

AA T 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/000 68

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)	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)? 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 checked="" 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 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°: G221222205017, G221222205067, G221222205075, G221222205056	Assigned Unique ID (Procuero): S00272571, S00272572, S00272573		
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	19/10/2022	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?	<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?	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		
If No, add reference or details				