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| Material Transfer Agreement Information Sheet  ***Indiana University as Provider*** | |
| *Please enter the following information:* | |
| Principal investigator name: Michael VanNieuwenhze Department: Chemistry | |
| Address: Department of Chemistry, 800 E. Kirkwood Ave., Bloomington, IN 47405-7102 | |
| Phone: 812-856-7545 Fax: 812-855-8300 E-mail: mvannieu@indiana.edu | |
| Assistant / contact person name: Jim Lewis | |
| Address: Department of Chemistry, 800 E. Kirkwood Ave., Bloomington, IN 47405-7102 | |
| Phone: 812-855-5706/812-855-9364 Fax: 812-855-8300 E-mail: chempool@indiana.edu | |
| Recipient organization name: | |
| Recipient contact person name: | |
| Address: | |
| Phone: Fax: E-mail: | |
| *Please answer the following questions:* | |
| 1. 1. | Please describe / identify the material and a brief description of the research you have done with the material: A reagent for fluorescent labeling of bacterial cell walls. | |
| 1. **2.** | Did you create this material? X *Yes*  *No* If *no*, please explain the source:   * + 1. Please identify any obligations, restrictions on the use or transfer of the material, if known: None     2. If your material was created using materials from another laboratory at IU, another university, a company collaborator, a commercial vendor, etc. (for example, commercially-purchased vectors, an antibody from a colleague), please identify the source:     3. Is the material accompanied by patient identifying information?  *Yes* X *No* | |
|  | Was the research in which the material was created or made supported by funds from an external source? X *Yes*  *No*  If *yes*, please identify the source: Grant from the National Institutes of Health (AI 059327) | |
|  | Are you working with the Indiana University Research and Technology Corporation (IURTC) Office of Technology Transfer on anything related to this material? (other than the current MTA) X *Yes*  *No* | |
|  | Do you wish to be compensated for the transfer of this material?  *Yes* X *No*  If *yes*, please provide your proposed transfer fee: | |
|  | Please include any additional information that would aid us in processing this agreement: None | |
| I acknowledge that the information provided herein is true and complete. | | |
| Investigator signature: Date: | | |