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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: |