



Material Transfer Agreement

Living Collections Access and Distribution Form

(Form must be returned for approval at least one week prior to proposed collection date)

User Information (To be filled out by or on behalf of primary user)

Today's Date: _____	Proposed Date of Collection: _____	
Name: _____	Telephone #: _____	
Position: _____	Email Address: _____	
Organization: _____		
Mailing or shipping address: _____		

_____	_____	_____
City	State/Country	Zip
FedEx Account # (if applicable) _____		

Collection use:

Project Description (please attach an addendum if needed)

Please note any additional requirements/requests for collection or shipping:

Use/Project Type (check one or more box)

- | | |
|---|---|
| <input type="checkbox"/> Breeding/Hybridization | <input type="checkbox"/> Propagation |
| <input type="checkbox"/> Conservation Research | <input type="checkbox"/> Research (other) _____ |
| <input type="checkbox"/> Horticultural Display | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Horticultural Research | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Molecular Research | |

Is there an intent to commercialize? No Yes (if yes, this will serve as a conditional agreement, with a new agreement drawn up for commercial use)

Plant Records Staff Use Only

Source Number: _____	Shipment Number(s): _____
Date entered: _____	Staff Contact: _____

