

**APPENDIX A**  
**RESEARCH MATERIAL TRANSFER DOCUMENT**

*(To be completed when it is intended that Research Materials from a Study are to transfer from Providing Institution to NCRAD [completed only with or prior to the first transfer] or when a Study already providing Research Materials to NCRAD has a new Principal Investigator)*

This Appendix A is effective as of the date of the last signature below and is subject to the terms and conditions of the MASTER MATERIAL TRANSFER AGREEMENT FOR TRANSFER OF MATERIALS TO NCRAD between The Trustees of Indiana University and the Providing Institution.

The Parties agree as follows:

1. The Parties to this Appendix A are Parties to the Master Agreement to NCRAD identified above and desire to execute this Appendix A under the terms and conditions of said Master Agreement to NCRAD. Except as defined in this Appendix A, all other capitalized terms shall be as defined in the Master Agreement to NCRAD.
2. **The terms and conditions of the Master Agreement to NCRAD shall govern this Appendix A.**
3. Providing Institution desires to provide and IU agrees to accept at its NCRAD facility, certain mutually agreed upon Research Materials obtained from the following:
  - A. Study Name (if any):
  - B. Providing Investigator
    - i. Name:
    - ii. Title:
    - iii. Phone:
    - iv. Email:
4. Providing Investigator and NCRAD Investigator agree that (i) a transfer and maintenance fee payable to IU, and (ii) the identity of the Payor has been agreed upon prior to signing this Appendix A.
5. If either party needs revisions to Appendix A regarding sample quantity or costs, an amended Appendix A can be reissued for signatures. For multi-year collections, fees are subject to change.
6. Research Materials shall be shipped to:

National Centralized Repository for Alzheimer's Disease and Related Dementias (NCRAD)  
Department of Molecular and Medical Genetics  
Indiana University 351 West 10<sup>th</sup> Street TK-217  
Indianapolis, IN 46202-5251  
Phone: (800) 526-2839  
Fax: (317) 278-1100  
E-mail: alzstudy@iu.edu

Signature on following page



**READ AND ACKNOWLEDGED:**

Providing Investigator

NCRAD Investigator

By:  
Name:  
Title:  
Date:

By:  
Name:  
Title:  
Date:

