

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 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. PROVIDER: Organization providing the ORIGINAL MATERIAL:

Organization: National Institute of Dental and Craniofacial Research ("NIDCR")
Address: 9000 Rockville Pike, Bethesda MD 20892 United States

2. RECIPIENT: Organization receiving the ORIGINAL MATERIAL:

Organization:
Address:

3. ORIGINAL MATERIAL (Enter description):

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4. Termination date for this letter (optional):

Five (5) years from date of last signature.

5. Transmittal Fee

to reimburse the PROVIDER for preparation and distribution costs (optional). Amount:

None.

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:	Email:
Title: Principal Investigator	
Address: National Institute of Dental and Craniofacial Research ("NIDCR") 9000 Rockville Pike, Bethesda MD 20892 USA	
Signature/Date:	

RECIPIENT SCIENTIST

Name:	Email:
Title:	
Address: (same as RECIPIENT Organization Address)	
Signature/Date:	

RECIPIENT ORGANIZATION CERTIFICATION

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):

Authorized Official:	Email:
Title:	
Address: (same as RECIPIENT Organization Address)	
Signature/Date:	