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 79

PART A: To be completed by the	Receive	er (a separate	form must be c	ompleted for e	each sample t	ype)		
A1. Details of Sample/Specimen								
Type/ID: (eg primary cell, cell line, tissue fluid, excreta, biological agent)	e, body	Human Cord Blood (Ficolled) CD34+ isolation			n		⊠Human □Animal	
Format / Quantity: (eg vials, slides, et	c)	4x 50mL tube containing ~21mL ficol unit. 4 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		Lot N°: G221223207255, G221223207273, G221223207248, G221223207314		Assigned Unique ID (Procuro): S00294949, 50, 51				
If Yes, provide Project Ref N°: BRA060 & BR			RA010					
If Yes, provide the name of the PI: Dr Rob Thomas					1.7			
A2. Details of Receipt		/						
Date/Time of receipt		Date	15/02/2023		Time:	17:20		
ID of Receiver		Name:	Jon Harriman		Dept:	СВЕ		
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 quality		evidence of ⊠Yes □No		□N/A			
If No, add reference or details	Agree		ole transfer of A	⊠Yes □No	⊠Yes □No □N/A			

Other (describe) Other (describe) Building/Room Received 17:20 15/02/23. Stored in HTA box in lab cold room overnight. Processed 16/02/23 [H21, H] into 3x Mixed donor Int. Vals 80; SaskE, Frozen via passive cooling in H34-80 CULT freezer until 17/02/22 and transferred to INZ cryo-bank. Within storage unit location ID Date/Time of quarantine Storage Unit ID Apri-HTA & Cryo-HTA Within storage unit location ID Bank 7 Rack 5 Box A 11,12,14 Date/Time of quarantine Date/Time of quarantine T/002/2023 12:00 Submitted by: Signature: C1. Quality Assurance Checks Has the sample/specimen been screened for infectious biological agents? PART C1 to be completed by the departmental Quality Manager 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 Lucnoce? C2. Approval for release from quarantine C3. The material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the material and the results of any action releases of the ma	to ensure traceability	Details/evidence/assurance of consent		⊠Yes □No □N/A			
Temporary storage— Quarantine location (as applicable) Storage Unit ID Afri-HTTA & Cryo-HTA Within storage unit location ID Date/Time of quarantine Date/Time of quarantine Signature: Afri-HTA & Cryo-HTA Bank 7 Rack 5 Box A 11,12,14 Date/Time of quarantine 17/02/2023 12:00 Date: Signature: Afri-HTA & Cryo-HTA Bank 7 Rack 5 Box A 11,12,14 Date/Time of quarantine Date/Time of quarantine Date: Signature: Afri-HTA & Cryo-HTA Bank 7 Rack 5 Box A 11,12,14 Date/Time of quarantine Date: Signature: Afri-HTA & Cryo-HTA Bank 7 Rack 5 Box A 11,12,14 Date: Signature: Date: Signature: Afri-HTA & Cryo-HTA Bank 7 Rack 5 Box A 11,12,14 Date: Signature: Date: Signature: Afri-HTA & Cryo-HTA Date/Time of quarantine C1. Quality Assurance Checks Has the sample/specimen been screened for infectious biological agents? Wes No \text{			<u> </u>	□Yes □No □N/A			
Storage Unit ID AFFI-HTA & Cryo-HTA	Temporary storage -	Building/Room		room overnight. Processed 16/02/23 (H21, JH) into 3x Mixed donor 1mL vials @5.58E6. Frozen via passive cooling in H34 -80C ULT freezer until 17/02/22 and			
Within storage unit location ID Date/Time of quarantine	Quarantine location (as	Storage Unit ID		ank.			
Date/Time of quarantine 17/02/2023 12:00 Date:		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 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 sp		Date/Time of q	uarantine		,14		
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☐ Rework or reprocess to meet the specified requirements ☐ Test to meet specified	Can the material be released from released for processing?	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	If No, provide recommendations for deposition of the material and the results of any action		☐Accept as is, but 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							
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			Database Referen	nce	see above.		
Approved by: Signature: Date: 27/2/27		Date/Time of transfer		nsfer			
	Approved by:		Signature:	city	Date: 27/2/25		