

Loughborough University The Centre for Biological Engineering		Acquisition and Receipt of Biological Materials		
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ARF No: CBE/ARF/000 64

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		<input checked="" type="checkbox"/> Human <input type="checkbox"/> Animal
Format / Quantity: (eg vials, slides, etc)	2x50mL tube containing ~21mL ficol unit. 2 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)? 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 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°: G221222204409, G221222204469	Assigned Unique ID (Procuero): S00270588,89,90	
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	21/09/2022	Time:	17:00
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?	<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	

	Other (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Temporary storage - Quarantine location (as applicable)	Building/Room	Received 17:00 21/09/22 and stored in HTA box in cold 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-bank.
	Storage Unit ID	4Fri-HTA & Cryo-HTA
	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: <i>Jon Harriman</i>	Date: <i>21/09/22</i>

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 checked="" 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 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	
	Database Reference	<i>As above.</i>
	Date/Time of transfer	
Approved by:	Signature: <i>CMK</i>	Date: <i>27/9/22</i>