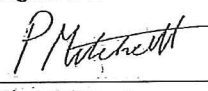



Loughborough University The Centre for Biological Engineering		Authorisation to Acquire or Transfer HTA Licensable Material	
Doc Ref: HTA-PR-FORM/011	Version N°:	1.0	Issue Date:

AAT No: CBE/AAT/000 30 (3A)	<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: Katie Glen, Pete Mitchell, Jon Harriman, Rob Thomas	Role: Researchers, Technician & PI	
Contact Details: Tel: 01509 564889 Email: k.e.glen@lboro.ac.uk	Department: CBE	
Research Project Reference:	CD34 ambr work (commercial)	
Research Project Title:	Expansion and Differentiation of CD34+ cell for RBC production	
Material Transfer Agreement Ref Number:	Terms and conditions of use available here: <a href="https://www.hemacare.com/resources/terms-and-conditions/">https://www.hemacare.com/resources/terms-and-conditions/</a>	
Biological Risk Assessment Ref Number	CBE BRA_010	
Supplier Organisation (as applicable):	Address: HemaCare Corporation 15350 Sherman Way, Suite 423 Van Nuys, CA 91406	Country: USA
If material is imported (from outside England, Wales and Northern Ireland) provide a brief statement of justification	Our commercial partners request we use cells from the same supplier.	
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)	Primary human CD34+ cells isolated for mobilized peripheral blood. Non-hazardous, non-infectious, non-contagious	
Format / Quantity: (eg number of vials, slides, etc)	4x 5E6 cryo preserved vials	
Transport conditions:	Liquid N2 or Dry Ice	
Fate of material following project completion:	<input type="checkbox"/> Return to provider <input checked="" type="checkbox"/> Transfer to another organisation	<input checked="" type="checkbox"/> Retain <input checked="" type="checkbox"/> Dispose
Proposed date of receipt or transfer	24 <sup>th</sup> February 2017	

<b>Authorisation for acquisition or transfer:</b>			
Principal Investigator (PI) or Person Responsible:	Name: Pete Mitchell	Signature: 	Date: 20/02/2017
	Name:	Signature:	Date:
Departmental Person Designate (DPD)	Name:	Signature:	Date:
Designated Individual (DI) or Deputy DI or University PD (only required if the DPD is also the PI or dPD is unavailable)	Name: K. Coogan	Signature: 	Date: 20/2/2017