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

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 ☐Animal
Format / Quantity: (eg vials, slides, etc)				
Tissue site/Organ source:				☐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°:		Assigned Unique ID (Procuro):	
If Yes, provide Project Ref N°:				
If Yes, provide the name of the PI:				
A2. Details of Receipt				
Date/Time of receipt	Date		Time:	
ID of Receiver	Name:		Dept:	
ID of Supplier/Provider	Name:		Country:	

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:
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 to ensure traceability	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
	Details/evidence/assurance of consent	☐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 quarantine	
Submitted by:	Signature:	Date:

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	
	Date/Time of transfer	
Approved by:	Signature:	Date: