and name of the committee:

Or:

The Material are to be stored in premises licensed by the Human Tissue Authority, until favourable ethical approval has been obtained for the proposed Study at which point the Recipient Scientist shall notify the Provider Institution. Please provide the licence number:

Or:

Where the Material are supplied by the Provider Institution from a research tissue bank which may be a diagnostic archive and which has been granted REC approval for specific research projects, this REC approval may cover the research Study with the material at the Recipient Institution. If this is the case, the Designated Individual (or their duly authorised delegate) of the Provider Institution confirms that its REC approval for the tissue bank will cover the Proposed Study by signing here:

**Recipient HTA Licence Number (if applicable)**:

**Provider HTA Licence Number (if applicable)**:

7. **LICENCE FOR CHEMICAL MATERIALS / APPROVALS** (if applicable):

***TO BE COMPLETED BY THE PROVIDER****:*

8. **COST OF SAMPLE PREPARATION AND DISTRIBUTION**:

NB Payment by the Recipient to the Provider shall be made within thirty (30) days of the date of delivery of the Material.

9. **CONDITIONS OF TRANSPORT, STORAGE AND DISPOSAL**:

Primary Loughborough Contact (i.e. the internal contact point for the Lboro Contracts Manager)

Name:

Email:

Tel No:

External Contact for MTA negotiation

Name:

Position:

Company Name:

Email:

Tel No:

Please use the space below to include information which you believe would be useful for the Contracts Manager: