# Human Tissue Act – Archival Sample Transfer Form

Agreement for transfer of archival tissue for projects

With NRES ethics approval

1. I confirm that the samples have been requested for a specific research project with ethics approval from an NRES Research Ethics Committee (REC).

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| --- | --- |
| Project Title: |  |
| REC Approval No.: |  |
| Project start date: |  |
| Project Finish date: |  |

1. I confirm that (initial as appropriate)

|  |  |
| --- | --- |
| Patient(s) has/have given consent for the samples to be used in this study |  |
| Consent exemption has been granted by NRES REC |  |

1. I agree to abide by all relevant UK legislation pertaining to use of human tissues and data including the Human Tissue Act 2004 and its Codes of Practice, and the Data Protection Act / GDPR 2018.
2. I agree to follow good clinical and laboratory practice in handling the sample(s).
3. I agree to return the samples as soon as they are no longer required for the project and before project finish date stated above (1).

Principal Investigator:

Name:

Institution:

Signature:

Date: