

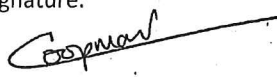
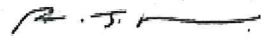
Loughborough University The Centre for Biological Engineering		<b>Authorisation to Acquire or Transfer HTA Licensable Material</b>		
Doc Ref: HTA-PR-FORM/011	Version N°:	1.0	Issue Date:	

<b>AAT No: CBE/AAT/00030</b>	<input checked="" type="checkbox"/> Incoming material <input type="checkbox"/> Outgoing material
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**To be completed by the Principal Investigator or Person Responsible for the acquisition or transfer of HTA licensable material**

Name: Nishant Joglekar	Role: PhD student	
Contact Details: Tel: 07988871420 Email: n.joglekar@lboro.ac.uk	Department: Chemical Engineering	
Research Project Reference:	CBE BRA 183	
Research Project Title:	Investigating rapid early detection of delayed onset apoptosis in cryopreserved mesenchymal stem cells using mass spectrometry.	
Material Transfer Agreement Ref Number:	N/A	
Biological Risk Assessment Ref Number	CBE BRA 198	
Supplier Organisation (as applicable):	Address: Building 7100, Cambridge Research Park, Beach Drive, Waterbeach, Cambridge CB25 9TL	Country: <del>UK</del> USA <i>ref. 12/4/21</i>
If material is imported (from outside England, Wales and Northern Ireland) provide a brief statement of justification	N/A	
Destination Organisation (as applicable):	Address: CBE, Loughborough University	Country: UK
Type/ID of material: (eg primary cell, cell line, tissue, body fluid, excreta, biological agent)	Primary CD4+ T cells	
Format / Quantity: (eg number of vials, slides, etc)	1 cryopreserved vials	
Transport conditions:	Dry ice	
Fate of material following project completion:	<input type="checkbox"/> Return to provider <input type="checkbox"/> Transfer to another organisation	<input checked="" type="checkbox"/> Retain <input type="checkbox"/> Dispose
Proposed date of receipt or transfer	Week starting 12th April	

**Authorisation for acquisition or transfer:**

Principal Investigator (PI) or Person Responsible:	Name: Karen Coopman	Signature: 	Date: 24.03.2021
Departmental Person Designate (dPD)	Name: Rob Thomas	Signature: 	Date: 24.03.2021
Designated Individual(DI) or Deputy DI or University PD (only required if the dPD is also the PI or dPD is unavailable)	Name:	Signature:	Date:

