

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/00069.

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)	Body fluid (Saliva)	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Animal	
Format / Quantity: (eg vials, slides, etc)	1-2mL		
Tissue site/Organ source:	Mouth/salivary glands	<input type="checkbox"/> N/A	
Batch N°:	00150		
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> HTA licenced organisation <input 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°:	Assigned Unique ID (Procuero):	
If Yes, provide Project Ref N°:			
If Yes, provide the name of the PI:	DR. SOURAV GHOSH		
A2. Details of Receipt			
Date/Time of receipt	Date	15/09/2022	Time:
ID of Receiver	Name:	PRAVEENKUMAR KAVERI	pt:
ID of Supplier/Provider	Name:		Country:
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:	
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
	Details/evidence/assurance of consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	