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| **ULSTER UNIVERSITY**  **RESEARCH GOVERNANCE** | | | | | | **RG1d**  HUMAN TISSUE STUDY REGISTRATION FORM | | | |
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| This registration form applies to **all** studies involving the storage of **human material** at any licenced Ulster University site. | | | | | | | | | |
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| You must complete this form when you are:   * applying for ethical approval for a new study or amending an existing study; and/or * importing human material from any source outside the University with prior ethical approval and/or appropriate consent | | | | | | | | | |
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| Destruction of  samples | | | The destruction of samples must be carried out in accordance with the University’s licence from the Human Tissue Authority (see HTA SOP 010) | | | | | | |
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| Licence  conditions | | | Whilst it is accepted that the numbers of samples indicated in this form are approximations only, investigators must ensure that the **type of material** and the **use to which it is put** are as indicated. To act otherwise will be a breach of the conditions of the University’s licence from the Human Tissue Authority and might result in prosecution. | | | | | | |
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| How to submit  this form | | 1. complete this form and request confirmation of availability of storage space from the appropriate Person Designated (PD)/Technician  2. e-mail it to the Designated Individual (DI) pj.allsopp@ulster.ac.uk for consideration. A copy will be held by the Research Governance office and the Person Designated (PD) for your area. | | | | | | | |
|  | | | |  | | | | | |
|  | Title of study: | | | | | | | | |
|  | Chief Investigator: | | | | | | | Study start date:  Study end date: | |
|  | Expected start date for sample storage: | | | | | | | | |
|  | Which organisation will provide/has provided ethical approval? (e.g. UREC, ORECNI, other HRA committee, or other) | | | | | | | | |
| Type of material | | No. of participants (a) | | | No. of time points per participant (b) | | Total no. of aliquots per participant per timepoint (c) | | Total no. of aliquots for the study (axbxc) |
| *Eg serum* | | *20* | | | *2* | | *5* | | *200* |
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| Storage paid until: | |
| Storage location (room/freezer/shelf/rack) |  |
| Confirmed by:  PD/Technician | Signed: |

Please select which option you as CI/PI intend to take when the freezer space reservation date expires.

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| --- | --- | --- | --- |
| Pay to extend freezer reservation | Dispose of samples | Deposit to the Bioresource | Transfer samples to another location |
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| If transferred, indicate future location if known: |

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| Does the study include an option for enduring consent? | Yes | No |

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| Where will study documentation and data be stored? | Ulster | Other |
| If other, please indicate location: | | |

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| I confirm that the above study requires me to obtain, store and use for research purposes human material designated as *relevant material* under the Human Tissue Act 2004 | | |
| Signatures | | Date: |
| Chief investigator |  |  |
| Designated Individual |  |  |