# **Freezer/Fridge/Other Unique ID: XXXXXX**

Contains Human Samples

TO BE KEPT LOCKED

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethical Approval for Storage**  *NHS-REC format: XX/XX/XXXX*  *SU-REC format: SU: XXXXXX* | **Shelf Tissue is Stored on:** | **Rack(s) tissue is stored on:**  *(If applicable)* | **Primary Person Responsible** | | |
| *Name* | *Email* | *Phone number* |
|  | **1** |  |  |  |  |
|  | **2** |  |  |  |  |
|  | **3** |  |  |  |  |
|  | **4** |  |  |  |  |

Insert QR Code

**Follow the link for the Contingency Plan for this Freezer.**

**A copy of this QR code can be found XXXX outside of Lab.**