TO: ____________________________________________________________ ("Recipient")

____________________________________________________________________ ("Institution")

____________________________________________________________________ (Address)

FROM: ____________________________________________________________________________ ("Provider")

_____________________________________________________________________________________(Address)

RE: Sample of material identified as _______________________________________________________________

_____________________________________________________________________________________

="Original Material"

Please be advised that Temple University - Of The Commonwealth System of Higher Education ("Temple") is a signatory of the Uniform Biological Material Transfer Agreement ("UBMTA") of March 8, 1995, and offers to transfer the Original Material under the terms and conditions of the UBMTA. Before I provide the Original Material, Temple asks that you and your Institution agree to the following:

1. Institution certifies that it has accepted and signed an unmodified copy of the UBMTA.

2. You and Institution agree, for this transfer, to abide by all terms and conditions of the UBMTA.

If you and Institution agree to the above terms and conditions for this transfer, please so indicate by returning one copy of this letter signed and dated by you and by a duly authorized representative of Institution (other than you). I will then provide the Original Material to you.

Acknowledged by:

Provider: ____________________________________________________________________________

(Signature, both copies) (Date)

Temple University – Of The Commonwealth System of Higher Education:

__________________________________ (Authorized Signature) (Date)

Kenneth H. Kaiser, Senior Associate Vice President, Finance and Human Resources

Agreed and accepted by:

Recipient: ____________________________________________________________________________

(Signature) (Date)

Institution: ____________________________________________________________________________

(Authorized Signature) (Date)

__________________________________ (Printed Name and Title)