



## Research & Biological Material/Tissue Transfer Request Form

California State University San Marcos • Safety, Health, & Sustainability  
333 S. Twin Oaks Valley Road • San Marcos, CA 92096 • Craven Hall 4700 • (760) 750-4502

### Purpose:

In order to enhance campus research and to increase research collaboration with other entities, CSUSM encourages the transfer of biological and other research materials to and from our campus.

### Scope:

All human or animal biological material/tissue or plants transferred to or from another entity must be approved by the University before delivery or shipment. Before proprietary or valuable material changes hands, a transfer agreement is required. This protects the rights of both parties and ensures agreement up front on subsequent use, care and further distribution. Safety, Health & Sustainability (SHS), Procurement or CSUSM Corporation (External Grants) have the responsibility for assisting researchers in negotiating and executing these agreements on behalf of CSUSM. SHS will also provide appropriate notifications to the IACUC and IRB as needed.

The Research & Biological Material/Tissue (RBMT) request process ensures that the campus has the appropriate safeguards in place for environmental, risk management, health, and safety concerns.

### Instructions:

To begin the RBMT request process:

1. Complete all questions on the RBMT Request Form. If your answer is "Yes" or "Unsure" to any of the questions below then SHS will contact you for additional information to ensure that CSUSM has the legal right to transfer/receive the listed material.
2. Submit the original completed and signed form to SHS.  
**NOTE: This form must be submitted to SHS at least 21 business days prior to an international shipment and 14 days prior to a domestic shipment. If a Material Transfer Agreement (MTA) is required Procurement may need more lead time**

Please direct any questions regarding the RBMT request process or form to Regina Frasca at x4502 or [rfrasca@csusm.edu](mailto:rfrasca@csusm.edu).

**RBMT Request Form Submission Information:**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Describe the biological material/tissue to be transferred:**

Species of Origin: \_\_\_\_\_ Strain: \_\_\_\_\_

Quantity: \_\_\_\_\_

Yes  No Is the biological material infectious?

If Yes NIH/WHO Risk Group: \_\_\_\_\_ Infectious Agent: \_\_\_\_\_

Yes  No Is the biological material macaque? IACUC notification required

Yes  No Does the biological material contain Cercopithecine herpes virus 1 (B virus)? IACUC notification required

Yes  No Is the biological material from or will be used in humans? IRB notification required

Yes  No Is the transfer of the biological material regulated by U.S. Fish and Wildlife, CITES (Endangered Species), or other governmental entity?  
If Yes, describe the requirement or exemption criteria below:

Yes  No Does the transfer of this biological material require additional permits, notifications, or authorizations (ex. stem cells)?  
If Yes, please identify them:

**Briefly describe how the biological material is used:**

**Transfer Information**

How will the biological material be transported?

**NOTE : Packages must be delivered Monday through Friday before 4:00 pm.**

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Yes  No Will this be a one-time only transfer of this biological material?

If No How often will this biological material be transferred between the parties?

Yes  No Is there any cost to CSUSM for the transport?

Yes  No  Unsure Could your use of the biological material possibly or likely result in a commercially useful or patentable product ?

Yes  No  Unsure Does this transfer require CSUSM to indemnify or "hold harmless" the provider for the use of the biological material?

Yes  No  Unsure Does the provider require any confidentiality or non disclosure agreements?

If Yes Submit the Non Disclosure Agreement with this form.

**Funding Information:**

Yes  No  Unsure Are you receiving any funds from the provider (gifts, contract, etc) or does a financial relationship exist between the provider and receiver organizations?

If Yes Submit a [CA Statement of Economic Interest for Principal Investigators \(Form 700-U\)](#).  
 A completed from 700-U is currently on file for this fiscal year.

General Fund (Campus)  
 Grant Funds  
 Other  
Which funding source(s) will be used to support the research or training related to this transfer of biological material?

If Other Describe the funding source:

**Provider Information:**

Principal Investigator (PI)  
Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

PI Phone: \_\_\_\_\_ PI Email: \_\_\_\_\_

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If CSUSM: Location of material use/storage: Building: \_\_\_\_\_ Room: \_\_\_\_\_

IACUC Protocol # \_\_\_\_\_ IRB Protocol # \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_ Veterinarian Email: \_\_\_\_\_

**Receiver Information:**

Principal Investigator (PI)  
Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

PI Phone: \_\_\_\_\_ PI Email: \_\_\_\_\_

If CSUSM: Location of material use/storage: Building: \_\_\_\_\_ Room: \_\_\_\_\_

IACUC Protocol # \_\_\_\_\_ IRB Protocol # \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_ Veterinarian Email: \_\_\_\_\_

**AUTHORIZATION SIGNATURES:** The signatures below certify that the information provided above is an accurate reflection of the individuals' understanding. The Principal Investigator's (PI) signature provides an agreement to comply with institutional commitments to federal assurances and regulatory authorities which guide the responsible conduct of research.

Principal Investigator  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SHS Approval:

Printed  
Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IACUC Approval:

Printed  
Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IRB Approval:

Printed  
Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_