**Internal Material Transfer Agreement of Mahidol University**

1. **PROVIDER, RECIPIENT, and MATERIAL:**
2. PROVIDER: Department of , Faculty of .
3. PROVIDER SCIENTIST: , Department of .
4. RECIPIENT: Department of , Faculty of .
5. RECIPIENT SCIENTIST: , Department of .
6. Details of MATERIAL (pathogens, genetically modified organism, cell lines and etc…) to be transferred:

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| **No.** | **List of MATERIAL** | **Recipient** | **Provider** |
| Amount to be transferred | Place for storage & usage | Purpose of usage | Amount left at Provider | Place for storage |
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1. **Terms and Conditions of MATERIAL transfer**
2. The RECIPIENT and the RECIPIENT SCIENTIST agree that the MATERIAL:
	1. is to be used solely for teaching and academic or other noncommercial research purposes. The Recipient shall not use the MATERIAL for any other purposes or in any other project unless receiving the prior written consent of Mahidol University;
	2. will not be used in human subjects, in clinical trials, or for diagnostic purposes involving human subjects without the prior written consent of Mahidol University;
	3. is to be used at the RECIPIENT Faculty and only in the RECIPIENT SCIENTIST's laboratory under the direction of the RECIPIENT SCIENTIST or others working under his/her direct supervision;
	4. in the event that the Recipient would like to transfer MATERIAL to anyone else outside Mahidol University, it can be done upon the prior written consent of University.
3. The RECIPIENT and the RECIPIENT SCIENTIST acknowledges that MATERIAL is from Faculty of Medicine Siriraj hospital in all publications used the MATERIAL.
4. The PROVIDER retains ownership of the MATERIAL, including any MATERIAL contained, unless proven genetically MODIFICATIONS after this transfer.
5. The RECIPIENT and/or the RECIPIENT SCIENTIST may NOT provide or license any MODIFICATIONS for COMMERCIAL PURPOSES without written consent from the PROVIDER.

**Accepted by:**

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| **PROVIDER SCIENTISTS**Signature: Printed Name: Unit/Dept: Faculty of MAHIDOL UNIVERSITY Date :  | **RECIPIENT SCIENTISTS** Signature: Printed Name: Unit/Dept: Faculty of MAHIDOL UNIVERSITY Date :  |
| **PROVIDER INSTITUTION APPROVAL**Signature: Printed Name: Dean Faculty of MAHIDOL UNIVERSITY Date :   | **RECIPIENT INSTITUTION APPROVAL**Signature: Printed Name: Dean Faculty of MAHIDOL UNIVERSITY Date :  |

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