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

**ARF No: CBE/ARF/00056**

| **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)* | Human Cord Blood (Ficolled) CD34+ isolation | | | ☒Human ☐Animal |
| Format / Quantity: (eg vials, slides, etc) | 2x50mL tube containing ~21mL ficol unit | | | |
| Tissue site/Organ source: | Cord Blood | | | ☐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.* | | | | ☒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°:<br>G221222198871, G221222198864 | | Assigned Unique ID (Procuro):<br>S00239812-19 | |
| If Yes, provide Project Ref N°: | BRA060 & BRA010 | | | |
| If Yes, provide the name of the PI: | Dr Rob Thomas | | | |
| **A2. Details of Receipt** | | | | |
| Date/Time of receipt | Date | 26/01/2022 | Time: | 16:00 |
| 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** | | | |
|---|---|---|---|
| **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, 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?<br><br>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 | After same day processing (H21) will be frozen via passive cooling in H34 -80C ULT freezer and transferred to LN2 cryobank after 24h (27/01/22) |
| | Storage Unit ID | 4Fri-HTA & Cryo-HTA |
| | Within storage unit location ID | Bank 7 Rack 5 Box D1 - 8 |
| | Date/Time of quarantine | 27/01/2022 15:00 |
| **Submitted by:** | Signature: | Date: 26/01/22 |

**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 | B7, 5, 1-8. |
| | Database Reference | |
| | Date/Time of transfer | |
| **Approved by:** C. Kavanagh | Signature: CKav | Date: 31/1/22. |