AAT 007

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/00061

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)	4x50mL tube containing ~21mL ficol unit. 4 donors total			
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°: G221222199746, G221222199766, G221222199783, G221222197689		Assigned Unique ID (Procuro): S00244149, 150, 151, 152, 816	
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	03/03/2022	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? 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	Received 16:00 03/03/22 and processed immediately. After processing (H21) will be frozen via passive cooling in H34 -80C ULT freezer until 04/03/22 and transferred to LN2 cryo-bank.
	Storage Unit ID	4Fri-HTA & Cryo-HTA
	Within storage unit location ID	Bank 7 Rack 5 Box C 16, 21, 23, 24, 25
	Date/Time of quarantine	04/03/2022 12:00
Submitted by:	Signature: MA	Date: 03/03/2022

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	7, 5, C
	Database Reference	
	Date/Time of transfer	
Approved by:	Signature: CM	Date: 7/3/22