|  |
| --- |
| **HTA-FORM-Tissue Transfer Record** |

**Purpose:**

This form should be used by Swansea University (SU) staff transferring human tissue to another organisation such as a collaborating university or health board. This form should be used for UK and international transfers.

When sending human tissue considered **relevant material**, the Human Tissue Act and HTA Codes of Practice require all individual human tissue samples to be uniquely labelled and tracked from the point of collection to disposal. Records of sample traceability, including transfer, use, storage and disposal **must be maintained**.

Relevant material should only be transferred between organisations that both hold a HTA licence for research or must be covered by an approved NHS REC study and donor’s consent (refer to HTA-CORE-SOP-Transportation). For a list of relevant material covered by the Human Tissue Act consult the [HTA website](https://www.hta.gov.uk/guidance-professionals/hta-legislation/materials-considered-relevant-material-under-human-tissue).

**Note**: This form ***should not*** be used by new staff joining the University who wish to bring existing holdings from their previous organisation to SU. In these situations, you must obtain agreement from the Designated Individual (DI) and Human Tissue Governance Officer (HTGO) to do so and refer to [HTA-SOP-Acceptance of Sample Collections](https://www.swansea.ac.uk/research/research-integrity-ethics-governance/research-governance/human-tissue-act/hta-qms/).

**Instructions:**

* Remove this cover page from the document.
* Complete the form
* All samples must be anonymised before release.
* All samples/aliquots must be uniquely identified.
* A hard copy of this form should be placed into sample packaging (refer to HTA-CORE-SOP-Transportation)
* The person responsible for dispatch must send a digital copy of the record to the recipient.
* The person responsible for dispatch **must obtain a copy** of the form with the recipient's signature and the date they received it.
* Both provider and recipient must retain a signed copy of the Tissue Transfer Record in their study site file.
* Copies of the Tissue Transfer Record must be available upon request for inspection by the Human Tissue Authority or HTGO.

|  |  |  |  |
| --- | --- | --- | --- |
| **Tissue Transfer Details** | | | |
| **NHS REC / SU REC approval number**  **(if applicable)** |  | | |
| **R&D reference number**  **(if applicable)** |  | | |
| **Study/Tissue collection name** |  | | |
| **Indicate when the samples were acquired** | Pre 01/09/2006  Post 01/09/2006 | | |
| **PI or custodian of the collection** | *Full name* | *Telephone* | *Email* |
| **Address:** |  | | |
| **Contact details of Tissue Recipient** | *Full name* | *Telephone* | *Email* |
| **Recipient’s address:** |  | | |
| **Is tissue being returned to a diagnostic archive?** | |  |  | | --- | --- | | Yes |  | | No |  | | | |
| **HTA Licence number of the recipient *(if not covered by REC approval)*** |  | | |
| **Types of tissue being transferred** |  | | |
| **Total number of tissue samples being transferred** |  | | |
| **Reason for transfer** |  | | |
| **Method of transfer (e.g. courier / University/Rental/Private vehicle)** | *If used, include company details here* | | |
| **Optimal Storage Temperature of samples** |  | | |
| **Please provide details of how tissue will be tracked from dispatch to receipt** | *e.g. Courier’s tracking reference number* | | |
| **Additional details/comments** |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Date of Dispatch:** |  | | | | | | |
| **Person responsible for**  **Dispatch:** |  | | | *Signature* | |  | |
| ***Sample ID*** | | ***Volume/Grams*** | ***Tissue type*** | | | ***Storage temp requirement:*** | ***Consent opt-outs*** |
| *(add more row if needed)* | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  |  |
|  | |  |  | | |  | *(add more row if needed)* |
| ***Date Received:*** |  | | | | | | |
| ***Received by:*** | *Print* | | | | *Signature* | | |
| **Additional details/comments:** |  | | | | | | |