

Loughborough University The Centre for Biological Engineering		Acquisition and Receipt of Biological Materials		
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ARF No: CBE/ARF/000 40


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)	Fresh Human PMBCs (Ficolled)	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Animal	
Format / Quantity: (eg vials, slides, etc)	50mL Falcon tube – 50mL total volume		
Tissue site/Organ source:	Peripheral (Whole) Blood	<input type="checkbox"/> N/A	
Batch N°:			
Is the sample/specimen considered to be Relevant Material under the Human Tissue Act (HTA)? If No, go to section A2.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the material obtained from an HTA licenced Tissue Bank with REC approval for generic research use?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the material obtained for storage and use under a project specific NHS REC approval?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the material licensable under the HTA? Indicate source below:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> HTA licenced organisation <input checked="" type="checkbox"/> Commercial Supplier <input type="checkbox"/> Imported (from outside England, Wales or N.Ireland)			
If Yes, list lot numbers (or other identifier) & the corresponding assigned unique sample ID	Lot N°: PR19F131071	Assigned Unique ID (Procuro): S00133946 – S00133964 inclusive S00134818 – S100134820 inclusive	
If Yes, provide Project Ref N°:	CBE/BRA/173		
If Yes, provide the name of the PI:	Dr Rob Thomas		

A2. Details of Receipt				
Date/Time of receipt	Date	20/03/2019	Time:	11:50
ID of Receiver	Name:	Jon Harriman	Dept:	CBE
ID of Supplier/Provider	Name:	Cambridge Bioscience / Research Donors	Country:	U.K.

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ref Number: CBE/BRA/173
Physical integrity of the material(s) acceptable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, describe action taken
Quantity received correct?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, describe action taken
Labelling correct and legible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Agreements to enable transfer of material eg MTA, SLA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Details/evidence/assurance of	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A


	consent	
	Other (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Temporary storage - Quarantine location (as applicable)	Building/Room	CBE H19 Cold store & once processed will be frozen into 7x 1mL Nunc vials at 1E6/mL via Asymptote CRF and transferred to LN2 – Bank 7 Rack 5 Box A 16-22 and 7 x 1 mL West Vials at 1E6/mL placed in Bank 7 Rack 5 Box D 1-7. Extra material will be passively frozen in 6x Nunc vials in the ULT freezer (2 nd shelf) for 24h before being transferred to LN2 – Bank 7 Rack 5 Box C 11-16. Unfrozen material stored in H27 Top Incubator top shelf (2x T75 for 6 days of culture).
	Storage Unit ID	4Fri-HTA & Cryo-HTA
	Within storage unit location ID	Bank 7 Rack 5 Box A 16-22 Bank 7 Rack 5 Box C 11-16 Bank 7 Rack 5 Box D 1-7
	Date/Time of quarantine	20/03/19
Submitted by:	Signature:  JON HARRIMAN	Date: 20/03/19

PART C: To be completed by the departmental Quality Manager

C1. Quality Assurance Checks

Has the sample/specimen been screened for infectious biological agents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the donor been screened for infectious biological agents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the sample/specimen been screened and tested negative for mycoplasma?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Is there evidence that the supplier/provider operates under national or international standards or other recognised certification?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there sufficient evidence to support the requirements for HTA licensing exemption?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, provide recommendations for deposition of the material and the results of any action relating to non-conforming material.	<input checked="" type="checkbox"/> Accept as is, but with extra controls	
	<input type="checkbox"/> Rework or reprocess to meet the specified requirements	
	<input type="checkbox"/> Test to meet specified requirements	
	<input type="checkbox"/> Return to supplier/provider	
	<input type="checkbox"/> Disposal	
If Yes, provide details of storage location (as applicable)	Building/Room	
	Storage Unit ID	
	Within storage unit location ID	Bank 7 Rack 5 Box A 16-22 B7 R5 Box C 11-16 B7 R5 Box D 1-7
	Database Reference	
	Date/Time of transfer	
Approved by:	Signature:  Date: 25/3/19	