



**REQUEST FOR OUTGOING MATERIAL TRANSFER  
AGREEMENT**

OFFICE OF TECHNOLOGY MANAGEMENT  
Return to Mail Stop 9565 or otm@msstate.edu

**MISSISSIPPI STATE UNIVERSITY**

**RECIPIENT**

PROVIDER Scientist:

Company Name:

Title:

Address:

Department:

City/State/Zip:

Address:

Contractual POC:

City/State/Zip:

Email (required):

Phone:

RECIPIENT Scientist:

Email:

Email:

**EXCHANGE OF MATERIALS**

Please provide a description of the material being transferred:

Please provide a description of the following:

The use of the material by recipient (please be specific):

Please list any hazards related to material (if applicable):

**GENERAL INFORMATION**

Yes No

Was the material created solely at MSU? If no, please specify where and by whom:

Was the material created using materials from another university or company? If yes, please specify the material, the source, and indicate whether there is an associated MTA. (Note: This does not apply to off-the-shelf materials purchased without an MTA.)

Was the research in which the material was created supported by funds from an external source (federal funding, sponsored research or foundation support)? If yes, please specify:

Yes No

Will the material be used exclusively for non-commercial and internal research purposes? If no, please specify:

Should the recipient be limited to using the material solely for a specific project or purpose? If yes, please specify:

Will any confidential information related to the material being transferred be shared with the recipient?

Is this transfer part of a larger or broader collaboration with the recipient? If yes, please specify:

Do you anticipate a joint publication or co-authorship of the research results?

Will the recipient be responsible for transmittal fees associated with the transfer? If yes, please specify:

**Export Control:** Is the item being shared, shipped, transmitted, or transferred a defense article technical data on the ITAR's US Munition List (USML)?

**Export Control:** Is the item being transferred on the Commerce Control List (CCL)?

Is the material related to a protocol/approval through Office of Research Compliance? If yes, please specify the protocol/approval #:

Has the material already been sent to the recipient scientist?

Please specify any other information that MSU should be aware of prior to this MTA:

**INVENTION DISCLOSURE**

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Yes No

Has an invention disclosure been submitted by you related to the materials being transferred? If yes, please indicate disclosure number(s):

Do you plan to submit an invention disclosure relating to the materials being transferred? If yes, when?

**APPROVALS**

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\_\_\_\_\_  
Employee Signature      Date

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Dept. Head/Director Sig.      Date