

# Material Transfer Agreement Record Form (V2)

## DIRECT

MTA Number:

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**The undersigned providing participant's responsible scientist and the undersigned receiving participant's responsible scientist hereby confirm to the transfer of the material identified below in accordance with the DIRECT SOP "Procedure of the Transfer of Materials" (Vers.01, effective as of 18th June 2012, including any amendments thereto) under the terms and conditions set forth in Section 9 of the DIRECT Project Agreement dated December 06, 2011.**

These samples relate to Work Package number:

Institution as per DIRECT project (use **code**)

Permission is given by the original providing laboratory for these samples to be transferred to other DIRECT laboratories (with exchange of signed Material Transfer Agreement forms between providing and receiving laboratories, but without involvement of the original providing laboratory) as per the DIRECT SOP.

Yes

No

Original providing laboratories can track sample chain of custody via the DIRECT database

### About the Material

Please identify the nature of the material (please also ensure these samples are logged into the DIRECT sample tracking website prior to sending):

Plasma

Serum

Urine

DNA

RNA

Faeces

Number of samples


Which original study or studies are these materials derived from?

Do you have ethical approval which permits the supply of these materials into the DIRECT consortium?

Yes

No

If yes, has this ethical approval been reviewed and confirmed by Work Package 9

Yes

No

Provide date of confirmation:

Do you have donor consent to supply this material?

Yes

No

If yes, please detail where the original consent forms are held (location) and the name and address of the custodian (if different from the providing participant):

**LOCATION (INSTITUTION, DEPARTMENT, ROOM)**

**CUSTODIAN**

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**Permission for onward shipment within DIRECT (see page 1)**

Yes  No

The receiving institution's responsible scientist acknowledges that all research results generated with the material must be made available to the providing institution's responsible scientist in a form that allows them to match the data to the original subject identification.

**Number and type of requested samples**

**Purpose of sample transfer**

**Providing Participant Details**

Name of Researcher

Address

Email address

Telephone Number

**Signed by providing participant's responsible scientist**

PRINT NAME

SIGNATURE

DATE

**Receiving Participant Details**

Name of Researcher

Shipment Address

Email address

Telephone Number

**Signed by receiving participant's responsible scientist**

PRINT NAME

SIGNATURE

DATE