



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

AAT No: CBE/AAT/000 6	<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: Elizabeth Ratcliffe	Role: Researchers, Technician & PI		
Contact Details: Tel: 01509 564889 Email: E.Ratcliffe@lboro.ac.uk	Department: CBE		
Research Project Reference:	Tackling AMR PhD J. Ali & ER-CG1808 PhD		
Research Project Title:	miniCDT in Fighting Infectious Disease; tackling antimicrobial resistance PhD (J. Ali, 2016) and ER-CG1808 PhD in Regenerative and AMR properties of Fish oils (tbd, 2018)		
Material Transfer Agreement Ref Number:	161_CBE BRA_Annex I		
Biological Risk Assessment Ref Number	BRA_161		
Supplier Organisation (as applicable):	ATCC	Country: UK	
If material is imported (from outside England, Wales and Northern Ireland) provide a brief statement of justification			
Destination Organisation (as applicable):	Address: Centre for Biological Engineering, Door H Garendon Wing, Holywell Park Loughborough University, LE11 3TU	Country: UK	
Type/ID of material: (eg primary cell, cell line, tissue, body fluid, excreta, biological agent)	Human Epidermal Keratinocytes		
Format / Quantity: (eg number of vials, slides, etc)	1 cryo vial containing a minimum of 5×10^5 viable cells in 1mL volume		
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 checked="" type="checkbox"/> Dispose	
Proposed date of receipt or transfer	18/11/16		

Authorisation for acquisition or transfer:

Principal Investigator (PI) or Person Responsible:	Name: Elizabeth Ratcliffe	Signature: 	Date: 12/12/16
Departmental Person Designate (dPD)	Name: Robert Thomas	Signature: 	Date: 13/12/16
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: