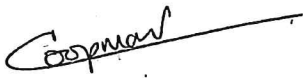


| | | | |
|---------------------------------------|--------------------------|---|-------------|
| Loughborough University | | Authorisation to Acquire or Transfer HTA Licensable Material | |
| The Centre for Biological Engineering | | | |
| Doc Ref: HTA-PR-FORM/011 | Version N ^o : | 1.0 | Issue Date: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

| | |
|------------------------------|--|
| AAT No: CBE/AAT/000 9 | <input checked="" type="checkbox"/> Incoming material <input type="checkbox"/> Outgoing material |
|------------------------------|--|

| To be completed by the Principal Investigator or Person Responsible for the acquisition or transfer of HTA licensable material | |
|--|--|
| Name: Samantha Swarbrick | Role: PhD Student |
| Contact Details: Tel: 01509 564892 Email: s.swarbrick@lboro.ac.uk | Department: Wolfson School/Centre for Biological Engineering |
| Research Project Reference: | |
| Research Project Title: | Staging Alzheimer's through miRNA |
| Material Transfer Agreement Ref Number: | TR71 |
| Biological Risk Assessment Ref Number | CBE 151 |
| Supplier Organisation <i>(as applicable):</i> | Address: Manchester Brain Bank, Salford Royal NHS Foundation Trust, Clinical Sciences Building, Stott Lane, Salford, M6 8HD. Country: UK |
| If material is imported (from outside England, Wales and Northern Ireland) provide a brief statement of justification | |
| Destination Organisation <i>(as applicable):</i> | Address: Country: |
| Type/ID of material: <i>(eg primary cell, cell line, tissue, body fluid, excreta, biological agent)</i> | Alzheimer human brain tissue samples |
| Format / Quantity: <i>(eg number of vials, slides, etc)</i> | 20 frozen tissue samples of 1-1.5g |
| Transport conditions: | Samples will arrive by courier, this will be organised by Manchester University. |
| 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 | Between the 30 th October to the 3 rd November. Exact dates will be given in advance | | |
| Authorisation for acquisition or transfer: | | | |
| Principal Investigator (PI) or Person Responsible: | Name: | Signature: | Date: |
| Departmental Person Designate (dPD) | Name: | Signature: | Date: |
| Designated Individual(DI) or Deputy DI or University PD <i>(only required if the dPD is also the PI or dPD is unavailable)</i> | Name: Karen Coopman | Signature:  | Date: 30/10/2017 |