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**Massachusetts Institute of Technology**  
**MATERIAL TRANSFER**  
**(Non-Patented Materials)**

Case No. (this space for TLO use only)

All MIT inventors <b>must sign</b> the technology disclosure before it is submitted.				
1. NAME OF MATERIAL:				
2. PLEASE ATTACH DESCRIPTION OF MATERIAL				
3. INVENTOR(S) - Please place asterisk (*) next to primary contact (attach additional sheets if necessary)				
NAME	POSITION	DEPARTMENT	MIT ROOM#	EXT.
4. What funds supported the work leading to this invention? (Please include federal, non-federal, foundation and industry funding, gifts, etc.)				
GRANT/CONTRACT NO(S)	O.S.P PROJECT NO(S)	SPONSOR(S)	PRINCIPAL INVESTIGATOR	
Please note that accurate and complete grant and contract information is necessary. If a participant is supported by the Howard Hughes Medical Institute, list both HHMI and the institution where the participant has their primary research appointment. The Technology Licensing Office will use this information to determine any sponsor rights in the invention and to comply with all requirements under sponsored research agreements and federal law.				
5. If no contract or grant, was there significant use of M.I.T. administered funds or facilities as defined in Instructions? YES <input type="checkbox"/> NO <input type="checkbox"/>				
6. NAME OF COMPANY/INSTITUTION REQUESTING MATERIALS:				
7. NAME, EMAIL AND PHONE NUMBER OF CONTACT AT COMPANY REQUESTING MATERIALS: <b>NAME:</b> <b>EMAIL:</b> <b>PHONE NUMBER:</b>				
8. AMOUNT AND FORMAT TO BE PROVIDED:				
9. ORIGINAL SOURCE OF MATERIALS:				
10. NAME AND EMAIL OF LAB CONTACT RESPONSIBLE FOR SHIPPING MATERIALS: <b>NAME:</b> <b>EMAIL:</b>				
11. HAS THIS MATERIAL ALREADY BEEN DISCLOSED TO THE TECHNOLOGY LICENSING OFFICE AND A CASE BEEN ASSIGNED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CASE NUMBER IF KNOWN:				
12. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.				

(10/30/2008)

<b>I (We) hereby agree to assign all right, title and interest to this invention to M.I.T. and agree to execute all documents as requested, assigning to M.I.T. any rights in these materials, and to cooperate with the M.I.T. Technology Licensing Office (the "TLO") in the transfer of these materials. M.I.T. will share any royalty income derived from the license of these materials with the inventor(s) according to its standard policies, as may be updated from time to time.</b>					
Inventor's Signature			Date		
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Home Address			Home Address		
City:	State:	Zip:	City:	State:	Zip:
MIT ID # (required)*	Country of Citizenship	Birth Month / Day*	MIT ID # (required)*	Country of Citizenship	Birth Month / Day*
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Inventor's Signature			Date		
First Name	Middle Name	Last Name	First Name	Middle Name	Last Name
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City:	State:	Zip:	City:	State:	Zip:
MIT ID # (required)*	Country of Citizenship	Birth Month / Day*	MIT ID # (required)*	Country of Citizenship	Birth Month / Day*
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Inventor's Signature			Date		
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City:	State:	Zip:	City:	State:	Zip:
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Technology disclosed to and understood by:					
Signature of Non-Inventor Witness _____			Date _____		
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(10/30/2008)