



**Request For Material Transfer Agreement (MTA)**

Date:

To: Lili Portilla  
Director, Office of Strategic Alliances  
9800 Medical Center Drive  
Building B, Room 3022  
Rockville, MD 20850

NCATS Investigator:

Collaborating Institute:

Providing (sending materials to a lab other than NCATS)  
Receiving (receiving materials from a lab other than NCATS)  
MLI Project (is this an MLI Project)

Collaborating Investigator Name and Contact:

Title of Research Project

Appendix A: Please list and briefly describe all tangible material(s) such as biological reagent(s), compound(s), etc. that will be transferred under this MTA.

Appendix B: Please list and briefly describe all CENTER data and information associated with the RESEARCH MATERIAL that will be sent to RECIPIENT (be as detailed as possible, if none exists please list N/A).

**\*\*Please attach all subject matter that you feel is relevant to this agreement\*\***