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| 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/00060


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

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|--|--|---|--|--|
| A1. Details of Sample/Specimen | | | | |
| Type/ID: (eg primary cell, cell line, tissue, body fluid, excreta, biological agent) | Human Cord Blood (Ficolled) CD34+ isolation | | | <input checked="" type="checkbox"/> Human <input type="checkbox"/> Animal |
| Format / Quantity: (eg vials, slides, etc) | 4x50mL tube containing ~21mL ficol unit. 4 donors total | | | |
| Tissue site/Organ source: | Cord Blood | | | <input type="checkbox"/> N/A |
| Batch N°: | | | | |
| Is the sample/specimen considered to be Relevant Material under the Human Tissue Act (HTA)? <i>If No, go to section A2.</i> | | | | <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 type="checkbox"/> No |
| Is the material licensable under the HTA? <i>Indicate source below:</i> | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> HTA licensed 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°: G221222199571, G221222199585, G221222199583, G221222199576 | Assigned Unique ID (Procuero): S00244146,147,148 | | |
| If Yes, provide Project Ref N°: | BRA060 & BRA010 | | | |
| If Yes, provide the name of the PI: | Dr Rob Thomas | | | |

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| A2. Details of Receipt | | | | |
| Date/Time of receipt | Date | 24/02/2022 | 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

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| 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: BRA060 & BRA010 | |
| 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 consent | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |


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| | Other (describe) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Temporary storage - Quarantine location (as applicable) | Building/Room | Received 16:00 24/02/22 and processed immediately. After processing (H21) will be frozen via passive cooling in H34 -80C ULT freezer until 01/03/22 and transferred to LN2 cryo-bank. |
| | Storage Unit ID | 4Fri-HTA & Cryo-HTA |
| | Within storage unit location ID | Bank 7 Rack 5 Box C 9, 10, 11 |
| | Date/Time of quarantine | 01/03/2022 12:00 |
| Submitted by: | Signature:  | Date: 01/03/22 |

PART C: To be completed by the departmental Quality Manager

C1. Quality Assurance Checks

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| Has the sample/specimen been screened for infectious biological agents? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Has the donor been screened for infectious biological agents? | <input 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 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 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 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 type="checkbox"/> No <input type="checkbox"/> N/A |

C2. Approval for release from quarantine

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| 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 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 | 7, 5, C, 9-11. |
| | Database Reference | |
| | Date/Time of transfer | 1/3/22. |
| Approved by: | Signature:  Date: 1/3/22. | |