

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 (identified below) and the RECIPIENT SCIENTIST (identified below) to abide by all terms and conditions of the Uniform Biological Material Transfer [[Page 12775]] Agreement (“UBMTA”) March 8, 1995, and to certify that the RECIPIENT (identified below) 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. ORIGINAL MATERIAL (Enter description):

2. Termination date for this letter (optional): _____.

3. Transmittal Fee to reimburse the PROVIDER for preparation and distribution costs (optional).
Amount: _____.

4. PROVIDER (Organization providing the ORIGINAL MATERIAL):

Organization: University of Delaware, Cordell Overby

Address: Associate Deputy Provost, Research & Regulatory Affairs

208A Hullien Hall

Newark, DE 19716

5. RECIPIENT (Organization receiving the ORIGINAL MATERIAL):

Organization: _____

Address: _____

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: Eleftherios T. Papoutsakis

Title: Eugene DuPont Chair of Chemical and Biomolecular Engineering, DBI Faculty Fellow

Full Address: 15 Innovation Way, Suit 284

Newark, DE 19711

Phone: 302-831-8376 Fax: 302-831-4841

Signature: _____ Date: _____

PROVIDER AUTHORIZATION:

(Representative authorized by the PROVIDER to approve this agreement.)

Name: Cordell M. Overby, Sc.D.

Title: Associate Deputy Provost, Research & Regulatory Affairs

Full Address: University of Delaware

210 E. HULLIHEN HALL

NEWARK, DE 19716

Phone: 302-831-2383 Fax: 302-831-2828

Signature: _____ Date: _____

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):

RECIPIENT SCIENTIST:

Name: _____

Title: _____

Full Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

RECIPIENT AUTHORIZATION:

(Representative authorized by the RECIPIENT to approve this agreement.)

Name: _____

Title: _____

Full Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____