

UBMTA Implementing Letter

The purpose of this letter is to provide a record of the biological material transfer, to memorialize the agreement between the PROVIDER SCIENTIST and the RECIPIENT SCIENTIST to abide by all terms and conditions of the Uniform Biological Material Transfer Agreement (“UBMTA”) March 8, 1995, and to certify that the RECIPIENT organization has accepted and signed an unmodified copy of the UBMTA. The RECIPIENT organization's Authorized Official also will sign this letter if the RECIPIENT SCIENTIST is not authorized to certify on behalf of the RECIPIENT organization. The RECIPIENT SCIENTIST (and the Authorized Official of RECIPIENT, if necessary) should sign both copies of this letter and return one signed copy to the PROVIDER. The PROVIDER SCIENTIST will forward the material to the RECIPIENT SCIENTIST upon receipt of the signed copy from the RECIPIENT organization.

Please fill in all of the blank lines below:

1. PROVIDER: Organization providing the ORIGINAL MATERIAL:

Organization: Oregon Health & Science University
Address: 3181 S.W. Sam Jackson Park Road
Portland OR, 97239

2. RECIPIENT: Organization receiving the ORIGINAL MATERIAL:

Organization:
Address:

3. ORIGINAL MATERIAL (Enter description):

4. Termination date for this letter (optional):

5. RECIPIENT'S FedEx #: _____.

This Implementing Letter is effective when signed by all parties. The parties executing this Implementing Letter certify that their respective organizations have accepted and signed an unmodified copy of the UBMTA, and further agree to be bound by its terms, for the transfer specified above.

PROVIDER SCIENTIST

Name: Dr. Maureen Hoatlin
Title: Assistant Professor
Address: 3181 S.W. Sam Jackson Park Road, L224
Portland, OR 97239

Signature: _____
Date: _____

RECIPIENT SCIENTIST

Name: _____
Title: _____
Address: _____

Signature: _____
Date: _____

RECIPIENT ORGANIZATION CERTIFICATION

Certification: I hereby certify that the RECIPIENT organization has accepted and signed an unmodified copy of the UBMTA (May be the RECIPIENT SCIENTIST if authorized by the RECIPIENT organization):

Authorized
Official: _____

Title: _____

Address: _____

Signature: _____

Date: _____