## Consideration of Non-monetary Research Agreements

(that are more than material transfer agreements)

To be submitted to Grants and Contracts in place of Form 4-5a, the Routing Form.

### Contact between the University and the Sponsor, which resulted in this Agreement was initiated by:

- [ ] Sponsor
- [ ] Principal Investigator or other University personnel
- [ ] Other (please explain): ____________

### Scope of Project (Summary):

#### Dates of Project:

- [ ]

#### What Is Sponsor's Reason For Not Providing Financial Support?

- [ ]

### List benefits to Principal Investigator and Institution (check and attach additional information*):

<table>
<thead>
<tr>
<th>TANGIBLE</th>
<th>INTANGIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Outside of scope of funded agreements</td>
<td>[ ] Advance scientific knowledge</td>
</tr>
<tr>
<td>[ ] Advance scientific knowledge</td>
<td>[ ] Compassionate use</td>
</tr>
</tbody>
</table>

### List costs to Institution (check and identify dollar amounts, plus attach additional information*):

<table>
<thead>
<tr>
<th>TANGIBLE</th>
<th>INTANGIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel $</td>
<td>Invention Ownership/management</td>
</tr>
<tr>
<td>Equipment $</td>
<td>Publication delay</td>
</tr>
<tr>
<td>Space $</td>
<td>Confidential Information time</td>
</tr>
</tbody>
</table>

### Source of Funds/Support for costs* (Identify sources of funding [include speed type]

- [ ]

If patient billing is identified, please identify why it is acceptable to bill considering Medicare and other third party payers position on research related costs.

### What association does the Investigator(s) have with this sponsor other than this unfunded agreement?

- [ ] Consultant
- [ ] Significant Payments (>=$10K)
- [ ] Equity
- [ ] Ownership
- [ ] Other, explain: ____________

### Does the scope of work for using this material overlap with the scope of work of any of your other funded research?  

- [ ] No
- [ ] Yes

If yes, explain: ____________

### Principal Investigator's Signature  ____________  Date  __________________

### Department Chair's Signature: ____________  Date  __________________

### Evaluation Criteria:

- [ ] Compassionate Use
- [ ] New knowledge/programmatic benefits exceed economic benefits of agreement
- [ ] Will lead to future funded agreements
- [ ] Other, please explain: ____________

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