


Loughborough University The Centre for Biological Engineering		Acquisition and Receipt of Biological Materials		
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ARF No: CBE/ARF/000 46

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)	Whole blood			<input checked="" type="checkbox"/> Human <input type="checkbox"/> Animal
Format / Quantity: (eg vials, slides, etc)	100ml			
Tissue site/Organ source:	Blood			<input type="checkbox"/> N/A
Batch N°:	RDN-2511491 / PR20P384429			
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 type="checkbox"/> Yes <input checked="" 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°:	Assigned Unique ID (Procuero): 500176817-41, 500177210 500176782		
If Yes, provide Project Ref N°:	BRA060 & BRA10			
If Yes, provide the name of the PI:	Prof Rob Thomas			
A2. Details of Receipt				
Date/Time of receipt	Date:	26/02/20	Time:	15:20
ID of Receiver	Name:	Dr Kah'e Glen Jon Hannon	Dept:	CBE
ID of Supplier/Provider	Name:	Cambridge Bioscience	Country:	U.K.
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: CBE1BRA/10	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A
Temporary storage - Quarantine location (as applicable)	Building/Room	CBE HLT Inc B (500176782) H30 Bank 7 Rack 5 Box D (500176817-41) H30 Bank 7 Rack 5 Box C (500177210)
	Storage Unit ID	Incubator B HLT (500176782) Bank 7 (500176817-41, 500177210)
	Within storage unit location ID	Rack 5 Box D 1-2 (500176817-41) Box C 1 (500177210)
	Date/Time of quarantine	28/2/20
Submitted by:	Signature: 	Date: 26/2/20

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 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	
	Storage Unit ID	
	Within storage unit location ID	
	Database Reference	
	Date/Time of transfer	
Approved by:	Signature: 	Date: 2/3/20