Loughborough University **The Centre for Biological Engineering**	**Acquisition and Receipt of Biological Materials**			
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ARF No: CBE/ARF/000 23

PART A: To be completed by the Receiver (a separate form must be completed for each sample type)

A1. Details of Sample/Specimen

Type/ID: *(eg primary cell, cell line, tissue, body fluid, excreta, biological agent)*	Body fluid	☒Human ☐Animal
Format / Quantity: (eg vials, slides, etc)	55x9ml vials	
Tissue site/Organ source:	Whole Blood	☐N/A
Batch N°:	006	
Is the sample/specimen considered to be Relevant Material under the Human Tissue Act (HTA)? *If No, go to section A2.*		☒Yes ☐No
Is the material obtained from an HTA licenced Tissue Bank with REC approval for generic research use?		☐Yes ☒No
Is the material obtained for storage and use under a project specific NHS REC approval?		☐Yes ☒No
Is the material licensable under the HTA? *Indicate source below:*		☒Yes ☐No

☐HTA licensed organisation ☒Commercial Supplier ☐ Imported (from outside England, Wales or N.Ireland)

If Yes, list lot numbers (or other identifier) & the corresponding assigned unique sample ID	Lot N°: 006	Assigned Unique ID (Procuro):
If Yes, provide Project Ref N°:	J15105	
If Yes, provide the name of the PI:	Rob Thomas	

A2. Details of Receipt

Date/Time of receipt	Date	30/01/2018	Time:	
ID of Receiver	Name:	Ben Diffey	Dept:	Centre for Biological Engineering
ID of Supplier/Provider	Name:	Clinical Trials Laboratory Services Ltd.	Country:	UK

PART B: To be completed by the Receiver

B1. Inspection and Quarantine

Has a biological risk assessment for the use of this material been approved?	☒Yes ☐No	Ref Number:TBC
Physical integrity of the material(s) acceptable?	☒Yes ☐No	If No, describe action taken
Quantity received correct?	☒Yes ☐No	If No, describe action taken
Labelling correct and legible?	☒Yes ☐No	If No, describe action taken
Is the relevant documentation attached to this form? C of A or equivalent evidence of quality		☒Yes ☐No ☐N/A
Agreements to enable transfer of material eg MTA, SLA		☐Yes ☐No ☒N/A
If No, add reference or details to ensure traceability: Details/evidence/assurance of consent		☒Yes ☐No ☐N/A

	Other (describe)	☐Yes ☐No ☒N/A
Temporary storage - Quarantine location (as applicable)	Building/Room	
	Storage Unit ID	
	Within storage unit location ID	
	Date/Time of quarantine	
Submitted by:	Signature: BPMM	Date: 30/1/18

PART C: To be completed by the departmental Quality Manager

C1. Quality Assurance Checks

Has the sample/specimen been screened for infectious biological agents?	☐Yes ☐No ☐N/A
Has the donor been screened for infectious biological agents?	☐Yes ☐No ☐N/A
Has the sample/specimen been screened and tested negative for mycoplasma?	☐Yes ☐No ☐N/A
Is there evidence that the supplier/provider operates under national or international standards or other recognised certification?	☐Yes ☐No ☐N/A
For HTA licensable material, is there sufficient evidence to support the requirements for storage and use of the material under the University's HTA Research Licence?	☐Yes ☐No ☐N/A
Is there sufficient evidence to support the requirements for HTA licensing exemption?	☐Yes ☐No ☐N/A

C2. Approval for release from quarantine

Can the material be released from quarantine and transferred to designated storage area or released for processing?		☒Yes ☐No
If No, provide recommendations for deposition of the material and the results of any action relating to non-conforming material.	☐Accept as is, but with extra controls	
	☐Rework or reprocess to meet the specified requirements	
	☐Test to meet specified requirements	
	☐Return to supplier/provider	
	☐Disposal	
If Yes, provide details of storage location (as applicable)	Building/Room	
	Storage Unit ID	
	Within storage unit location ID	Incubator 427
	Database Reference	
	Date/Time of transfer	
Approved by:	Signature: BP CM	Date: 31/1/18