

*Material/Data Transfer Agreement Questionnaire*

In order to prepare/evaluate the requested agreement, please provide answers to the following questions. You may use additional sheets if you require more space for your answers. Please submit the completed form [here.](https://wkf.ms/3Lk48HT)

If you have any questions, please do not hesitate to contact [TDOAdmin@phsa.ca](mailto:TDOAdmin@phsa.ca)

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| **PHSA** | **OTHER PARTY**: Click or tap here to enter text. | | |
| PHSA PI Name: Click or tap here to enter text.  Email address: Click or tap here to enter text.  Admin/Project Manager Name:  Click or tap here to enter text.  Admin/Project Manager Email Address:  Click or tap here to enter text. | PI Name: Click or tap here to enter text.  Email Address: Click or tap here to enter text.  Contact Name, if different from PI:  Click or tap here to enter text.  Contact Email Address, if different from PI:  Click or tap here to enter text. | | |
| **Other Party Security Details** | | | |
| *Note that the government of Canada updates these lists on a regular basis. Please check list each time before submitting a new Questionnaire.* ***This section must be complete before TDO can open this file.*** | | | |
| Other Party is listed on the [Government of Canada Named Research Organizations (NRO)](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/named-research-organizations)  ☐ Yes – if selected, stop here, and contact TDO  ☐ No | | Other Party is listed on the [Consolidated Canadian Autonomous Sanctions List](https://www.international.gc.ca/world-monde/international_relations-relations_internationales/sanctions/consolidated-consolide.aspx?lang=eng#dataset-filter)  ☐ Yes – if selected, stop here, and contact TDO  ☐ No | |
| **Transfer Details** | | | |
| What is being transferred? (check all that apply)  ☐ Material  ☐ Data | | | What is the transfer direction?  ☐ PHSA to receive – complete [**Section A**](#SectionA) **only**  ☐ PHSA to supply –complete [**Section B**](#SectionB) **only**  ☐ PHSA to receive and supply –complete [**Section A**](#SectionA) **and** [**Section B**](#SectionB) |
| Is the Material/Data indigenous health related?  ☐ Yes – if selected, stop here, and contact TDO  ☐ No | | |
| **Additional Information** | | | |
| Please add any additional information that is relevant to this transfer.  Click or tap here to enter text. | | | |
| **(Non-Commercial) Invention Disclosure Form**  *Per Section B, Question #8: only applicable to PHSA Supplying* ***MATERIAL*** *that is developed or modified by PHSA (e.g. cell lines, animal models, patient samples, basic research tools), if one has not already been submitted.* | | | |

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| 1. **PHSA Receiving** | |
| 1. | **Description.** Please provide a brief description of Material, Data and/or a list of Data Fields as applicable. Please submit additional files as needed.  Click or tap here to enter text. |
| 2. | **Ownership.** Who developed/collected/created/controls the Material and/or Data?  ☐ Other party only  ☐ From 3rd parties – please clarify: Click or tap here to enter text. |
| 3. | **Transfer Date.** Have you received the Material and/or Data already?  ☐ Yes – When? Click or tap here to enter text.  ☐ No |
| 4. | **PHSA Research Project.** Please provide a description of the use of this Material and/or Data.  Click or tap here to enter text. |
| 5. | **Other Materials/Data.** Will the Material and/or Data be used in conjunction with materials or data from other parties?  ☐ Yes – (i) What is the material and/or data? Click or tap here to enter text.  (ii) Who is the provider? Click or tap here to enter text.  (iii) Was an agreement signed for these other material and/or data?  ☐ Yes – Please submit if available  ☐ No – Please clarify why not: Click or tap here to enter text.  ☐ No |
| 6. | **Location.** Where will the Research Project occur (physical location, e.g. lab at BCCRC/VCH/BCCH)?  Click or tap here to enter text. |
| 7. | **REB.** Do you have ethics approval for this project?  ☐ Yes – Please submit ethics certificate *and* ethics application  ☐ No – Please clarify why not: Click or tap here to enter text. |
| 8. | **Publication.** Do you intend to publish your findings?  ☐ Yes – Are you willing to provide an advance copy of the publication to the other party for review?  ☐ Yes ☐ No  ☐ No |
| 9. | **Students.** Will students be using the Material and/or Data?  ☐ Yes – Will this work be part of a thesis? ☐ Yes ☐ No  ☐ No |
| 10. | **Funding.** Is the Research Project funded by third parties or industry sponsors?  ☐ Yes – Please provide the name(s) of the funder(s): Click or tap here to enter text.  ☐ No |
| 11. | **Funding.** Please provide the funding sources and grants that will fund this Research Project if not already listed in #10. Please include any funding sources for students and/or post-docs who will be working on this Research project, if applicable with #9.  Click or tap here to enter text. |
| 12. | **Funding Obligations.** Will using the funds in question #10 and/or #11 impose any obligations, restrictions or encumbrances on the Research Project?  ☐ Yes – Please provide details: Click or tap here to enter text.  ☐ No |
| Questions #13-18 are only applicable to PHSA Receiving **MATERIAL** | |
| 13. | **Modifications.** Will you be modifying the Material? (i.e. creating a new substance that contains or incorporates the Material)  ☐ Yes – Please provide details: Click or tap here to enter text.  ☐ No |
| 14. | **Progeny.** Will any progeny be produced? (i.e. unmodified descendants from the Material such as virus from virus or cell from cell)  ☐ Yes  ☐ No |
| 15. | **Toxicity.** Is the Material known to be toxic?  ☐ Yes  ☐ No |
| 16. | **Patents.** Do you have any patents or pending patent applications pertaining to **your** use of the Material?  ☐ Yes – Please provide the associated patent number: Click or tap here to enter text.  ☐ No |
| 17. | **Commercial Availability.** Is the Material sold commercially?  ☐ Yes –   1. From where? Click or tap here to enter text. 2. Approximately what would the amount of Material you are requesting cost? Click or tap here to enter text.   ☐ No |
| 18. | **Other Suppliers.** Is the Material available from another source not listed in #17?  ☐ Yes – Who? Click or tap here to enter text.  ☐ No |

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| 1. **PHSA Supplying** | |
| 1. | **Intended Use.** What is the intended use of the Material and/or Data? Please submit the recipient’s research plan/protocol if available.  Click or tap here to enter text. |
| 2. | **Transfer Date.** Have you supplied the Material and/or Data already?  ☐ Yes – When? Click or tap here to enter text.  ☐ No |
| 3. | **Publication.** Will the results be published?  ☐ Yes – Do you require an advance copy of the publication for review? ☐ Yes ☐ No  ☐ No |
| 4. | **Industry Sponsors.** Will the Material and/or Data be used by the other party in any research project that is funded by industry sponsors?  ☐ Yes – Please provide the name(s) of the funder(s) and details if known: Click or tap here to enter text.  ☐ No |
| 5. | **Funding Obligations.** Are there any obligations, restrictions or encumbrances from your funding source(s) that funded the research project that generated the Material and/or Data?  ☐ Yes – Please provide details: Click or tap here to enter text.  ☐ No |
| 6. | **Reimbursement.** Would you like to recover the cost of generating and supplying this Material and/or Data?  ☐ Yes – Please provide the cost so that it can be added to the agreement: Click or tap here to enter text. *Please include estimated overhead in your cost.*  ☐ No – *If the other party is an industry partner, PHSA should charge a not-for-profit administration fee* |
| Questions #7-12 are only applicable to PHSA Supplying **MATERIAL.**  Please answer questions #13-20 for PHSA Supplying **DATA.** | |
| 7. | **Human Use.** Will the Material be used in human subjects?  ☐ Yes ☐ No |
| 8. | **Disclosure.** Has the Material been disclosed to PHSA (i.e. the Material has an assigned Invention number)?  ☐ Yes – Please provide the Invention Name and Number if known: Click or tap here to enter text. *You do not need to complete questions #9-12.*  ☐ No – Is the Material unmodified patient material?  ☐ Yes – Please complete the following questions #9-12  ☐ No – Please complete and submit a (Non-Commercial) Invention Disclosure Form. *Template found on page 1 of this document. You do not need to complete questions #9-12.* |
| 9. | **Description.** Please describe the Material.  Click or tap here to enter text. |
| 10. | **Clinical Trial.** Is the Material associated with/collected under a clinical trial?  ☐ Yes – Please provide the details of the clinical trial, including the name and the contract number if known: Click or tap here to enter text.  ☐ No |
| 11. | **Patient Consent.** Was a consent form signed permitting the use of Material for research purposes?  ☐ Yes – Please submit consent form  ☐ No – Please clarify why not: Click or tap here to enter text. |
| 12. | **REB.** Do you have ethics approval for this project?  ☐ Yes – Please submit ethics certificate *and* ethics application  ☐ No – Please clarify why not: Click or tap here to enter text. |
| Questions #13-20 are only applicable to PHSA Supplying **DATA** | |
| 13. | **Human Material-Derived.** Is the Data derived from Human Material (i.e. sequencing data)?  ☐ Yes ☐ No |
| 14. | **De-identified Data.** Is the Data de-identified?  ☐ Yes ☐ No |
| 15. | **Patient Consent.** Is the Data consented?  ☐ Yes – Please submit consent form  ☐ No – Please clarify why not: Click or tap here to enter text. |
| 16. | **REB.** Do you have ethics approval for this project?  ☐ Yes – Please submit ethics certificate *and* ethics application  ☐ No – Please clarify why not: Click or tap here to enter text. |
| 17. | **Data Fields.** Please list or submit a list of Data Fields that will be sent.  Click or tap here to enter text. |
| 18. | **Source.** What is the source of this Data?  ☐ PHSA only  ☐ PHSA and other external institutions – Please provide details: Click or tap here to enter text. |
| 19. | **Provision.** How will the Data be shared? Include details on the technical requirements to securely share the Data.  Click or tap here to enter text. |
| 20. | **Other Data.** Will the Data be used in conjunction with data from other parties?  ☐ Yes –   1. What is the data? Click or tap here to enter text. 2. Who is the provider? Click or tap here to enter text. 3. Was an agreement signed for this other data? ☐ Yes ☐ No ☐ Unknown   ☐ No |