



Serial number: E11220

## NATIONAL HEALTH RESEARCH ETHICS COMMITTEE

### Material Transfer Agreement Form To be filled-in if exporting biological material

#### Section A.

1. Name of requesting organisation/individual: \_\_\_\_\_  
\_\_\_\_\_
2. Physical Address: \_\_\_\_\_  
\_\_\_\_\_
3. Contact details:
  - ✓ Telephone No: \_\_\_\_\_
  - ✓ Fax No: \_\_\_\_\_
  - ✓ Cell phone No: \_\_\_\_\_
  - ✓ Email address: \_\_\_\_\_

Name/s of Principal Investigator: \_\_\_\_\_

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

Title of Study: \_\_\_\_\_

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

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

**Please return a filled in copy of this Agreement to:**

**The National Health Research Ethics Committee, C/O Ministry of Health, P.O Box 30205, LUSAKA.**

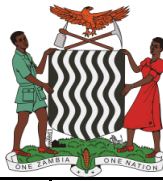
NHREC/MOH will be maintaining signed originals and the official list of signatory organizations.

The purpose of this agreement is to provide a record of the biological material transfer, to memorialize the agreement between the PROVIDER SCIENTIST (identified above) and the RECIPIENT SCIENTIST (identified below) to abide by all terms and conditions of the Material Transfer Agreement (MTA) and to certify that the RECIPIENT (identified below) organization has accepted and signed a copy of the MTA. All materials collected from Zambia shall remain the property of the Government of the Republic of Zambia. For any commercial product derived from the exported materials, the person from whom the samples were collected shall receive royalties. The RECIPIENT agrees to acknowledge the source of the material in any publications reporting use of it. The RECIPIENT agrees to use the MATERIAL in compliance with statutes and regulations.

#### Section B.

##### 1. MATERIAL TO BE TRANSFERRED (full description and quantities)

--



<b>2. PURPOSE OF EXPORT:</b>		<b>3. DESTINATION OF MATERIAL ( full details of institution and person responsible)</b>	
<b>4. SOURCE OF MATERIAL (Study site)</b>			
<b>5. RECIPIENT ORGANIZATION CERTIFICATION (Organization receiving the ORIGINAL MATERIAL)</b>			
I hereby certify that the RECIPIENT organization has accepted and signed a copy of the MTA and will not outsource the material to another organization/laboratory without written approval from NHREC. I have read and understood the conditions outlined in this Agreement and I agree to abide by them in the receipt and use of MATERIAL.			
a.	Name:		
b.	Title:		
c.	Organization/Laboratory:		
d.	Physical Address:		
e.	City and Country:		
f.	Email and website:		
g.	Signature:		Date:
<b>STATUS:     Recommended / Not Recommended/Deferred</b>			

**VICE-CHAIRPERSON NHREC:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHAIRPERSON NHREC:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Official Stamp:**