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In reply please quote No. MED/4/36c

MINISTRY OF HEALTH

P.O. BOX 30377

LILONGWE 3

MALAWI

## NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE MATERIAL TRANSFER AGREEMENT (MTA) FORM **Protocol Number:** Title of protocol: Intention and Justification of transfer: **Duration of storage:**

Executive Committee: Dr C. Mwansambo (Chairperson), Prof. E. Molyneux (Vice-Chairperson)
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB

| Responsible Party:          |   |
|-----------------------------|---|
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
| Location of stored samples: |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
| Transportation of samples:  |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
| Ownership of samples:       |   |
| Ownership of samples.       |   |
|                             | _ |
|                             |   |
|                             |   |
|                             |   |
|                             |   |

| After all laboratory testing has been completed: Describe what will happen to the   |  |  |
|---|--|--|
| samples   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Appropriate informed consent authorising the exportation and importation of samples |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| To whom will the samples be accessible  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Who will be the controlling officers of the samples                                 |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Samples collected in Malawi may not be sold without prior permission from the collaborating or controlling institutions and the NHSRC in Malawi.

## Signed by

| Name of the PI:          | Name of Co – PI      |
|--------------------------|----------------------|
| Name of Institution:     | Name of Institution: |
| Signature:               | Signature:           |
| Date Signed:             | Date Signed:         |
| NHSRC APPROVAL           |                      |
| Name of the Chairperson: | Name of Secretary    |
| Signature:               | Signature:           |
| Date Signed:             | Date Signed:         |
| NHSRC STAMP OF APPROVAL: |                      |