

**Request for External Transfer or Export of Human Tissue**

To be completed by the Chief Investigator or Custodian responsible for undertaking the external transfer or export of relevant material from the University and submitted to the Research Governance Team (researchgovernance@qub.ac.uk).

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| **Chief Investigator/Custodian details** |
| Name:  | Title:  |
| Contact details: E-mail:Telephone: | Address/Centre:  |
| **Study Details** |
| Research Study Title: |
| Has appropriate consent for the use of the samples been obtained? | *Yes/No* |
| Are you a named co-investigator? | *Yes/No* |
| Ethical Approval Reference Number |  |
| Materials Transfer Agreement (MTA) reference (if appropriate) |  |
| **Recipient details** |
| Name of recipient organisation |  |
| Address/country of recipient organisation |  |
| Name of the recipient  |  |
| Name of the authorised signatory for the recipient organisation |  |
| **Sample details** |  |
| Type of sample (eg liver biopsy) |  |
| Quantity of samples (eg 10 x 0.5g) |  |
| **Storage Conditions** |  |
| Under what conditions will the samples be stored? (eg -80°C) |  |
| **Use/Analysis** |  |
| Description of how the relevant material will be used: |
| **Planned fate of samples** **following project completion***(in accordance with the terms of the MTA or other agreement)* |
| Return to Queen’s University Belfast | *Yes/No* |
| Transfer to another organisation *If yes, give details:* | *Yes/No* |
| Retain samples  | *Yes/No* |
| Disposal | *Yes/No* |
| **Other contracts** |  |
| Are there any other contractual arrangements (eg funding stipulations) pertaining to the samples?*If yes, give details:* | *Yes/No* |

I confirm that the information above is accurate and complete and that the QOL Tissue Register will be fully updated following the transfer/export of the tissue samples.

Signature of the Chief Investigator/Custodian.................................................

Date..........................