TO: SIMON FRASER UNIVERSITY Research Serv ices

MATERIAL TRANSFER AGREEMENT REQUEST TO PREPARE OR REVIEW

| Material Provider: | | |
|--|---------------------------------------|---------|
| Contract Contact : Provider Scientist: | Telephone: Telephone: | E-mail: |
| | | E-mail: |
| Department & Address: | | |
| Material Recipient: | | |
| Contract Contact: | | E-mail: |
| Recipient Scientist : Department & Address: | Telephone: | E-mail: |
| MATERIAL & RESEARCH PROJECT: Mate | erial description & proposed samples: | |
| Description of Recipient's research project, proposed users & use, & possible inventions & ownership (attach pages as required): Material owner: How long will Material be | | |
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