Loughborough University **The Centre for Biological Engineering**	**Acquisition and Receipt of Biological Materials**			
Doc Ref: FS008.1 : HTA-PR-FORM/007	Version N°:	1.0	Issue Date:	

ARF No: CBE/ARF/00037

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)*	Frozen PBMC aliquots			☒Human ☐Animal
Format / Quantity: (eg vials, slides, etc)	2* cryovials			
Tissue site/Organ source:	PBMCs			☐N/A
Batch N°:	014			
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°: 014		Assigned Unique ID (Procuro): S00129178 S00129179	
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	08/08/2018	Time:	13.15
ID of Receiver	Name:	Ben Diffey	Dept:	Centre for Biological Engineering
ID of Supplier/Provider	Name:	Axol Bioscience 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:154
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? If No, add reference or details to ensure traceability	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
	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: B Min	Date: 31/1/19

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	
	Database Reference	
	Date/Time of transfer	
Approved by:	Signature:	Date: 4/2/19.