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

ARF No: CBE/ARF/000 64

PART A: To be completed by the	Receive	er (a separate	form must be	completed for	each sample	type)	数 通过
A1. Details of Sample/Specimen						A - 1	
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, e	etc)	2x50mL tube containing ~21mL ficol unit. 2 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?							
Is the material obtained for storage and use under a project specific NHS REC approval?							
Is the material licensable under the HTA? Indicate source below:							⊠Yes □No
⊠HTA licensed organisation ⊠0	Commer	cial Supplier	☐ Imported (fro	om outside Eng	gland, Wales o	or N.lreland)	•
If Yes, list lot numbers (or other identifier) & the corresponding assigned unique sample ID		Lot N°: G221222204409, G221222204469			Assigned Unique ID (Procuro): S00270588,89,90		
If Yes, provide Project Ref N°:	BRA060 & BRA010						
If Yes, provide the name of the P	Dr Rob Thomas						
A2. Details of Receipt							
Date/Time of receipt	Date		21/09/2022		Time:	17:00	
ID of Receiver		Name:	Jon Harriman		Dept:	СВЕ	
ID of Supplier/Provider	Name:		Anthony Nolan		Country:	UK	
PART B: To be completed by the	Receive	er			A 34 34	PAPER I	T WE SH
B1. Inspection and Quarantine			ATTENNA N				
Has a biological risk assessment for the use of this material been approved?			⊠Yes □No	Ref Number:	Ref Number: BRA060 & BRA010		
Physical integrity of the material(s) acceptable?		otable?	⊠Yes □No	If No, describ	scribe action taken		
Quantity received correct?			⊠Yes □No	If No, describ	f 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 quality		evidence of	⊠Yes □No	□N/A		
	Agreer		ole transfer of A	⊠Yes □No	⊠Yes □No □N/A		
	Details/evidence/ass consent			⊠Yes □No □N/A			

Building/Room Received 17:00 21/09/22 and stored in HTA box in cold room overnight. Processed 22/09/22 [HZ], Hij into 5x 4,7856 int wilds. Frozen via passive cooling in H34 80C ULT freezer until 23/09/22 and transferred to LN2 cryobank.		Other (describe	Yes □No □N/A		2		
Quarantine location (as applicable) Within storage unit location ID Bank 7 Rack 5 Box A 3,4,5 Date/Time of quarantine 23/09/2022 12:00 Date/Time of quarantine 23/09/2022 12:00 Date/Time of quarantine 23/09/2022 12:00 Date: 21/09/22 Date/Time of quarantine Date: 21/09/22 Date/Time of quarantine Date: 21/09/22 Date: Date:	Temporary storage -	Building/Room		room overnight. Processed 22/09/22 (H21, JH) into 3x 4.78E6 1mL vials. Frozen via passive cooling in H34 -80C ULT freezer until 23/09/22 and transferred to LN2 cryo-			
Within storage unit location ID Bank 7 Rack 5 Box A 3,4,5 Date/Time of quarantine 23/09/2022 12:00 Submitted by: Signature: Jow Word Manager C1. Quality Assurance Checks Has the sample/specimen been screened for infectious biological agents? Has the donor been screened for infectious biological agents? Has the sample/specimen been screened and tested negative for mycoplasma? Is there evidence that the supplier/provider operates under national or international standards or other recognised certification? 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? If No, provide recommendations for deposition of the material and the results of any action relating to non-conforming material. If No, provide recommendations for deposition of the material and the results of any action relating to non-conforming material. Pass and liding/Room Storage Unit ID Within storage unit location ID Database Reference Date/Time of transfer Date: 23/09/2022 12:00 Date: 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/22 21/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24 22/01/24	Quarantine location (as	Storage Unit ID					
Date/Time of quarantine 23/09/2022 12:00		Within storage	unit location ID				
PART C: To be completed by the departmental Quality Manager C1. Quality Assurance Checks Has the sample/specimen been screened for infectious biological agents? Has the donor been screened for infectious biological agents? Has the sample/specimen been screened and tested negative for mycoplasma? Is there evidence that the supplier/provider operates under national or international standards or other recognised certification? 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? Is there sufficient evidence to support the requirements for storage and use of the material under the University's HTA Research Licence? Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls Rework or reprocess to meet the specified requirements Test to meet specified requirements Test to meet specified requirements Building/Room Storage Unit ID Database Reference Date/Time of transfer Approved by: Signature: Date:		Date/Time of qu	uarantine				
Has the sample/specimen been screened for infectious biological agents? Has the donor been screened for infectious biological agents? Has the sample/specimen been screened and tested negative for mycoplasma? Is there evidence that the supplier/provider operates under national or international standards or or other recognised certification? 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? Is there sufficient evidence to support the requirements for storage and use of the material under the University's HTA Research Licence? Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls Rework or reprocess to meet the specified requirements	Submitted by:	Signature: M	ZANAN	Date: 21/09/22			
Has the sample/specimen been screened for infectious biological agents? Has the donor been screened for infectious biological agents? Has the sample/specimen been screened and tested negative for mycoplasma? Is there evidence that the supplier/provider operates under national or international standards or other recognised certification? For HTA licensable material, is there sufficient evidence to support the requirements for storage and use of the material under the University's HTAR Research Licence? Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls Rework or reprocess to meet the specified requirements Return to supplier/provider Disposal Building/Room Storage Unit ID Within storage unit location ID Database Reference Date: Approved by: Date:	PART C: To be completed by the	e departmental Qı	uality Manager				
Has the donor been screened for infectious biological agents? Has the sample/specimen been screened and tested negative for mycoplasma? Is there evidence that the supplier/provider operates under national or international standards or other recognised certification? 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? Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? 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 Building/Room Storage Unit ID Within storage unit location ID Database Reference Date/Time of transfer Approved by: Disposal Date:	C1. Quality Assurance Checks						
Has the sample/specimen been screened and tested negative for mycoplasma? Is there evidence that the supplier/provider operates under national or international standards or other recognised certification? 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? Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls Reswork or reprocess to meet the specified requirements Test to meet specified requirements Return to supplier/provider Disposal Building/Room Storage Unit ID Within storage unit location ID Database Reference Date/Time of transfer Approved by: Signature: Date:	Has the sample/specimen been screened for infectious biological agents?						
Is there evidence that the supplier/provider operates under national or international standards or other recognised certification? 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? Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls Rework or reprocess to meet the specified requirements	Has the donor been screened fo						
or other recognised certification? 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? Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls	Has the sample/specimen been						
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? Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls Rework or reprocess to meet the specified requirements Rework or reprocess to meet the specified requirements Return to supplier/provider Disposal Building/Room Storage Unit ID Database Reference Date/Time of transfer Date:	HE TO BE SEE SEE SEE THE TO SEE THE TOTAL TO SEE SEE THE TRANSPORT OF THE SEE SEE THE SEE SEE SEE SEE SEE SEE						
Is there sufficient evidence to support the requirements for HTA licensing exemption? C2. Approval for release from quarantine Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls	For HTA licensable material, is the	□ Yes □ No □ N/A					
Can the material be released from quarantine and transferred to designated storage area or released for processing? Accept as is, but with extra controls					□Yes ☑NO □N/A		
released for processing? Accept as is, but with extra controls	C2. Approval for release from q	uarantine					
Rework or reprocess to meet the specified requirements Test to meet specified requirements Return to supplier/provider Disposal Building/Room Storage Unit ID Within storage unit location ID Database Reference Date/Time of transfer Approved by:		m quarantine and	transferred to desi	gnated storage area or	☑Yes □No		
If No, provide recommendations for deposition of the material and the results of any action relating to non-conforming material. ☐ Test to meet specified requirements ☐ Return to supplier/provider ☐ Disposal ☐ Building/Room ☐ Storage Unit ID ☐ Within storage unit location ID ☐ Database Reference ☐ Date/Time of transfer ☐ Date: ☐ Approved by: ☐ Date: ☐ Date: ☐ Test to meet specified requirements ☐ Test to me			☐Accept as is, b	ut with extra controls			
of the material and the results of any action relating to non-conforming material. □ Return to supplier/provider □ Disposal Building/Room Storage Unit ID Within storage unit location ID Database Reference Date/Time of transfer Date:	If No provide recommendation	s for denosition					
□ Return to supplier/provider □ Disposal Building/Room Storage Unit ID Within storage unit location ID Database Reference □ Date/Time of transfer Approved by: □ Date: □	of the material and the results of any action		☐Test to meet s	pecified requirements			
Building/Room Storage Unit ID Within storage unit location ID Database Reference Date/Time of transfer Approved by: Building/Room Storage Unit ID Within storage unit location ID Database Reference A S above.			☐Return to supp	olier/provider			
Storage Unit ID If Yes, provide details of storage location (as applicable) Within storage unit location ID Database Reference Date/Time of transfer Approved by: Date:			□Disposal				
Within storage unit location ID Database Reference Date/Time of transfer Date:			Building/Room				
Approved by: Database Reference As above			Storage Unit ID				
Date/Time of transfer Approved by: Date:		location (as	Within storage unit location ID				
Approved by: Signature: Date:			Database Refere	nce	As above.		
			Date/Time of transfer				
F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Approved by:	- 1 0 ± 1 0 ± 1	Signature:	and	Date: 27/9/22		