

Human Tissue Samples for Research – Leaver’s Form

If you are currently working with human tissue samples and are about to leave the Department , please complete this form AS SOON AS POSSIBLE AFTER YOU HAVE SUBMITTED YOUR RESIGNATION, and send it to: [HTA@nds.ox.ac.uk](mailto:HTA@nds.ox.ac.uk)

YOUR NAME: ……………………………………………………………………………………………………………………………

EMAIL ADDRESS: ……………………………………………………………………………………………………………………….

PHONE NUMBER: ………………………………………………………………………………………………………………………

PROJECT NAME (PLEASE COMPLETE ONE FORM EACH PROJECT) ……………………………………………………………………………………………………………………………………

ACTIVITY DATES:

When did you begin working with these samples ……………………………………………………………………………………………………………………..

When did you stop (will you stop) working with these samples …………………………………………………………………………………………………

WHO IS THE PI / CI / STUDY LEAD? ……………………………………………………………………………………………………………………………………………

IS THIS STUDY COVERED BY ETHICAL APPROVAL ? YES / NO (PLS DELETE AS APPROPRIATE)

PLEASE STATE **WHICH REC**, **REC REFERENCE NUMBER**, AND **FORMAL END OF STUDY DATE**:

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SAMPLES

In the table below please list all the human tissue samples you currently hold (please expand as necessary)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SAMPLES HELD  e.g. 1 box patients blood samples | CURRENT LOCATION  e.g. freezer 1, freezer room, level 6 JR II OR ATTACH paper or electronic inventory | SOURCE OF SAMPLES  (if from external source) | PLAN FOR SAMPLES  (SEE KEY BELOW) | TIMEFRAME  (i.e. when will this be undertaken / completed) | RESPONSIBILITY  (i.e. who will carry out this work) |
|  |  |  |  |  |  |
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PLAN FOR SAMPLES; CODES:

|  |  |
| --- | --- |
| CODE | ACTION |
| A | Disposal |
| B | Transfer to another PI or CI under ethical approval - If so, state which PI / CI |
| C | Transfer to another institution under an MTA |
| D | Return to original holder of samples - If so, give details of: to who and where, and how the samples will be sent |
| E | Registration under HTA licence with delegated responsibility |
|  |  |

PLEASE GIVE DETAILS OF WHERE THE LAB BOOK / PRIMARY DATA ARE RELATING TO THESE SAMPLES (for instance, physical location of hard copies or local server and file name or electronic lab book name and file location)

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PLEASE GIVE DETAILS OF ANY AGREEMENTS / CONTRACTS ASSOCIATED WITH THE SAMPLES AND LOCATION (e.g. MTA’s or other agreements – where are they held and by whom?)

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PLEASE GIVE DETAILS OF ANY SOP’S, RISK ASSESSMENTS OR OTHER DOCUMENTATION ASSOCIATED WITH THE STUDY AND THEIR LOCATION (together with contact details of someone who can provide these documents if required)

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DATA HANDLING

Please detail your plans for ensuring confidential data is handled appropriately, personal data is destroyed as per terms of ethical approval and consent, and schedules of data retention are in place and any other measures appropriate to the study.

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Do you have access to any study specific data entry systems? YES / NO ? (delete as appropriate)

Will you access to this / these systems be removed? YES / NO ? (delete as appropriate)

Will you grant access to new custodians of data or samples? YES / NO ? (delete as appropriate)

Please give details: …………………………………………………………………………………………………………………………………………………………………………………………………………………

How will you ensure data is not lost during this process? Please give details:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Any other comments:

DECLARATION:

Please sign this form to confirm that all actions as above are taking place and that all procedures have been completed in accordance with local policy.

SIGNATURE ……………………………………………………………………………………………………… DATE: …………………………………………………………………………

SIGNATURE of PI / CI ………………………………………………………………………………………. DATE: …………………………………………………………………………….