

**APPENDIX H
RESEARCH MATERIAL TRANSFER DOCUMENT**

(To be completed when it is intended that Research Materials from a Study are to transfer from Provider to NCRAD [completed only with or prior to the first transfer] or when a Study already providing Research Materials to NCRAD has a new Principal Investigator)

This Appendix H is effective as of the date of the last signature below and is subject to the terms and conditions of the MASTER MATERIAL TRANSFER AGREEMENT FOR TRANSFER OF MATERIALS TO NCRAD between The Trustees of Indiana University and the Provider Institution, with an Effective Date of _____ (hereinafter “Master Agreement to NCRAD”).

The parties agree as follows:

1. The parties to this Appendix H are parties to the Master Agreement to NCRAD identified above and desire to execute this Appendix H under the terms and conditions of said Master Agreement to NCRAD. Except as defined in this Appendix H, all other capitalized terms shall be as defined in the Master Agreement to NCRAD.
2. The terms and conditions of the Master Agreement to NCRAD shall govern this Appendix H.
3. Provider desires to provide and IU agrees to accept at its NCRAD facility, certain mutually agreed upon Research Materials obtained from the following:

Sample Type(s): hiPSC

Provider Investigator (name and title printed): _____

Phone:

Email:

4. List any legal terms and conditions (if necessary) that were provided to you upon receipt of the cells and need to transfer to NCRAD with the samples.
5. Can cells be distributed with for-profit companies for non-commercial research?
6. Provider Investigator and NCRAD Investigator agree that (i) a transfer and maintenance fee payable to IU, and (ii) the identity of the Payor has been agreed upon prior to signing this Appendix H.
7. Research Materials shall be shipped to:

National Centralized Repository for Alzheimer’s Disease and Related Dementias (NCRAD)
Department of Molecular and Medical Genetics
Indiana University
351 West 10th Street
TK-217
Indianapolis, IN 46202-5251

Phone: (800) 526-2839
Fax: (317) 278-1100
E-mail: alzstudy@iu.edu

Signatures on following page

READ AND ACKNOWLEDGED:

Provider Investigator

NCRAD Investigator

By: _____

By: _____

Name:

Name:

Title:

Title:

Date: _____

Date: _____