

**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](mailto: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..........................