

Recipient Scientist Acknowledgment

This is NOT a contract or agreement. By signing this form, a RECIPIENT SCIENTIST acknowledges the terms of the Material Transfer Agreements for the transfer of ORIGINAL MATERIAL (described below) from the PROVIDER SCIENTISTS (listed below) to the RECIPIENT SCIENTIST.

Each ORIGINAL MATERIAL being transferred is the property of the PROVIDER (listed below) and is made available through Addgene, a non-profit organization, to the RECIPIENT SCIENTIST as a service to the scientific community.

1. RECIPIENT: Organization receiving the ORIGINAL MATERIAL

Organization: *Recipient Organization name*

2. Transmittal Fee: Each ORIGINAL MATERIAL is distributed by Addgene with a transmittal fee to reimburse Addgene for preparation, handling and distribution costs.

3. ORIGINAL MATERIAL requested on *Date*.

4. Terms:

Material Transfer Agreements: Addgene, a non-profit organization, will distribute ORIGINAL MATERIAL to RECIPIENT under the following agreements, which are between RECIPIENT and PROVIDER. By signing this form, the RECIPIENT SCIENTIST acknowledges the following agreements.

UBMTA

PROVIDER: *Provider Organization name*

PROVIDER SCIENTIST: *Provider Scientist name*

The following plasmids are subjected to this Material Transfer Agreement:

Plasmid names

5. The PROVIDER and PROVIDER SCIENTIST have agreed to distribute ORIGINAL MATERIAL through Addgene under the Material Transfer Agreements identified above.

6. By signing this form, RECIPIENT SCIENTIST acknowledges that he or she has read and understood the above terms for the transfer of ORIGINAL MATERIAL.

RECIPIENT SCIENTIST also acknowledges that any publication by the RECIPIENT SCIENTIST using the ORIGINAL MATERIAL will acknowledge the scientists that have deposited the ORIGINAL MATERIAL at Addgene and cite their papers and any other relevant papers listed on Addgene's website under the ORIGINAL MATERIAL.

RECIPIENT SCIENTIST also certifies that he or she will be using the plasmid(s) in a certified biology research environment, at Mount Sinai Hospital.

Signed by: *Recipient Scientist name*

Email: *Recipient Scientist email*

Signed on: *Date, Time*