

**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](mailto:j.james@qub.ac.uk) (MBC/BCH) or [g.j.mckay@qub.ac.uk](mailto:g.j.mckay@qub.ac.uk) (RVH)) and the Research Governance Team ([researchgovernance@qub.ac.uk](mailto: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...........................