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| **If you have any questions about MTAs or DTAs, please send an email to** [**mta@stevens.usc.edu**](mailto:mta@stevens.usc.edu)**.** |

# Getting to the MTA or DTA request form:

1. Navigate to Sophia, a secure online portal (<https://usc.wellspringsoftware.net/kms/saml/login/>). You will need your USC NetID and password. Anyone with a Shibboleth logon can create and submit an invention disclosure, including support personnel who are not named inventors in the disclosure.
   1. If you receive an error after logging in, please contact the USC Stevens [Office Technology Specialist](https://stevens.usc.edu/contact-us/#6-operations).
2. Under “Tasks” on the right side of the page, click “Request MTA/DTA.” This will open the first page of the form.

# Completing the request form:

\*\* As you work through the pages of the form, please be sure to double check the information on each page before clicking “Next Step.” Using the back button in your web browser may result in lost information.\*\*

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| Page 1 |

1. Please select one of the options below:
   * I am receiving data/materials from a third party
   * I am sending data/materials to a third party
2. Description of Data/Materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page 2 |

1. Please provide following information for all USC Investigators:

* Organization:
* Full Name:
* E-mail:

1. Please provide the following information for all Provider Investigators:

* Organization:
* Full Name:
* E-mail:

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| Page 3 |

1. Does your research project involve use of an invention or software described in or related to an existing invention disclosure?
   * Yes
   * No

If yes, please provide the USC invention file number, title, or provide a description in the field below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page 4 |

1. Are you receiving Material or Data? Please check all that apply.
   * Material
   * Data
2. [Applies to Data Only] Does the Data involve personal health information?
   * Yes
   * No

If yes, select the type of data being transferred [please see definitions of each option listed below]:

* + De-Identified
  + Limited Data Sets
  + Fully Identifiable

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| ***De-identified***: The Data is removed of all eighteen (18) direct identifiers, including: • All elements of dates, except year, including birth date, admission date, discharge date, date of death; • All ages over 89 (all elements of date including year indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older); • Any geographic subdivisions smaller than a state (such as city or zip code); and • Coded/encrypted/hashed numbers derived from PHI (such as hashed or scrambled MRN).  ***Limited Data Set***: The Data is removed of sixteen (16) direct identifiers, but includes: • Dates; or • Town or city, State, or zip code  ***Identifiable***: The Data includes direct identifiers such as names, addresses, account numbers, etc. |

[If no to #2] Even if not personal health information, does the Data include any information that could impact the privacy of an individual or enable a third party to identify an individual?

* + Yes
  + No

1. Please describe your research with the Materials/Data and, if you have a Statement of Work, please attach below this text area:

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1. How long do you need the Materials/Data (e.g., 6 months, 2 years)?  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. [Applies to Material Only] Will modifications or derivatives of the Material be made?
   * Yes
   * No
3. [Applies to Material Only] Will the Materials be used in conjunction with your proprietary materials or be used with other material from a third party (including mice for crossbreeding)? \*
   * Yes
   * No

(If Yes) Please describe the material and, if applicable, identify the 3rd party. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Will your research use "human subjects" (i.e., a living individual about whom the researcher obtains: 1. data through intervention or interaction with the individual, or 2. identifiable private information)?
   * Yes (attached applicable IRB approval)
   * No
2. Was this Material/Data collected from any individuals residing in the European Union?
   * Yes
   * No
3. Was this Material/Data collected or otherwise processed by an organization or individual established in the EU (even if the Material/Data does not itself originate in the EU)?
   * Yes
   * No
4. Source(s) of funding (corporate, government, internal USC funds, foundation, gifts, or other) supporting your research with the Materials/Data? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. [Applies to Material Only] The Material involves: (check all that apply and attach relevant approvals below)
   * Live vertebrate animal(s) - IACUC approval
   * Human derived stem cells (not including for in vitro use) – SCRO approval
   * Human Embryonic stem cells on the NIH stem cell registry
   * Recombinant DNA – Biohazard Use Authorization (BUA)
   * Potentially hazardous biological agents – Biohazard Use Authorization (BUA)
   * Federal Select Agents which are listed on www.selectagents.gov – Biohazard Use Authorization (BUA)
   * Radiation hazards – Radiation Use Authorization (RUA)\*\*
   * Shipping on dry ice – Shipping training certificate
   * None of the above

\*\*The intended recipient of the radioactive material at USC must obtain approval from USC EH&S before USC EH&S can take receipt of the radioactive material (RAM) on behalf of the intended recipient. No RAM is to be directly shipped to and received by the intended recipient. All RAM must be shipped to USC's EH&S so that the package can be surveyed for contamination and entered into the USC's RAM inventory for tracking purposes. USC EH&S and the shipper are to verify that USC is authorized on its California Broad Scope Radioactive Materials License 1949-19 before commencing the transfer.

1. What is the likelihood of an intervention arising from this research?
   * High
   * Low
   * Unsure
2. Do any of the involved USC researchers currently have or anticipate having a financial, management, or ownership relationship with the Recipient, such as consulting, serving on an Advisory Board or Board of Directors, or ownership of stock or stock options?
   * Yes
   * No

If yes, please describe the relationship below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be sending/receiving any materials or information that (mark all that apply):
   * Are marked export controlled
   * Have access restrictions based on nationality
   * Constitute encryption source code or source code incorporating encryption functionality
   * Are specifically designed for military or space applications
   * Constitute “technical data” (specific information necessary for the development, production, or use of a product, including blueprints, diagrams, models, engineering designs and specifications, manuals, and instructions)?
   * None of the above
2. Any other information that will assist us in completing your request? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please attach Provider agreement template.

To the best of my knowledge, the answers to the questions are true, complete, and accurate. By entering my full name below, I represent that I am authorized to execute this request.  
  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Acknowledgment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_