Loughborough University The Centre for Biological Engineering	Authorisation	to Acquire or Tra	ansfer HTA Licer	sable Material
Doc Ref: HTA-PR-FORM/011	Version N°:	1.0	Issue Date:	

AAT No: CBE/AAT/000	☑ Incoming material □Outgoing materia

To be completed by the Principal Investig	gator or Person Responsible for	the acquisi	tion 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:	160_CBE BRA_Annex I					
Biological Risk Assessment Ref Number	BRA_160					
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: Country: UK Centre for Biological Engineering, Door H Garendon Wing, Holywell Park Loughborough University, LE11 3TU					
Type/ID of material: (eg primary cell, cell line, tissue, body fluid, excreta, biological agent)	Human Dermal Fibroblasts					
Format / Quantity: (eg number of vials, slides, etc)	1 cryo vial containing a minimum of 3 x 10 ⁶ viable cells in 1mL volume					
Transport conditions:	Dry Ice					
Fate of material following project completion:	☐ Return to provider ☐ Retain ☐ Transfer to another organisation ☐ Dispose			, 8 , 9		
Proposed date of receipt or transfer	18/11/16					
Authorisation for acquisition or transfer:	34. 63. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18					
Principal Investigator (PI) or Person Responsible:	Name: Elizabeth Ratcliffe Signature: E. Ratcliffe			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:		