

## MTA Inquiry Request for Basic Science, Preclinical, and Other Animal Research

Disclaimer: It is understood that this basic science, preclinical, or other animal research material transfer agreement (MTA) inquiry request form is for discussion purposes only and imposes no obligation on ChromaDex or the investigator to pursue the project. This application will be reviewed and voted upon by members of the ChromaDex External Research Program (CERP) Science Team. The application responses shall not be considered confidential (unless indicated below) and may be shared with members of our Scientific Advisory Board (SAB), all of whom are under a non-disclosure agreement (NDA). However, as a courtesy, you have the option to indicate below if you wish to exclude one or more members of our SAB from reviewing the application due to a potential conflict of interest. The names and bios of our SAB members can be found at <https://www.chromadex.com/leadership/?scientific-advisory-board>. Please send completed applications and attachments to [CERP@chromadex.com](mailto:CERP@chromadex.com).

Date:

Requested Date of Response:

Indicate whether you would like to keep your document confidential within ChromaDex and ChromaDex SAB:      Yes                  No

Please indicate if there are any members of our SAB that you would like to opt out from reviewing your application due to a potential conflict of interest. If none, please state.

Name of Principal Investigator:

Contact Information for the Principal Investigator:

Lead Investigator/Primary Contact (if applicable):

Contact information for Lead Investigator/Primary Contact (if applicable):

Institution:

Project Title:

Hypothesis:

Please list primary, secondary, and exploratory outcomes:

Is this study a continuation of published literature, unpublished data, data presented at a research conference or through collaboration with a PI conducting research with ChromaDex materials or related compounds?

If so, please describe and include references:

Experimental Design:

Include dose, duration, model, treatment and control groups.

Background and Anticipated Significance:

Timeline and expected start and end date:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Please select the material required, desired quantity, and when material will be needed (if other please describe): (Niagen® Nicotinamide Riboside Chloride, Immulina™ Spirulina Extract, other ingredients, the allocation of such for research purposes is assessed on a case-by-case basis. Please contact [CERP@chromadex.com](mailto:CERP@chromadex.com) for more information)

	Amount	Units	Date Needed
Niagen® Nicotinamide Riboside Chloride			
Immulina™ Spirulina Extract			
Cycloastragenol			
Other:			
Other:			
Other:			

Additional Comments:

**Additional Questions**

Do you have any reason to believe that the material is potentially subject to any export control restrictions?

If so, please explain:      Yes                                      No

Will the material be modified or used in combination with any other test material(s) received from your collaborators, another institution, company or third party?

Yes                                      No

If so, please explain:

Are there plans to share the requested materials, unpublished data developed from the use of ChromaDex materials, and/or results with any collaborators outside of your institution?

Yes                                      No

If so, please provide the name(s) and affiliate institution(s) of your collaborators, as they may need to be included on your MTA or have a separate MTA developed.

Is the research being conducted on behalf of any other companies, groups, or individuals, including direct or indirect competitors to ChromaDex?

Yes

No

If yes, please explain:

Please list all sources of funding, including government sources, private foundations, and departmental funds, which will be used to support the proposed research study.

ChromaDex requires Institutional Animal Care and Use Committee (or equivalent ethics committee) approval or explanation of exemption for all studies conducted on vertebrate animals. Have you received, or plan to receive ethics approval for this study?

Yes, received approval

Yes, plan to receive approval

No, this model is exempt

Please send or attach approval document.

Do you intend to publish or present your findings?

Yes

No

If so, are you willing to provide an advanced copy of the paper/presentation for us to review?

Yes

No

Which research conferences do you plan to present your research findings?

Are there plans to collect additional samples from study subjects that could be shared with other investigators including ChromaDex and its affiliates?

As ChromaDex has insights that may improve the likelihood of success of various studies, are you receptive to receiving recommendations to your study design from our CERP Science Team?

If no, please explain:

Do you anticipate the development of any potential research inventions, intellectual property, discoveries, or patents (including provisional and full patent applications) from your proposed study?

Yes                      No

If yes, please elaborate or indicate below if you would like an NDA to discuss further:

Have you or your collaborators worked with or had a previous MTA with ChromaDex in the past? If so, please list:              Yes              No

How did you hear about the ChromaDex External Research Program (CERP)?

Please provide 1-2 peer-reviewed publications that could speak to the caliber of your work:

Is there any other information that you would like to share in support of your application?

Submission Checklist (all materials should be emailed to [CERP@chromadex.com](mailto:CERP@chromadex.com))

Completed Application

IACUC Approval (if obtained)

Optional Cover Email

Request for mutual Non-disclosure Agreement (NDA) to discuss potential discoveries and intellectual property