

# Catholic Healthcare West Intellectual Innovation Network (CHWiin) Research Material Request

## INVESTIGATOR QUESTIONNAIRE FOR *PROVIDING* MATERIALS

This form is to be used when you are requesting to send out research materials. CHWiin requires all information in this form before it can review and sign any Material Transfer Agreement.

**Questions? Please send to [chwiin@chw.edu](mailto:chwiin@chw.edu) or contact by phone at 602.406.8702.**

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### CHW Principal Investigator Supplying Material

#### 1. NAME AND TITLE:

Email:

Department:

Phone:

Fax:

Building/Room Number:

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#### 2. Name and address of Recipient Scientist and Organization (company or institution material will be provided to):

Scientist Name and Title:

Address:

Phone:

Fax:

Institution Name and Address:

Shipping Address (if different from above):

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#### 3. If legal contact, technology transfer, or administrative contact at Recipient Organization is known, please provide contact info here:

Name and Title:

Email:

Phone:

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#### 4. What is the material and what amount of material are you providing? Please provide name of Material and Description here:

Amount:

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#### 5. Please describe the planned use of the material. Please outline specific experiments providing abstract or project summary; also attach any relevant letters or e-mails exchanged with provider regarding planned use of the material.

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#### 6. Was the material made in your own lab at CHW? If yes, when? If no, please explain.

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#### 7. Did any other research lab (inc. CHW and/or another institution) provide essential components or otherwise collaborate with you in making the material (e.g. clone portions of plasmid, supply antigens, supply cell lines, etc.)

Yes  No If Yes, please explain:

Yes  No If Yes, is there any form or written or oral agreement (Material Transfer Agreement, Letter of Intent, etc.) between you and these providers/collaborators?

Yes  No If yes, is the material licensed to any third party, or the subject of licensing negotiations?

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#### 8. At the time the material was made did your lab receive industrial support for any of the below:

Yes  No The research in which the material was made

- Yes**  **No** Any portion of the Principal investigator's salary or the salary of individuals working on the project  
 **Yes**  **No** The purchase of supplies, reagents, animals, tissues or cells required for the project

**If yes to any of the above please explain below or append.**

**Please indicate any other sources of support in your lab at the time that material was made, e.g. NIH grants, fellowships awarded to you or to individuals who made the material, etc.:**

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**9. How long would you like this material transfer agreement to remain in place for the exchange of materials?**

- One time transfer**  **6 months**  **1 year**  **2 years**  **3-5 years**

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**10. Please check the appropriate boxes.**

- Yes**  **No** Has the material already been sent to the requesting scientist?  
 **Yes**  **No** Do you have a financial interest in the Recipient Organization (equity, stocks, securities, income, consulting)?  
 **Yes**  **No** Are you aware of alternative sources, or do you know if this material is commercially available?  
 **Yes**  **No** Will the materials be used in conjunction with any other materials received from a third party?  
 **Yes**  **No** Have any confidentiality, nondisclosure, or other agreements from the recipient been signed which relate to the material requested? If yes, please provide.  
 **Yes**  **No** Are the materials relevant to any previous or pending invention disclosures or patent applications which have been filed by CHW?  
 **Yes**  **No** Will you receive any information about the material which might be considered confidential or proprietary? If yes, please explain below or in attachment.  
 **Yes**  **No** Has the material been the subject of publication?  
 **Yes**  **No** Will recipient scientist/organization combine, create any derivatives or make modifications to the material? If yes, please explain below.  
 **Yes**  **No** Will the material be used in conjunction with other materials or equipment which was received or requested (not purchased) from other providers? If yes, please identify other materials/equipment and the provider.

**If yes to any of the above, please explain in below or append.**

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**11. Fees and Costs**

- Yes**  **No** **Do you wish to charge a shipping & handling fee (reimbursement for lab tech's time to material, packaging, Fed Ex, etc.)?**

**If Yes: \$**

- Yes**  **No** **Do you wish to charge a transfer fee for the material?**

**If Yes: \$**

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**12. For the purpose of research compliance review, check all of the following which apply.**

- Research will use human subjects  Research will use vertebrate animals  
 Material being obtained is human in origin  Research requires production of antibodies in a vertebrate animal

**IF YOU ARE NOT PROVIDING HUMAN SAMPLES/TISSUES, PLEASE GO DIRECTLY TO THE SIGNATURE LINE BELOW.**

**IF YOU ARE PROVIDING HUMAN SAMPLES/TISSUES TO THE REQUESTING SCIENTIST, PLEASE FILL OUT THE FOLLOWING QUESTIONS:**

Tissue refers to ANY specimen obtained from patients or human research subjects, e.g.: fixed, frozen or fresh pathology or autopsy specimens, any blood, urine, saliva, semen, breast milk or other biological material obtained from humans, any purified DNA, RNA, proteins, cell lines or clones, whether collected primarily for clinical purposes or specifically for research. **Regardless of how the tissue was obtained, the proposed use of this tissue for research must be reviewed by the CHW facility's IRB.**

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**13. Please provide the CHW Facility's IRB protocol number and title, and attach a copy (cut & paste) or the protocol and a copy of the CHW Facility's determination (approval letter, exemption determination, etc.).**

If you only have hard copies, please fax them to CHWiin (602) 294.5109 OR you may also scan and email to [chwiin@chw.edu](mailto:chwiin@chw.edu).

Protocol # and Title:

Protocol copy of IRB's determination:

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**14. Has the CHW IRB specifically approved the use of these materials by your lab?  Yes  No**

If no, please explain why approval is not necessary/relevant? If the USE AND TRANSFER has not been specifically reviewed, an amendment to the current IRB protocol may be necessary.

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**15. Were the samples collected from the patients? Please check appropriate box.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Surgical Procedure                                    | <input type="checkbox"/> Blood Draw                                | <input type="checkbox"/> Delivery/obstetric procedure |
| <input type="checkbox"/> NIH   | <input type="checkbox"/> Company-sponsored clinical trial/research | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> PI-initiated or CHW-sponsored clinical trial/research |  |   |

If other, please explain:

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**16. What form of consent was obtained from the patients?**

- CHW standard Procedure Consent  
CHW standards Consent for Obstetrical procedures and Activities  
Study-specific written consent (please append)  
None or don't know. Please explain

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**17. Will any patient information or other clinical data be transferred with the samples?  Yes  No**

If Yes, will the information/data contain any of the following identifiers (check applicable boxes)?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Name                                      | <input type="checkbox"/> Address by street location     | <input type="checkbox"/> Address by town/city/zip code               |
| <input type="checkbox"/> Telephone number                          | <input type="checkbox"/> Fax number                     | <input type="checkbox"/> Certificate/license number                  |
| <input type="checkbox"/> Social security number                    | <input type="checkbox"/> Medical record number          | <input type="checkbox"/> Account number                              |
| <input type="checkbox"/> Dates (DOB, DOD, admission/discharge)     | <input type="checkbox"/> Health plan beneficiary number | <input type="checkbox"/> Vehicle Identification Number (VIN)         |
| <input type="checkbox"/> Electronic mail address                   | <input type="checkbox"/> Web URL's                      | <input type="checkbox"/> Internet protocol (IP) address              |
| <input type="checkbox"/> Medical device identifiers serial numbers | <input type="checkbox"/> Full Face Photographic Images  | <input type="checkbox"/> Biometric identifiers (finger/voice prints) |

Any other identifier or combination of identifiers likely to identify the subject

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PLEASE NOTE: The transfer of samples with identifiable information may carry additional requirements (e.g., patient consent and authorization) under federal human subjects regulations and/or the HIPAA Privacy Rule. If the identifiers transferred are limited to address by town/city/zip code, dates, and other identifiers not specifically listed above, the provider of the material (if it is a "covered entity" under HIPAA) may require that a data use agreement be put into place before the transfer occurs. Please forward any such data use agreement to CHW*iin* for review.

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**Please be aware: There may be terms and conditions in the Material Transfer Agreement which preclude your use of the materials in research sponsored by industry, limit your ability to commercialize your inventions or prevent you from obtaining other materials for the same project. Please let CHW*iin* know of any special concerns you may have with respect to the material.**

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**Principal Investigator Certification:** By signing this form or submitting this through my registered CHW email address, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with the current Catholic Healthcare West Intellectual Property Policies (130.1.001) as well as any and all federal/state regulations that may apply.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Please return completed form to:  
CHW Intellectual Innovation Network (CHWiin)  
222 West Thomas Road, Suite 406  
Phoenix, AZ 85013  
Phone: 602.406.8702  
Fax: 602.294.5109  
Email: [CHWiin@chw.edu](mailto:CHWiin@chw.edu)