

STANFORD UNIVERSITY, SCHOOL OF MEDICINE
Agreement for Biological Material Transfer (MTA)

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▶ **IMPORTANT: Please list in space just below the P.I.'s full name, SHIPPING address and phone numbers:**

▶ (PI name):

▶ (shipping address):

▶ (phone):

▶ (fax):

FedEx or other courier account to charge for shipping: _____
(complete if overnight shipping desired, otherwise, standard US Postal Service will be used)

Dear _____,

Per your request, I would like to make available to you, under the terms described in the Agreement, the Biological Material described below:

Stanford Registry Number	Laboratory Designation	Description
SBR-502	RetroTet 2 <ul style="list-style-type: none"><input type="checkbox"/> RTAb(+)<input type="checkbox"/> RTAb(-)<input type="checkbox"/> HRIgfp (formerly pAK98)	Bipartite regulatable retroviral vector system <ul style="list-style-type: none">- Activator- Activator- Hermes regulatable vector <p><i>Described in Kringstein et al. (1998)</i> <i>Proc.Natl.Acad..Sci. 95, 13670-13675</i></p>

The Biological Material is provided for non-clinical, non-commercial research purposes. This Agreement specifically excludes any use of the Biological Material, progeny, or unmodified derivatives in humans. You may not distribute the Biological Material including any progeny, unmodified derivatives, or any derivatives or genetically engineered modification if such derivative or modification is substantially based on and incorporates an essential element of the Biological Material, to any other individual or entity without my prior written consent.

Because the Biological Material is experimental in nature, please note that it is provided without any warranties and that Stanford University or its employees have no liability in connection with its use.

Please cite the publication referenced in the above description of the Biological Material when publishing results that were obtained thru the use of the Biological Material. Please inform me of results obtained using the Biological Material prior to or at the time of publication. Unpublished results will be kept confidential by me.

If you agree with the above, please sign and return a copy of this letter to me for our laboratory records and we will promptly ship the material to you.

Sincerely,

Helen M. Blau, Ph.D.
Donald E. and Delia B. Baxter Professor

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AGREED AND ACCEPTED:

RECIPIENT

INSTITUTE OFFICIAL (if required)

Principal Investigator's Signature:

Authorized Official:

Printed Name:

Printed Name:

Date:

Title:

Date:

Address:

- We do not require an institutional signature, however this is provided in case your institution does require it.

▶ PLEASE INCLUDE A ONE-PARAGRAPH DESCRIPTION OF HOW YOU INTEND TO USE THE REAGENT.

▶ PLEASE INCLUDE PAYMENT WITH THIS FORM, EITHER A CHECK FOR \$50.00 MADE PAYABLE TO STANFORD UNIVERSITY OR A WIRE TRANSFER.