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In reply please quote No. MED/4/36c

MINISTRY OF HEALTH

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LILONGWE 3

MALAWI

NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE MATERIAL TRANSFER AGREEMENT (MTA) FORM **Protocol Number:** Title of protocol: **Intention and Justification of transfer: Duration of storage:**

Responsible Party:		
Location of stored samples:		
Transportation of samples:		
Ownership of samples:		

After all laboratory testing has been completed. Describe what will bennen to the		
After all laboratory testing has been completed: Describe what will happen to the		
samples		
Appropriate informed consent authorising the exportation and importation of samples		
To whom will the samples be accessible		
Who will be the controlling officers of the samples		

Samples collected in Malawi may not be sold without prior permission from the collaborating or controlling institutions and the NHSRC in Malawi.

Signed by

Promoting Scientific and Ethical Conduct of Health Research in Malawi Executive Committee: Dr M. Joshua (Chairperson), Dr F. Sinyiza (Vice-Chairperson)
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB IRB Number IRB00003905 FWA00005976

Email: research@mail.gov.mw

Name of the PI:	Name of Co – PI
Name of Institution:	Name of Institution:
Signature:	Signature:
Date Signed:	Date Signed:
NHSRC APPROVAL	
Name of the Chairperson:	Name of Secretary
Signature:	Signature:
Date Signed:	Date Signed:
NHSRC STAMP OF APPROVAL:	