

**Authority to Import Human Samples**

To be completed by the Chief Investigator or Person Responsible for undertaking the import of relevant material into the University and submitted to the Designated Individual (j.james@qub.ac.uk (MBC/BCH) or g.j.mckay@qub.ac.uk (RVH)) and the Research Governance Team (researchgovernance@qub.ac.uk).

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| **Chief Investigator**  |
| Name:  | Title:  |
| Contact details: E-mail:Telephone: | Address/Centre:  |
| **Study Details** |
| Research Study Title: |
| Appropriate consent obtained? | *Yes/No* |
| Are you a named Co-investigator? | *Yes/No* |
| Ethical Approval Number/School Ethics Number |  |
| Materials Transfer Agreement reference (if appropriate) |  |
| **Supplier details** |
| Name of supplier organisation |  |
| Address of supplier organisation  |  |
| Name of supplier |  |
| **Sample details** |  |
| Type of sample (eg liver biopsy) |  |
| Quantity of samples (eg 10 x 0.5gm) |  |
| **Storage Conditions** |  |
| Under what conditions will the samples be stored? (eg -80°C) |  |
| **Justification for Import** |  |
| Reasons why it was necessary to import tissue: |
| **Planned fate of samples** |
| Planned fate of samples following project completion: *(in accordance with terms of the MTA/SLA)* |
| Return to supplier | *Yes/No* |
| Transfer to another organisation *If yes, give details:* | *Yes/No* |
| Retain samples*Pending application for ethical approval for new research project*  | *Yes/No* |
| Disposal | *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/import of the tissue samples.

Signature of the Chief Investigator........................................................... Date..........................

**Authorisation**

I authorise Import of these human samples:

Signature of Designated Individual.......................................................... Date...........................