**RISK ASSESSMENT REVIEW/REVISION RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk Assessment Ref No: CBE BRA 117 | Megakaryocyte expansion using automated cell culture platforms and bioreactors | | | Version Number |
|  |
|  | | | | |
| This risk assessment should be reviewed **annually** or more frequently if there is any change in the work, or if new information becomes available that indicates the assessment may no longer be valid. **This form should be attached to the front of the current version of the risk assessment or to the new version of the risk assessment if one is issued** | | | | |
| **The following review has been carried out on the dates indicated and either the assessment remains valid or it has been amended as indicated.** | | | | |
| Name(s) of reviewer: Catherine Beltran Rendon | | Date: 19/08/2021 | | |
| Signature: | |
| **Reason for Review:**  The reviewer has an early passage of the same H9 cell line outlined in her risk assessment and a H9 cell line genetically engineered to constitutively express red fluorescent protein (RFP), both have come from a collaborator from the university of Sheffield. However the risk of using these cells has not changed. | | | | |
| **Revision Required (Y/N)** | | | **N** | |
| **If Yes, give details of the revision:** | | | | |
| **Approval:** | | | | |
| *Instructions for Reviewer:*   1. *The completed form should be forwarded to the CBE Quality Manager. NOTE: Significant revision (See Guidelines GN006 & GN007) will require approval by the person supervising the work and subsequent review and approval by the original approving authority. This may require a revised version of the risk assessment to be issued for re-approval.* 2. *Where an annual review concludes that the risk assessment is still valid ie no revision is required, this should be recorded and the completed form forwarded to the CBE Quality Manager.* | | | | |
| Name of Approver: C.Kavanagh | | Date: 24/08/2021 | | |
| Position: Experimental Officer | |
| Signature: | |
| Name of Approver: | | Date: | | |
| Position: | |
| Signature: | |
| Name of Approver: | | Date: | | |
| Position: | |
| Signature: | |
| Name of Approver: | | Date: | | |
| Position: | |
| Signature: | |