

Consideration of Non-monetary Research Agreements (that are more than material transfer agreements)

To be submitted to Grants and Contracts in place of Form 4-5a, the Routing Form.

PRINCIPAL INVESTIGATOR(S) _____ PHONE _____
 SPONSOR _____ CONTACT PERSON _____
 SCHOOL _____ DEPARTMENT _____
 TITLE _____

Contact between the University and the Sponsor, which resulted in this Agreement was initiated by:

- ☐ Sponsor ☐ Principal Investigator or other University personnel
☐ Other (please explain): _____

Scope of Project (Summary):

Dates of Project:

What Is Sponsor's Reason For Not Providing Financial Support? _____

List benefits to Principal Investigator and Institution (check and attach additional information*):

TANGIBLE

INTANGIBLE

- ☐ Outside of scope of funded agreements
☐ Advance scientific knowledge
☐ Compassionate use

List costs to Institution (check and identify dollar amounts, plus attach additional information*):

TANGIBLE

INTANGIBLE

- ☐ Personnel \$
☐ Equipment \$
☐ Space \$

- ☐ Invention Ownership/management
☐ Publication delay
☐ Confidential Information time

Source of Funds/Support for costs* (Identify sources of funding [include speed type])

If patient billing is identified, please identify why it is acceptable to bill considering Medicare and other third party payers position on research related costs.

What association does the Investigator(s) have with this sponsor other than this unfunded agreement?

- ☐ Consultant ☐ Significant Payments (>\$10K)
☐ Equity ☐ Ownership
☐ Other, explain: _____

Does the scope of work for using this material overlap with the scope of work of any of your other funded research? No ☐ Yes ☐ If yes, explain: _____

Principal Investigator's Signature _____ **Date** _____

Evaluation Criteria:

- ☐ Compassionate Use
☐ New knowledge/programmatic benefits exceed economic benefits of agreement
☐ Will lead to future funded agreements
☐ Other, please explain: _____

Department Chair's Signature: _____ **Date** _____