

Loughborough University The Centre for Biological Engineering		<b>Acquisition and Receipt of Biological Materials</b>		
Doc Ref: FS008.1 : HTA-PR-FORM/007	Version N°:	1.0	Issue Date:	

**ARF No: CBE/ARF/00041**

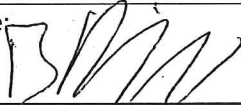
**PART A: To be completed by the Receiver (a separate form must be completed for each sample type)**

A1. Details of Sample/Specimen			
Type/ID: (eg primary cell, cell line, tissue, body fluid, excreta, biological agent)	Frozen PBMC aliquots	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Animal	
Format / Quantity: (eg vials, slides, etc)	* cryovials		
Tissue site/Organ source:	PBMCs	<input type="checkbox"/> N/A	
Batch N°:	015		
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 checked="" type="checkbox"/> Yes <input 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 licensed organisation <input checked="" 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°: 015	Assigned Unique ID (Procuero): S00144415	
If Yes, provide Project Ref N°:	J15105		
If Yes, provide the name of the PI:	Rob Thomas		

A2. Details of Receipt			
Date/Time of receipt	Date	18/06/2019	Time: 10.30
ID of Receiver	Name:	Ben Diffey	Dept: Centre for Biological Engineering
ID of Supplier/Provider	Name:	Axol Bioscience Ltd	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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ref Number:154
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
	Other (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

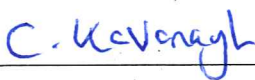

Temporary storage - Quarantine location (as applicable)	Building/Room	
	Storage Unit ID	
	Within storage unit location ID	Bank 7, Rack 5, Box A 25
	Date/Time of quarantine	
Submitted by:	Signature: 	Date: 18/6/19

**PART C: To be completed by the departmental Quality Manager**

**C1. Quality Assurance Checks**

Has the sample/specimen been screened for infectious biological agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the donor been screened for infectious biological agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the sample/specimen been screened and tested negative for mycoplasma?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there evidence that the supplier/provider operates under national or international standards or other recognised certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there sufficient evidence to support the requirements for HTA licensing exemption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, provide recommendations for deposition of the material and the results of any action relating to non-conforming material.	<input checked="" type="checkbox"/> Accept as is, but with extra controls	
	<input type="checkbox"/> Rework or reprocess to meet the specified requirements	
	<input type="checkbox"/> Test to meet specified requirements	
	<input type="checkbox"/> Return to supplier/provider	
	<input type="checkbox"/> Disposal	
If Yes, provide details of storage location (as applicable)	Building/Room	CBE
	Storage Unit ID	
	Within storage unit location ID	Bank 7, R5, Box A 25
	Database Reference	
	Date/Time of transfer	18/6/19
Approved by: 	Signature: 	Date: 18/6/19