

**NON-PROFIT MATERIAL TRANSFER AGREEMENT
UCSF OFFICE OF TECHNOLOGY MANAGEMENT**

[date]

[name and address of requester of material]

Dear [name]:

Per your request, in my capacity as a faculty member of the University of California San Francisco ("UCSF"), I would like to make available to you the zebrafish strain(s) described below:

Laboratory: Herwig Baier

Description of zebrafish strain (list all): *gene or transgene/allele #*

The zebrafish strain(s) is/are provided to you for non-clinical, non-commercial research purposes. You may not use the zebrafish strain(s) for use with human subjects, including diagnostic testing. You agree to use the zebrafish strain(s) in compliance with all applicable statutes and regulations including, but not limited to, laws governing the use of hazardous or radioactive materials and the care of laboratory animals. If the use of the zebrafish strain(s) results in one or more scientific publications, you should acknowledge me as their provider.

This agreement shall in no way be construed as an assignment of UCSF's interest in the zebrafish strain(s) or other proprietary rights. Please do not distribute the zebrafish strain(s), its progeny, or any genetically engineered or mutated modification, which is substantially based on this strain, to any other individual or entity without my prior consent.

Because the use of the zebrafish strain(s) is experimental in nature, PLEASE NOTE THAT IT IS PROVIDED WITH NO WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED. THERE ARE NO EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF THE ZEBRAFISH STRAIN WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER PROPRIETARY RIGHTS OF THIRD PARTIES. You and your institution agree to hold UCSF and its respective trustees, regents, directors, employees and agents harmless from any claims, suits, or losses due to or arising from your use of the zebrafish strain(s).

Sincerely,

Signature

Dr. Herwig Baier
Associate Professor
UCSF Mission Bay
1550 4th Street
San Francisco, CA 94158-2722

AGREED AND ACCEPTED BY RECIPIENT SCIENTIST:

Organization:

Address:

Name:

Title:

Signature & Date:

RECIPIENT ORGANIZATION APPROVAL:

Authorized Official:

Title:

Address:

Signature & Date: