Loughborough University **The Centre for Biological Engineering**	**Acquisition and Receipt of Biological Materials**			
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ARF No: CBE/ARF/000 79

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)	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 assigned unique sample ID	Lot N°: G221223207255, G221223207273, G221223207248, G221223207314		Assigned Unique ID (Procuro): S00294949, 50, 51	
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	15/02/2023	Time:	17:20
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? If No, add reference or details	C of A or equivalent evidence of quality		☒Yes ☐No ☐N/A
	Agreements to enable transfer of material eg MTA, SLA		☒Yes ☐No ☐N/A

to ensure traceability	Details/evidence/assurance of consent	☒Yes ☐No ☐N/A
	Other (describe)	☐Yes ☐No ☐N/A
Temporary storage - Quarantine location (as applicable)	Building/Room	Received 17:20 15/02/23. Stored in HTA box in lab cold 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 transferred to LN2 cryo-bank.
	Storage Unit ID	4Fri-HTA & Cryo-HTA
	Within storage unit location ID	Bank 7 Rack 5 Box A 11,12,14
	Date/Time of quarantine	17/02/2023 12:00
Submitted by: JON HARRIMAN	Signature:	Date: 15/02/23

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	
	Database Reference	See above.
	Date/Time of transfer	
Approved by:	Signature:	Date: 27/2/23