



# Northeast Ohio

## MEDICAL UNIVERSITY

### Material Transfer Agreement (MTA) Assurance

Please complete this form and attach it to any MTA that needs to be reviewed by the General Counsel and signed by the VP for Research. Provide a brief description of the Material, including any potential hazards and appropriate handling techniques:

By signing below, I am confirming that the Material covered in the attached Material Transfer Agreement (MTA) will be handled appropriately. Upon receipt, I will follow all safety precautions.

In addition, I certify that I will not use the Material until I have sought and obtained approval from any and all relevant NEOMED compliance committee(s).

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date