Loughborough University The Centre for Biological Engineering Doc Ref: FS008.1 : HTA-PR-FORM/007 Acquisition and Receipt of Biological Materials Issue Date:

ARF No: CBE/ARF/000 36

PART A: To be completed by the	Receiver (a separate	form must be c	ompleted for e	each sample t	уре)			
A1. Details of Sample/Specimen								
Type/ID: (eg primary cell, cell line, tissue fluid, excreta, biological agent)	Body fluid –	Body fluid – Cord blood				⊠Human ☐ Animal		
Format / Quantity: (eg vials, slides, et	c) 2x50mL tube	2x50mL tube containing 21mL ficol unit						
Tissue site/Organ source:	Cord Blood	Cord Blood						
Batch N°:	N/A	N/A						
Is the sample/specimen considered If No, go to section A2.	ed to be Relevant Ma	nterial under the	Human Tissue	Act (HTA)?		⊠Yes □No		
Is the material obtained from an I	HTA licenced Tissue I	Bank with REC ap	proval for gen	eric 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? <i>Indicate source below:</i>						⊠Yes □No		
☑HTA licensed organisation ☑C	ommercial Supplier	☐ Imported (fro	om outside Eng	land, Wales o	r N.Ireland)	¥		
If Yes, list lot numbers (or other identifier) & the corresponding assigned unique sample ID	Lot N°: Ficol processed to 1 x cr	Lot N°: FicoII 901198601, 02 Assigned Unique ID (P processed to 1 x cryovial containing 3.5e6 cells S00126165				uro):		
If Yes, provide Project Ref N°:	BRA060 & B	BRA060 & BRA010						
If Yes, provide the name of the PI	Dr Rob Thor	Dr Rob Thomas						
A2. Details of Receipt								
Date/Time of receipt	Date	09/01/2019		Time:	13:20	13:20		
ID of Receiver	Name:	. Jon Harriman	*	Dept:	CBE			
ID of Supplier/Provider	Name:	Anthony Nolan		Country:	UK			
PART B: To be completed by the	Receiver		114					
B1. Inspection and Quarantine								
Has a biological risk assessment for the use of this material been approved?		⊠Yes □No 	Ref Number: BRA060 & BRA010					
Physical integrity of the material(s) acceptable?		⊠Yes □No	If No, describ	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	C of A or equivalen	f A or equivalent evidence of		⊠Yes □No □N/A				
attached to this form?		greements to enable transfer of		□N/A	el .	a a		
If No, add reference or details to ensure traceability	Details/evidence/assurance of consent		⊠Yes □No	□N/A		4		

Building/Room CBE H19 Cold store & once processed will be stored in Bo overnight and transferred to Liquid N2 - Bank 7		Other (describe	e)		,et	
Approved by: Appr	Quarantine location (as	Building/Room			•	
## Approved by: Submitted by: Signature: Date:		Storage Unit ID		4Fri-HTA & Cryo-HTA		
PART C: To be completed by the departmental Quality Manager C1. Quality Assurance Checks Has the sample/specimen been screened for infectious biological agents? Has the donor been screened for infectious biological agents? Has the sample/specimen been screened and tested negative for mycoplasma? Is there evidence that the supplier/provider operates under national or international standards or other recognised certification? 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? Is there evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls Rework or reprocess to meet the specified requirements Test to meet specified requirements Featurn to supplier/provider Disposal Building/Room Storage Unit ID If Yes, provide details of storage location (as applicable) Approved by: Signature: Date: Date: Approved by: Date: Approved by: Date: D		Within storage unit location ID		Bank7 Rack5 BoxA2		
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