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| **Human Tissue in Research**  **Form – Disposal Log** |

# Purpose

The form serves as a record of human tissue disposal for all REC-approved research studies and all tissue collections held under Swansea University’s (SU) HTA Research licence.

# Scope

This SOP applies to all SU staff and students involved in research projects using any type of human tissue sample.

1. **Instructions**

Disposal of tissue should be minimised as far as is practical. However, when there is a need to dispose of tissue the PI must ensure completion of this form and keep it as part of the master study file.

**Use the following key to indicate in the disposal log table the “Reason for Disposal”:**

1. The ethical approval or consent for a given sample stating that it must be disposed of at the end of the research project.
2. Sample is damaged, contaminated or fails quality assurance tests.
3. The donor withdraws consent for the use of the sample in research.
4. Sample is a health and safety risk to research staff.
5. Material is surplus to requirement.
6. Other (*Provide details in Additional Comments column*)

Refer to the [HTA-CORE-SOP- Disposal](https://www.swansea.ac.uk/research/research-integrity-ethics-governance/research-governance/human-tissue-act/hta-qms/) for Swansea University’s Procedure for clinical waste disposal of human tissue.

1. **Disposal Log Table**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REC approval number | | |  | | | | | | |
| Study/Collection name | | |  | | | | | | |
| PI or custodian of collection | | |  | | | | | | |
| Contact details of third parties involved in the disposal | | | SU clinical waste disposal 3rd party contract is with [Insert here] /  Returned to [Insert Health Board Name], [Insert location], [Insert Department], contact [Insert Name] | | | | | | |
| Date sample was collected | Date of disposal | Type of tissue disposed | | Amount of tissue disposed | Sample ID number | Reason for disposal | Method and location of disposal | Person undertaking disposal | Additional comments |
|  |  |  | |  |  |  | e.g. Incineration of clinical waste |  |  |
|  |  |  | |  |  |  | e.g. Returned to Health Board for disposal |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |

**Add rows to table as needed.**

Disposal Authorised by (*e.g. PI*):…………………………………………………………………...

Signature:………………………………………………………………………………………………….