Loughborough University **Biological Risk Assessment**	Safety Department use only	Material(s) Classification
	Reference Number:	Hazard Group 1 ☑
		Hazard Group 2 ☐
	CBE Use only	GMO ☐
	Reference Number:	HTA Licensable ☑

FORM CBE-RA-Form/002 Version 1.2

RISK ASSESSMENT AND PROJECT REGISTRATION FOR WORK INVOLVING BIOLOGICAL MATERIAL

PLEASE READ CAREFULLY

This form acts to register projects involving the use of Biological Agents and / or Genetically Modified Micro-Organisms, or of materials that may be contaminated with these agents. It assesses the hazards and risks associated with the project as well as identifying those at risk and the measures necessary for preventing, or controlling these risks. Please ensure that sufficient detail is provided when completing this form and that the relevant written SOPs are referenced where required. Once completed and approved, all risk assessments must be supplied to all those working within this project. The work described within this form must not commence until this risk assessment has been completed and approved and that all necessary control measures are in place.

Any changes to the work, or the persons involved, must be notified to the authorised person. All changes requested must be recorded within the risk assessment change control form and may also need to be incorporated within an amended version of this form.

A separate risk assessment will be required for assessing risks associated with GMO activities.

The following declaration must be completed and undersigned by the Principal Investigator or Person Responsible for the project

- All information contained in this form is accurate and comprehensive.
- All workers involved will be instructed that their work must remain within the boundaries of this project registration & assessment.
- All workers have been given, or will be given before they become involved, adequate training and where necessary their competency assessed.
- All workers have, or will be before their involvement begins, enrolled with Occupational Health for health clearance where necessary.
- It is understood that this risk assessment shall not be transferred to a third party without the PI/Supervisor/Line Manager named in this form either taking responsibility for the new activities, or ensuring that a new proposal is submitted.
- All changes to the work covered by this form will be reassessed & the changes submitted to the authorised person before those changes are made to the work.

Principal Investigator		Person conducting this risk assessment	
Name	Millie-Louise Cooper	Name	Millie-Louise Cooper
Position	PhD Student	Position	PhD Student
Department	Chemical Engineering	Department	Chemical Engineering
School	AACME	School	AACME

The Project Activity			
Title	Experimental Analysis of Omega-3 Polyunsaturated Fatty Acids in Melanoma Models		
Reference Number			
Start Date	26 Mar 2026	End Date	30 Sep 2029

Names of others involved in the work	+
Elizabeth Ratcliffe	x
Karen Coopman	x
Jen Bowdry	x

Name	Millie-Louise Cooper	Signature	Millie-Louise Cooper Digitally signed by Millie-Louise Cooper Date: 2026.05.28 09:27:35 +01'00'	Date	28 May 2026

1. INTRODUCTION

1.1 Background & aim of project	Malignant melanoma is an aggressive form of skin cancer strongly linked to ultraviolet (UV) radiation exposure, which causes DNA damage and promotes tumour development. Omega-3 polyunsaturated fatty acids (PUFAs) have gained attention for their anti-inflammatory, photoprotective, and potential anticancer properties. Previous research suggests omega-3 may promote apoptosis in cancer cells and reduce UV-induced cellular damage. This project aims to investigate the effects of omega-3 on melanoma-related cells in vitro by analysing changes in cellular characteristics following treatment. Melanoma cells and melanocytes will be cultured and exposed to omega-3 compounds, with responses assessed using characterisation techniques such as RT-PCR, western blotting, flow cytometry, and cell viability assays. The study will evaluate changes in gene expression, inflammation, DNA damage, and cytotoxicity, while also investigating whether omega-3 provides protective effects before or after UVB exposure and its suitability for topical skin-care formulations.
1.2 Description of experimental procedures	Experimental work will involve the in vitro culture of melanoma cells, keratinocytes and melanocytes to investigate the effects of omega-3 polyunsaturated fatty acids on cellular responses and melanoma-related pathways. Experiments using aseptic cell culture within biosafety cabinets, routine maintenance of adherent cell lines, cell counting using a countess automated cell counter or equivalent methods, and microscopy for monitoring cell morphology and confluency. Cells will be treated with omega-3 compounds and, where appropriate, exposed to UVB radiation to assess potential protective or regenerative effects. Cellular responses such as viability, inflammation, DNA damage, and changes in gene or protein expression will then be analysed. Specialist characterisation techniques including flow cytometry, mass spectrometry, and plate reader assays may also be used under technical supervision to provide further quantitative analysis of cellular behaviour, cytotoxicity, and molecular changes associated with omega-3 treatment.
1.3 Where will this work be carried out?	Rooms/areas: S3 Biolabs; CBE; STEMLab Biolabs
	Building(s): S Building; Garrendon Building; STEMLab

☑ **2.1 Human or animal tissues, cells, body fluids or excreta will be used in this project**

2. TISSUES, CELLS, BODY FLUIDS OR EXCRETA

2.2 List all cells, tissues, body fluids and excreta to be used. For cells, indicate primary, continuous or finite.

Material type	Organ source	Species	Where it will be obtained from (Include country of origin)	+
SK-MEL1 Melanocytes	Skin	Human	ATCC, UK, Product HTB-67, Melanoma cancer cell panel (screened for HepB, HepC, HIV, bacteria, fungi and mycoplasma - non detected)	x
Dermal Fibroblasts (HDFn)	Skin	Human	Thermofisher, UK, Product C0045C (cryopreserved at the end of the primary culture stage)	x
Primary Epidermal Melanocytes; Normal, Human, Neonatal (HEMn)	Skin	Human	ATCC, UK, Product PCS-200-012	x
Primary Epidermal Keratinocytes; Normal, Human, Neonatal Foreskin (HEKn)	Skin	Human	ATCC, UK, Product PCS-200-010	x
Immortalised HaCaT Cells	Skin	Human	Addex Bio Product T0020001	x
hTERT-immortalized Dermal Melanocyte	Skin	Human	ATCC, UK, Product CRL-4059	x
Normal Human Epidermal Melanocytes (NHEM)	Skin	Human	Merek, Sigma Aldrich, UK, C-12400	x
Normal Human Epidermal Keratinocytes (NHEK)	Skin	Human	Merek, Sigma Aldrich, UK, C-12005	x

☑ **2.3 Material(s) listed in section 2.2 above are considered to be 'relevant material' under the Human Tissue Act 2004.**

Government Human Tissue Authority - Web Page

2.3.1 Relevant material type	**Source / Provider** *A = Commercial provider* *B= HTA licensed Biobank with REC approval for genetic research use* *C = Other* *D = Organisation with REC approval for research use* *E = Imported*	+

Primary Epidermal Melanocytes; Normal, Human, Neonatal (HEMn	☑ A	☐ B	☐ C	☐ D	☐ E	ATCC, UK, Product PCS-200-012	x
Primary Epidermal Keratinocytes; Normal, Human, Neonatal Fores	☑ A	☐ B	☐ C	☐ D	☐ E	ATCC, UK, Product PCS-200-010	x

2.3.1.1 Has a Material Transfer Agreement (MTA) been fully approved?	◉ Yes ○ No	MTA Reference:	ATCC Material Transfer Agreement available at www.atcc.org
2.3.2 Have you verified that the consent has taken place for use of tissue in this study?	◉ Yes ○ No	Give details:	ATCC product information states informed consent has taken place and conform to HIPPA regulations for research use
2.3.3 Are you aware of the Ethics expiry date?	○ Yes ◉ No		
2.3.3.1 Please detail the sample disposal action plan.	Sample disposal in accordance with biological risk assessment and procuro recording procedures.		

☐ **2.11 Biological agents will be used in this project**

3. CLASSIFICATION OF HAZARD GROUP

3.1. Are you confident that any non-GM organism, tissue, cell, body fluid, excreta or any component thereof covered by this assessment cannot potentially pose a threat to humans or cause human diseases?	◉ Yes - Classify as HG1
3.1.1. Can any non-GM organism, tissue, cell, body fluid, excreta or any component thereof cause human disease and potentially be a hazard to humans but is unlikely to spread to the community and for which there is usually effective prophylaxis or treatment available?	○ Yes - Classify as HG2
3.1.2. Can any non-GM organism, tissue, cell, body fluid, excreta or any component thereof cause severe human disease and potentially be a serious hazard to humans and that may spread to the community, where effective prophylaxis or treatment may or may not be available?	○ Yes
3.2. Do any of the materials contain pathogens or toxins covered by the Anti-Terrorism Crime and Security Act?	○ Yes **ATCSA Schedule 5**
ASSIGNMENT OF CONTAINMENT LEVEL	HG1

4. TISSUES, CELLS, BODY FLUIDS OR EXCRETA

4.2. Will any culturing of the material described in section 2 take place? *If Yes, describe which cell(s) will be cultured and under what conditions.*	◉ Yes ○ No	All of the cells listed will be cultured by the principle investigator. Cell culture training has already been provided and is competent to work independently. Cell culture will be performed in Class II Biological Safety Cabinets with aseptic technique practiced throughout.
4.3. Could HIV permissive cells be present*? *If Yes, describe the cells and for how long these cultures will be allowed to grow.* *If unsure seek advice. Refer to CBE Code of Practice for details on additional precautions.*	○ Yes ◉ No	
4.4. What is the maximum volume of culture grown?	Per Vessel	20,000,000
	Number of vessels	15
4.5. Will the tissues, cells, body fluids or excreta be manipulated in any way that could result in the concentration of adventitious biological agent present? *If Yes, explain.*	○ Yes ◉ No	
4.6. Will any of the tissues, cells or fluids be donated by you or your colleagues working in or with access to the labs?	○ Yes ◉ No	

5. RISKS AND CONTROL MEASURES

Risk		How will this be controlled?	Reference to SOP's / Other documentation
5.1. Might infectious droplets, aerosols or splashes be created, either deliberately or by accident?	☑ Yes ☐ No	All cell culture manipulations will be performed within Class II Biological Safety cabinets thus mitigating the risk to the user from droplets, aerosols and splashes. Additionally, cell culture will be routinely performed with addition of antibiotic to the medium to prevent growth of micro-organisms should contamination occur during training or independent cell culture.	CBE; SOP038 Biological Spill Response & SOP009 Use and Maintenance of Cass II BSC
5.2. Will this material be transported within the laboratory e.g. between BSC & incubator?	☑ Yes ☐ No	Sealed filter vessels will be used and sealed in the Class II BSC prior to transfer to incubator, which is located in the same laboratory. Where necessary, secondary containment will be used (e.g. to transfer to an incubator in an adjacent laboratory)	CBE; SOP005 Storage and receipt of biological materials
5.3. Will this material (including waste) be transported locally between sites on campus but outside the laboratory?	☑ Yes ☐ No	Some cell samples may be transferred to another laboratory for further characterisation. Primary epidermal keratinocytes and Primary epidermal melanocytes will only be cultured in CBE in line with HTA regulations. Where cell cultures are transferred between S3 and CBE, only small volume samples will be transferred (<50mL) using secondary containment and with adherence to local lab transfer procedures. For example, cell lines may be transferred from S3 to STEMLab for flow cytometry. Where cell samples are transferred for LMCC or Chemistry analysis, the samples will either not contain live cells (medium or headspace sample) or cells will have been treated prior to transfer (fixed and non-viable).	CBE; SOP005 storage and receipt of biological materials & SOP003 disposal of biological waste
5.4. Will material(s) listed in section 2.2 or section 2.3 be shipped to organisations elsewhere in the UK or abroad?	☐ Yes ☑ No		
WHO guidance for transport of infectious substances website			
5.5. Will this material be received from organisations elsewhere in the UK or abroad?	☑ Yes ☐ No	All cells are obtained from reputable commercial cell culture collections and will be transferred in accordance with UK legislation, receipt of material will adhere to local laboratory procedures for receipt and recording of incoming cell material.	CBE; SOP008 Management and control of incoming biological material
5.6. Will this material be stored?	☑ Yes ☐ No	Cell banks will be stored under vapour phase liquid nitrogen in S3 or CBE cryobanks, cell cultures will be stored in incubators, storage in the fridge of samples will be used where appropriate (e.g. staining for flow cytometry or microscopy applications)	CBE; SOP005 Storage and transport of biological material & SOP013 Use and maintenance of liquid nitrogen stores
5.7. Will this material be centrifuged?	☑ Yes ☐ No	Sealed buckets will be used during centrifugation, centrifugation is only performed within the class II laboratory environment and centrifuge upkeep follows routine maintenance procedures. In case of spillage, the biological spill response procedures will be followed.	CBE; SOP038 Biological Spill Response & SOP153 Use and maintenance of H29 centrifuge
5.8. Are biological samples to be cultured in an incubator?	☑ Yes ☐ No	Incubators are located within the class II laboratory environment and upkeep follows routine maintenance procedures.	CBE; SOP079 use and maintenance of CO2 incubator
5.9. Are sharps to be used at any stage during this activity?	☐ Yes ☑ No		
5.10. Are animals to be used in this project?	☐ Yes ☑ No		
5.11. Will a fermenter / bioreactor be used to culture a biological agent or material?	☐ Yes ☑ No		
5.12. Is there any stage within the experimental procedures when an infectious material is inactivated (other than for disposal)?	☑ Yes ☐ No	Routine use of antibiotic in the medium means that infectious material that may arise through a contamination event will be inactivated at the point of infection. Examples include where manufacturers (cell source) recommend antibiotics are not used for optimal cell performance or for specific characterisation techniques (e.g. flow cytometry).	

Risk		How will this be controlled?	Reference to SOP's / Other documentation
5.13 Are any of the following to be used in conjunction with the project?	☑ Carcinogens or Mutagens	Stains for cell counting and characterisation e.g .Trypan Blue. Chemicals for treatment of cells to measure cell responses e.g. Trenbolone. Any stain or chemical used will have a COSHH risk assessment carried out prior to purchase and use.	
	☐ Toxins		
You must complete a cryogen risk assessment before work begins and add the reference here.	☑ Liquid Nitrogen	Liquid nitrogen is used for cryostorage.	
	☐ Ionising radiation		
	☐ Lone working		
5.14. Are there any conditions associated with the hazards described in section 5.13 that require additional control measures?	○ Yes ☑ No		

6. PPE AND HYGENE

Control Measure	Details		Reference to SOPs / other documentation
6.1 When will gloves be worn?	At all times		
6.2 What type and where will they be stored?	Nitrile	In Lab and in Changing Area	
6.3 When will laboratory coats be worn and what type are these?	At all times	White Howie	
6.4 Where will lab coats be stored and what are the arrangements for cleaning or disposal?	In S3 Laboratory (or CBE if working there)	Lab coats are regularly sent for cleaning, this includes collec	
6.5 Provide details of any other types of PPE to be used?	Safety glasses, liquid nitrogen gloves, when procedures require their use, and shoe covers are additionally routinely worn in CBE.		
6.6 Describe the lab hygiene facilities available and where they are located	Sinks are located in each individual laboratory whether in S3 or CBE and in the main change room upon entry to each lab facility		
6.7 Where are the first aid boxes and emergency spill kits located?	There are first aid boxes and emergency spill kits in the main change room upon entry to each lab facility and in each individual laboratory, for example at hand wash sinks in S3 laboratory rooms		

7. WASTE

7.1 How will waste be treated prior to disposal

(Note that all differently treated wastes must be included e.g. if some liquid is autoclaved, but others not, then describe both)	Treatment prior to disposal	Is the treatment validated?	Reference to SOPs / other documentation
☑ Liquid waste	Autoclave decontamination at 121deg for 45m or where liquid waste needs to be treated prior to autoclaving vessels, it will be treated with Virkon disinfectant prior to disposal. All liquid waste will be labelled and processed by the persons involved in the project or trained laboratory staff to ensure correct processing occurs.	☑ Yes ○ No	NAMAS Certificate SOP003 Disposal of Biological Waste
☑ Solid waste	Autoclave decontamination at 121deg for 45m All waste will be labelled and processed by the persons involved in the project or trained laboratory staff to ensure correct processing occurs.	☑ Yes ○ No	NAMAS Certificate SOP003 Disposal of Biological Waste

7. WASTE

☐ Other (Specify)			
7.2 Is any waste being autoclaved?		☑ Yes ○ No	NAMAS Certificate SOP024 & 025 Use and maintenance of Systec V-95 autoclave CBE 044 & 045 respectively
All cycles have been validated for the actual load types used? *(If Yes, documentary evidence of the validation must be available)*		☑ Yes ○ No	NAMAS Certificate SOP024 & 025 Use and maintenance of Systec V-95 autoclave CBE 044 & 045 respectively
The successful completion of every load is checked prior to disposal?		☑ Yes ○ No	Autoclave run completion checked, indicator tape checked. SOP024 & 025 Use and maintenance of Systec V-95 autoclave CBE 044 & 045 respectively
7.3 How will liquid waste be disposed of?			
☑ To drain?	Treated with 1% Virkon disinfectant for 24h prior to disposal to drain	☑ Yes ○ No	SOP003 Disposal of Biological Waste
☑ As solid waste?	Autoclave decontamination at 121deg for 45m	☑ Yes ○ No	SOP003 Disposal of Biological Waste
☐ Other (Specify)			

7.4 How will solid waste be disposed of?

Categorisation	Waste stream colour code	Disposal method (Edit as required)
☑ Sharps	**Orange**	Yellow/Orange lidded sharps bin > autoclave sterilisation if known or potentially infected > clinical waste disposal (incineration)
☑ Sharps contaminated with cytotoxic or cytostatic material	**Purple**	Yellow/Purple lidded Sharps bin >clinical waste disposal (incineration @ 1000C)
☐ Human body parts, organs, including blood bags and blood preserves and excreta that have been pretreated before leaving the site		
☐ Animal body carcasses or recognisable parts that have been pretreated before leaving the site		
☐ Potentially or known infected lab wastes contaminated or potentially contaminated with cytotoxic or cytostatic material that have **NOT** been pretreated before leaving the site		
☐ Potentially or known infected lab wastes that have **NOT** been pretreated before leaving the site		
☑ Infected or potentially infected lab wastes that **HAVE** been pretreated before leaving site	**Orange**	Disinfection or sterilisation in the lab site > orange clinical waste bags > clinical waste disposal (incineration)
For HTA: Please specify how you will ensure segregation of tissue from the deceased from other clinical waste.		

8. MAINTENANCE

8. MAINTENANCE

8.1 Are preventative maintenance and monitoring regimes in place for the following laboratory equipment?

	Inspection / Servicing Frequency	Cleaning / Disinfection Frequency	Monitoring / Alarms Frequency	Reference to SOPs
☑ Centrifuges	Inspected at point of use and during weekly clean, serviced after 100-150 hours of use	Weekly and at point of use where necessary	Monitored throughout use	SOP004 General laboratory housekeeping
☑ BSCs	Inspected at point of use and during weekly clean, annual service	Cleaned before and after every use with 70% IMS, UV disinfection for 45m after every use. Periodic deeper clean includes wipe down of all surfaces with 1% Virkon or 1:50 Chemgene disinfection followed by wipe down with 70% IMS and 45m UV disinfection.	Monitored throughout use, additional records kept of downflow velocity (m/s) and performance factor after every use (CBE)	SOP009 Use and maintenance of Class II BSC SOP004 General laboratory housekeeping
☐ Fume Hoods				
☑ Autoclaves	Inspected at point of use and during weekly clean, annual service	Routinely sterilised during use	Monitored before and after every use e.g. results from previous run printed off once complete	SOP024 & 025 Use and maintenance of Systec VX-95 autoclaves CBE 044 & 045 respectively SOP004 General laboratory housekeeping
☑ Incubators	Inspected weekly and regularly by users at point of use	Cleaned and decontaminated periodically (e.g. fortnightly to monthly) unless a contamination event occurs	Constant monitoring of temperature, O2, CO2 levels and will alarm if set parameters exceed set tolerance levels	SOP079 & 053 Use and maintenance of Incubators SOP004 General laboratory housekeeping
☑ Liquid N_2 Stores	Cryobanks checked weekly	LN2 levels are checked weekly	Constant monitoring and connected to alarm system (CBE), oxygen monitors are constantly monitoring local store environment	SOP013 Use and maintenance of LN2 stores SOP004 General laboratory housekeeping
Failure contingency plan	There are additional LN2 stores located across campus e.g. CBE, SSEHS.			
☑ Freezers	Inspected regularly by users at point of use, annual PAT testing	Cleaned when defrosted, as needed	Monitored by users and technical staff using the labs, some are constantly monitored (CBE) and connected to alarms	SOP004 General laboratory housekeeping
Failure contingency plan	There are additional freezers in different laboratories in the local lab environment and in the biolabs across campus			
☑ Fridges	Inspected regularly by users at point of use, annual PAT testing	Cleaned periodically, as needed	Monitored by users and technical staff using the labs, some are constantly monitored (CBE) and connected to alarms	SOP004 General laboratory housekeeping
Failure contingency plan	There are additional fridges in different laboratories in the local lab environment and in the biolabs across campus			
☐ Others				

9. TRAINING

9.1. Have all project research workers undertaken safety training for working with hazardous or potentially hazardous biological materials and agents at CL2?

☐ 9.2. This work involves HTA 'Relevant Material', confirm that all project research workers have undertaken HTA training

Name of researcher	Had Training	Date training completed (or will be completed)	If no, state why	+
Elizabeth Ratcliffe (staff)	(•) Yes ( ) No			x
Jen Bowdry (staff)	(•) Yes ( ) No			x
Millie Cooper (student)	(•) Yes ( ) No			x

☑ 9.2. This work involves HTA 'Relevant Material', confirm that all project research workers have undertaken HTA training

		Date training completed (or will be completed)				
Name of researcher	Had Training	Induction	On-line	In-house	If No, state why	+
Elizabeth Ratcliffe (staff - HTA trained and ongoing refreshers kept up to date)	☑ Yes ( ) No					x
Jen Bowdry (staff - HTA trained and ongoing refreshers kept up to date)	☑ Yes ( ) No					x
Millie Cooper (student - working with primary melanoma cell pane, melanocytes and keratinocytes. HTA trained and ongoing refreshersl)	☑ Yes ( ) No	3 Oct 2025	3 Oct 2025	3 Oct 2025		x

10. EMERGENCY PROCEDURES

10.1 Are procedures in place for dealing with spillage of infectious or potentially infectious material

Equipment	Reference to SOPs
☑ Within the BSC	SOP038 Biological Spill Response
☑ Within the centrifuge	SOP038 Biological Spill Response
☑ Within the laboratory, but outside any primary control measures (e.g. BSC)	SOP038 Biological Spill Response
☑ Outside the laboratory	SOP038 Biological Spill Response

Are procedures in place for the security of these HTA Relevant samples?

☑ Loss or theft of samples (including whilst in transit)	
☑ Loss of traceability of samples	
☑ Incorrect disposal of samples	

10.2 Describe the procedures in place for an accidental exposure +

Immediate action	Leave the vicinity with any persons present to allow any aerosols to settle for a minimum of 30 minutes. Dispose of any contaminated PPE and outerwear, replace with fresh PPE. Ensure other users around or entering the laboratory facility are aware and do not enter the individual lab until the spill is cleared and the lab manager / technical staff on duty authorise it is safe to return	Ref to SOP's	SOP038 Biological Spill Response	x
When and whom to report the incident	The incident is reported to the lab manager and technical staff on dut	Ref to SOPs	SOP038 Biological Spill Response	

10. EMERGENCY PROCEDURES

11. ACCESS

		Explanation	References
11. Is/are the lab(s) adequately separated from other areas (e.g. offices)?	☑ Yes ○ No		
11.2. Is/are the lab(s) or other work areas shared with other users not involved in the project?	☑ Yes ○ No	All work is BSL1 / HG1. All work will be carried out within Class II BSC and all vessels sealed before moving from the BSC to the incubator etc. All work will be performed aseptically and with the use of antimicrobials to prevent contamination events	
11.3. Describe the measures in place to ensure that hazardous biological agents or **HTA relevant** material is secure	☑ Yes ○ No	Key card access to laboratories ensure only trained staff / students have independent access. Staff / students undergoing training are supervised during access and must demonstrate completion of training and competence in activities to be granted independent access. Students planning on working with HTA relevant material must complete HTA training in advance, all HTA relevant material will be labelled as such and separated from non-HTA relevant material.	

12. OCCUPATIONAL

12.1. All workers involved with handling unscreened blood, blood products and other tissues are recommended to have Hepatitis B immunisation. Have all workers involved in this project been immunized?	○ Yes ☑ No
12.2. Is health surveillance required?	○ Yes ☑ No

13. NOTIFICATIONS

☑ 13.1. Are any of the cells, tissues or fluids covered by the Human Tissue Act (HTA) under the University HTA Licence?	Primary cell cultures are HTA relevant material; sourced from a commercial cell culture collection ATCC
☐ 13.2. Are any of the cells, tissues or fluids obtained from a HTA licensed biobank with REC approval for generic research use?	
☐ 13.3. Does this work have ethical approval from a recognised NHS Research Ethics Committee?	
☐ 13.4. Does any of the work require approval from the University Ethical Committee?	
☐ 13.5. Do any of the materials require approval for use from the UK Stem Cell Bank Steering Committee (MRC)?	
☐ 13.6. Do any of the materials or biological agents listed require any other licenses?	

14. APPROVALS

Authorised Person	Tim Coles Digitally signed by Tim Coles Date: 2026.06.10 15:27:53 +01'00'
Departmental Biological Safety Advisor	Tim Coles Digitally signed by Tim Coles Date: 2026.06.10 15:28:13 +01'00'