*Please complete this form including any applicable attachments and submit by email (*[*ttd@cdc.gov*](mailto:ttd@cdc.gov)*) to initiate your request.*

*Within 2 business days of receipt of this form, you will be provided with the reference id for your request and the name of the technology transfer specialist who will handle the request. a technology transfer specialist will contact the primary cdc contact to fully define the request in 5-7 business days.*

*Please note: the cdc and partner contacts will be initiating discussion but not necessarily the lead investigators, lab chiefs, or signatories.*

*\*\*\* FOR EMERGENCY REQUESTS \*\*\**

*Please complete this form and submit by email (*[*ttd@cdc.gov*](mailto:ttd@cdc.gov)*) with “emergency request” in the subject line. A brief statement of approval from your division director must accompany this initiation form detailing the circumstances of the emergency. Remember to check the appropriate emergency request boxes below. Failure to check the appropriate emergency request boxes including division director approval will delay the request. A technology transfer specialist will be assigned and you will be contacted within 1 business day.*

| **CDC Primary Contact Information (required)** | **Partner Primary Contact Information (if applicable)** |
| --- | --- |
| Center / Division / Branch: | Company, University, or Institution Name: |
| Name:  Phone:  Email:  Secondary CDC contact information related to this request: | Name:  Phone  Email:  Secondary Partner contact information related to this request: |

| **Description of the request (check all that apply)** | |
| --- | --- |
| New Request  Amendment; original Ref ID(s) if known: | \*\*\* **Emergency Request; please describe in “Project Scope” \*\*\***  Yes, a valid justification from my Division Director is attached |
| **I want to…**  Communicate Confidential Data / Information  Transfer Research Materials  And CDC will act as the:  Provider  Recipient  Mutual Transfer | **I need assistance regarding…**  Licensing: Biological Material, Technology, or Software  Research Collaboration  Letter of Interest  Employee Invention Report  Trademark Questions  User Fee  Other (please provide a short description in “Project Scope”) |
| **Project Scope** | |
| Option 1: A brief summary of the research, project, or request is attached  Yes  No  Option 2: A short description included here: | |