



# MTA Request Form

Please use this form to outline your preclinical research proposal.

It is our intention that this form will be used as the research plan attached as an appendix to an MTA – so please be detailed.

Upon completion, please submit it directly to Dracen by emailing it to [DracenMTAProposal@dracenpharma.com](mailto:DracenMTAProposal@dracenpharma.com).

For expediency, please also attach your institution's MTA template.

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## Investigator Information

|                               |  |
|-------------------------------|--|
| Name                          |  |
| Title                         |  |
| Department                    |  |
| Academic Institution/ Company |  |
| Address                       |  |
| Phone                         |  |
| E mail                        |  |



## Research Proposal

|  |  |
|--|--|
| Familiarity with research area/<br>prior studies, publications |  |
| Specific detailed study and<br>questions being explored        |  |
| Other Institutions/department(s)/<br>investigators involved    |  |
| Research funding by NIH/ US<br>federal grants                  |  |
| Timelines for completion                                       |  |
| Drug quantities required                                       |  |
| Additional support (assays,<br>models)                         |  |