## 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:

05.02.2019

ARF No: CBE/ARF/004 38

PART A: To be completed by the Receiv	er (a separate f	form must be co	mpleted for e	each sample ty	ype)		
A1. Details of Sample/Specimen							
Type/ID: (eg primary cell, cell line, tissue, body fluid, excreta, biological agent)	Frozen PBMC aliquots					⊠Human □Animal	
Format / Quantity: (eg vials, slides, etc)	80* cryovials						
Tissue site/Organ source:	PBMCs				, ,	□N/A <sup>-</sup>	
Batch N°:	PBMSKF8BC100-XSXX					10 E	
Is the sample/specimen considered to b If No, go to section A2.	e Relevant Mat	erial under the I	Human Tissue	Act (HTA)?		⊠Yes □No	
Is the material obtained from an HTA lic	enced Tissue Ba	ank with REC app	proval for gen	eric research (	use?	⊠ Yes □No	
Is the material obtained for storage and	use under a pr	oject specific NH	S REC approv	al?		□Yes ⊠No	
Is the material licensable under the HTA? Indicate source below:						⊠Yes □No	
☐HTA licensed organisation ☐Comme	rcial Supplier	☐ Imported (fro	n outside Eng	land, Wales o	N.Ireland)		
If Yes, list lot numbers (or other identifier) & the corresponding assigned unique sample ID  If Yes, provide Project Ref N°:	Lot N°:       Assigned Unique ID (P S00125439-48 S00125449-58 S00125449-58 S00125459-63 S00125459-63 S00125464-68 S00125469-78 S00125469-78 S00125479-88 S00125479-88 S00125479-89 PR18V127171 S00125489-98 PR18K127478 S00125499-500 S00125499-500 S00125509-13 S00125514-18 PR18A127477			25449-58 25459-63 25464-68 25469-78 .25479-88 .25489-98 .25499-508			
If Yes, provide the name of the PI:	Rob Thomas		· · · · ·	e ×	¥	*	
A2. Details of Receipt	Data			Time:	12.00 pm		
Date/Time of receipt	Date	12/13/2018		Time.		Centre for Biological	
ID of Receiver	Name:	Maryam Shariatzadeh Cambridge Bioscience, research Donors LTD		Dept:	Engineering		
ID of Supplier/Provider	Name:			Country:	UK		
PART B: To be completed by the Recei	ver						
B1. Inspection and Quarantine							
Has a biological risk assessment for the use of this material been approved?		⊠Yes □No		Ref Number:154			
Physical integrity of the material(s) acceptable?		⊠Yes □No		If No, describe action taken			
Quantity received correct?		⊠Yes □No	If No, descri	No, describe action taken			

		2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Labelling correct and legible?		⊠Yes □No	If No, describe action take	en	
	C of A or equivalent	t evidence of	⊠Yes □No □N/A		
Is the relevant documentation attached to this form?	Agreements to enable transfer of material eg MTA, SLA		□Yes □No ⊠N/A		
If No, add reference or details to ensure traceability	Details/evidence/as	ssurance of	⊠Yes □No □N/A		
	Other (describe)		□Yes □No ⊠N/A		
Temporary storage - Quarantine location (as applicable)	Building/Room				
	Storage Unit ID				
	Within storage unit location ID				
	Date/Time of quara	intine	v 2		
Submitted by:	Signature:	s	Date: 05.02.2019		
	Maryam Shariatzad				
PART C: To be completed by the	departmental Qualit	ty Manager			
C1. Quality Assurance Checks					
Has the sample/specimen been s	☑Yes □No □N/A				
Has the donor been screened for	ØYes □No □N/A				
Has the sample/specimen been s	□Xes □No □N/A				
Is there evidence that the supplied or other recognised certification?	☑Yes □No □N/A				
For HTA licensable material, is the and use of the material under the	☑Yes ☑No □N/A				
Is there sufficient evidence to su	□Yes ᡚŃo □N/A				
C2. Approval for release from qu					
Can the material be released from released for processing?	m quarantine and trai	nsferred to desig	nated storage area or	⊡∕ves □No	
		Accept as is, bu	t with extra controls		
If No, provide recommendations	l, cr	Rework or reprosections:	ocess to meet the nents		
of the material and the results of relating to non-conforming mate	fany action	Test to meet sp	ecified requirements		
		Return to suppl	lier/provider		
Separation of the second		Disposal		2 2 3 4	
If Yes, provide details of storage location (as applicable)		Building/Room			
		Storage Unit ID			
		ithin storage un	it location ID		
	D	atabase Referen	ce		
	den er et de din stillender et et	ate/Time of tran	sfer		
Approved by:	Si	gnature:	9	Date: 11/2/19/.	
2 x 4				Page <b>2</b> of <b>3</b>	

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A1. Details of Sample/Specimen						
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Format / Quantity: (eg vials, slides, etc)	80* cryovials			9		
Tissue site/Organ source:	PBMCs				n/A □ □ N/A	
Batch N°:	PBMSKF8BC100-XSXX					
Is the sample/specimen considered to b <i>If No, go to section A2</i> .	e Relevant Mat	erial under the I	Human Tissue <i>i</i>	Act (HTA)?	⊠Yes □No	
Is the material obtained from an HTA lic	enced Tissue Ba	ank with REC ap	oroval for gene	eric research u		
Is the material obtained for storage and use under a project specific NHS REC approval?					□Yes ⊠No	
Is the material licensable under the HTA? <i>Indicate source below:</i>					⊠Yes □No	
☐HTA licensed organisation ☐Comme	rcial Supplier	Imported (fro	n outside Engl	and, Wales or	N.Ireland)	
	Lot N°: PR18X26978			Assigned Unique ID (Procuro):		
	PR18P126979					
	PR18E126977					
If Yes, list lot numbers (or other	PR18C127170 S00125469-7					
identifier) & the corresponding assigned unique sample ID	PR18V127171 S00125479-8					
assigned anique sample is	PR18T127478			S00125489-98 S00125499-508		
	PR18K127479			S00125509-13		
	PR18A127477 S00125514-18				25514-18	
If Yes, provide Project Ref N°:	J13772		, <u>, , , , , , , , , , , , , , , , , , </u>		w	
If Yes, provide the name of the PI:	Rob Thomas			a e		
A2. Details of Receipt						
Date/Time of receipt	Date	12/13/2018		Time:	12.00 pm	
ID of Receiver	Name:	Maryam Shariatzadeh Cambridge Bioscience, research Donors LTD		Dept:	Centre for Biological Engineering	
ID of Supplier/Provider	Name:			Country:	UK	
PART B: To be completed by the Receiv	ver					
B1. Inspection and Quarantine						
Has a biological risk assessment for the use of this material been approved?		⊠Yes □No	Ref Number:154			
Physical integrity of the material(s) acceptable?		⊠Yes □No	If No, describe action taken			
Quantity received correct?		⊠Yes □No	If No, describe action taken			

			W 5		
Labelling correct and legible?		⊠Yes□No	If No, describe action take	en ,	
e eresoni -	C of A or equivalent evidence of quality		⊠Yes □No □N/A		
Is the relevant documentation attached to this form?	Agreements to enable transfer of material eg MTA, SLA		□Yes □No ⊠N/A		
If No, add reference or details to ensure traceability	Details/evidence/assurance of consent		⊠Yes □No □N/A		
to ensure traceability	Other (describe) □Yes □No ⊠N/A				
Temporary storage - Quarantine location (as applicable)	Building/Room				
	Storage Unit ID				
	Within storage unit location ID				
	Date/Time of quarantine				
Submitted by:	Signature:  Maryam Shariatza	adeh			
PART C: To be completed by the					
C1. Quality Assurance Checks					
Has the sample/specimen been screened for infectious biological agents?				ØYes □No □N/A	
Has the donor been screened fo	Ves □No □N/A				
Has the sample/specimen been	□Yes □No □N/A				
Is there evidence that the suppli or other recognised certification	☑Yes □No □N/A				
For HTA licensable material, is the and use of the material under the	☑Yes ☑No □N/A				
Is there sufficient evidence to su	□Yes ᡚŃo □N/A				
C2. Approval for release from q					
Can the material be released fro released for processing?	m quarantine and tr	ansferred to desig	gnated storage area or	⊡Ýes □No	
		□Accept as is, bu	t with extra controls	# # # # # # # # # # # # # # # # # # #	
If No, provide recommendations	for denosition	☐Rework or repr specified requirer	ocess to meet the nents		
of the material and the results o relating to non-conforming mate	f any action	☐Test to meet sp	pecified requirements		
relating to non-conforming material.		☐Return to supp	lier/provider		
		□Disposal			
If Yes, provide details of storage location (as applicable)		Building/Room			
		Storage Unit ID			
		Within storage ur	it location ID	*	
		Database Referen	ce		
		Date/Time of tran	*. *.		
Approved by:		Signature:	c·M	Date: 11/2/19	