

Sample Application Form

All planned activity involving the storage and use of Human Tissue samples under the University's HTA Research Licence must be notified in advance to the HTA and Monitoring Officer. Please complete all sections of the form, and incomplete information will be request by return email.

Section A

UoL study number	
IRAS reference	
REC Reference	
Study Title	
Chief Investigator	
Samples manager name	
Contact email	
Study Completion date	
Date EOS declaration form submitted to REC	

Section B

Are your samples: * See HTA List of relevant material.	<input type="checkbox"/> Relevant material as defined by the HTA?*
	<input type="checkbox"/> Non-relevant material? <input type="checkbox"/> Both?
If non-relevant samples are to be stored, what are these	<input type="checkbox"/> DNA <input type="checkbox"/> Plasma <input type="checkbox"/> Serum <input type="checkbox"/> Primary cell cultures <input type="checkbox"/> Supernatants <input type="checkbox"/> Other
If other, please give details:	
Are the samples from this project going to be:	<input type="checkbox"/> Storage by research team pending ethical approval for use in another project. <input type="checkbox"/> Storage by research team as part of a new research tissue bank. <input type="checkbox"/> Storage by research team and transferred into an active tissue bank. <input type="checkbox"/> Transferred to the UoL Research Licence 12384 <input type="checkbox"/> Transferred to an alternative HTA Licence. <input type="checkbox"/> Storage by research team of biological material which is "not relevant" for the purposed of the Human Tissue Act. <input type="checkbox"/> Disposal in accordance with the Human Tissue Code of Practice. <input type="checkbox"/> Other. <input type="checkbox"/> Not yet known.
Are these arrangements the same as declared in the IRAS form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have your samples been collected from the living or deceased donors?	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Are your tissue samples related to a clinical trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C



Number of samples to be stored	Type of Sample (e.g. whole blood, plasma, biopsy e.t.c)	Relevant Material
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE THAT LONG TERM STORAGE OF ANY RELEVANT MATERIAL MUST BE IN A HTA LICENSED AREA

Section D

Long Term Storage Freezer Location
Location of samples: <input type="checkbox"/> Glenfield General Hospital (GGH) <input type="checkbox"/> Leicester Royal Infirmary (LRI-RKCSB) <input type="checkbox"/> Leicester General Hospital (LGH) <input type="checkbox"/> University of Leicester - Adrian Building <input type="checkbox"/> University of Leicester - Maurice Shock Building <input type="checkbox"/> University of Leicester - Henry Welcome Building <input type="checkbox"/> University of Leicester - Hodgkin Building <input type="checkbox"/> Other
If other, please give details:
Freezer Asset ID: Does this freezer have a freezer monitoring system: <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of freezer monitoring system:

Section E

Are consent forms available for the samples?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of the consent forms?	
Do you have a Sample Storage Log?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please confirm location of the Sample log:	
Do you have full temperature logs for the duration of the sample storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please give details.	
Have there been any temperature excursions or freezer breakdown that may have compromised the integrity of the samples?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section F



I confirm that the above information is accurate:	
CI Name:	
Signed:	
Date:	

<p><i>Copy sent to Departmental PD</i></p> <p><i>PD Name.....</i></p> <p><i>Department.....</i></p> <p><i>Date</i></p>
<p><i>Review by Research Governance Office</i></p> <p><i>Print Name</i></p> <p><i>Signature</i></p> <p><i>Date</i></p>

- Please note that cultured cells (after passage 1) and cells lines are not HTA relevant materials.
- For further information regarding the Research Sector, please refer to Code E of the HTA codes of practice. The HTA Standards is also available. Information on licensing exemptions is also available on the HTA website.
- Please refer to the [Research Governance](#) website for further information.

On completion, please return this to:

HTAenquiries@le.ac.uk