

* FORM COMPLETED FOR GOOD PRACTICE AS SAMPLE FOUND DURING AUDIT *

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

AAT No: CBE/AAT/00019	<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: Jen Bowdrey, Karen Coopman	Role: Technician/PI	
Contact Details: Tel:01509564889 Email:j.bowdrey@lboro.ac.uk	Department: CBE	
Research Project Reference:	CBE/BRA/015 (** Please note these cells were received before the CBE came under the HTA regulations)	
Research Project Title:	Development scalable and standardised manufacturing methods for human mesenchymal stem cells.	
Material Transfer Agreement Ref Number:	N/A (arrived before lab came under HTA regulations are from the USA)	
Biological Risk Assessment Ref Number	CBE/BRA 015	
Supplier Organisation (as applicable):	Address: Lonza	Country: USA
If material is imported (from outside England, Wales and Northern Ireland) provide a brief statement of justification	Cell purchased from a commercial cell bank, where previous cell lines were purchased from.	
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)	Bone Marrow Mono Cells	
Format / Quantity: (eg number of vials, slides, etc)	1x25e6 cryo preserved vial	
Transport conditions:	Dry ice	
Fate of material following project completion:	<input type="checkbox"/> Return to provider <input type="checkbox"/> Transfer to another organisation	<input type="checkbox"/> Retain <input checked="" type="checkbox"/> Dispose
Proposed date of receipt or transfer	After March 2008	

Authorisation for acquisition or transfer:

Principal Investigator (PI) or Person Responsible:	Name: J.Bowdrey	Signature: 	Date: 4/6/18
Departmental Person Designate (dPD)	Name: ROB THOMAS	Signature: 	Date: 4/6/2018
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:

* SAMPLE ANALYZED FROM USA (OUTSIDE OF HTA REGULATIONS) & before CBE under regulations. Page 1 of 2