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| [insert freezer serial number / Dept]  Freezer /Fridge/Cryovessel (delete as appropriate)  [insert freezer name (if applicable / CI or PI name]  Please contact [insert name] on [insert telephone number] in case of breakdown (Mon-Fri 9am -5pm)  For out of hours breakdown please contact [insert name] on [insert telephone number] |

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| This Freezer /Fridge/Cryovessel(delete as appropriate)  contains HTA Relevant Material under HTA Licence 12384  [Insert study name / REC details if applicable or if laminated notice this can be entered with marker pen and changed as necessary] |

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| This Freezer /Fridge/Cryovessel(delete as appropriate)  contains HTA Relevant Material under NHS ethical approval  [Insert study name and REC ref details (if applicable) or if laminated notice this can be entered with marker pen and changed as necessary. Please ensure information is legible] |

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| This Freezer /Fridge/Cryovessel(delete as appropriate)  contains HTA Relevant Material under HTA Licence 12384 (UEIC approved studies)  [Insert study name / REC details if applicable or if laminated notice this can be entered with marker pen and changed as necessary] |