UR REF: MTA-4596

UBMTA 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 [[Page 12775]] 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: Org	ganization providing the ORIGINAL MATERIAL:	
Organization: Address:	Van Andel Research institute	
	333 Bostwick Ave, NE	
	Grand Rapids, MI 49503	
2. RECIPIENT: Or Organization:	ganization receiving the ORIGINAL MATERIAL: University of Rochester	x
Address:	518 Hylan Building, Box 270140	
	Rochester, NY 14627-0140	
3. ORIGINAL MA 75 frozen mouse kid	TERIAL (Enter description): Iney tumor tissues	
85 paraffin blocks ar	nd 2000 slides	
30 tissue protein ext	racts	
4. Termination date	for this letter (optional):	
5. Transmittal Fee (optional). Amou	e to reimburse the PROVIDER for preparation and distribution unt:	cost

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:

Kyle Furge, Ph.D

Asst Professor, Center for Translational Med

333 Bostwick Ave, NE

Grand Rapids, MI 49503

Signature:

Date:

RECIPIENT SCIENTIST

Name:

Name:

Research Associate Professor, Urology M&D

601 Elmwood Ave., Box 656

Rochester, NY 14642

Signature:

Date:

06/19/2013

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:

Material Transfer Administrator, ORPA

518 Hylan Building, Box 270140

Rochester, NY 14627-0140

Signature:

Date:

Gila Balman

Material Transfer Administrator, ORPA

518 Hylan Building, Box 270140

Rochester, NY 14627-0140