Loughborough University **The Centre for Biological Engineering**	**Acquisition and Receipt of Biological Materials**			
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ARF No: CBE/ARF/00074

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)	5x50mL 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?		☒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°: G221222205782, G221222205762, G221222205734, G221222205757, G221222205758	Assigned Unique ID (Procuro): S00279034, S00279035, S00279036, S00279037, S00279038
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	23/10/2022	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?	☒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?	C of A or equivalent evidence of quality	☒Yes ☐No ☐N/A

If No, add reference or details to ensure traceability	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 23/11/22. Stored in HTA box in lab cold room overnight. Processed 24/11/22 (H21, JH) into 5x Mixed donor 1mL vials @4.62E6. Frozen via passive cooling in H34 -80C ULT freezer until 25/11/22 and transferred to LN2 cryo-bank.
	Storage Unit ID	4Fri-HTA & Cryo-HTA
	Within storage unit location ID	Bank 7 Rack 5 Box B 20,22,23,24,25
	Date/Time of quarantine	25/11/2022 12:00
Submitted by:	Signature: JH	Date: 25/11/22

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	As above.
	Database Reference	
	Date/Time of transfer	
Approved by:	Signature: CMcL	Date: 28/11/22