**Sponsor Study Sample/Tissue End of Study Notification Form**

Provisional Form Final Form

Section A

|  |  |
| --- | --- |
| IRAS reference | *< Sponsor to populate>* |
| Edge Reference | *< Sponsor to populate>* |
| Study Title | *< Sponsor to populate>* |
| Chief Investigator | *< Sponsor to populate>* |
| Contact Name for person in the department that manages samples | *< Sponsor to populate>* |
| Contact email | *< Sponsor to populate>* |
| Study Completion date | *< Sponsor to populate>* |
| Date End of Study declaration form submitted to REC | *< Sponsor to populate>* |
| Date any HTA samples must be moved to HTA licensed area | *< Sponsor to populate>* |

Section B

|  |  |
| --- | --- |
| **Are samples being kept for future use?** | YES/NO |
| If Yes, please confirm that valid consent forms exist for all samples and will be kept for the duration of sample storage and complete section C below. |  |
| If No, please confirm the date samples have been disposed of in accordance with local policy and go to section F |  |
| Are these arrangements the same as declared in the IRAS form? | YES/NO |

Section C

|  |  |  |
| --- | --- | --- |
| Number of samples/Tissue to be stored for future use  (Please insert further lines as required) | Type of Sample | Please tick if relevant material under HTA 2004 (see website for details) |
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**PLEASE NOTE THAT LONG TERM STORAGE OF ANY RELEVANT MATERIAL MUST BE IN A HTA LICENSED AREA**

Section D

|  |  |
| --- | --- |
| **Current Freezer location** | **Long Term Storage Freezer Location** |
| Site | Site |
| Building | Building |
| Address | Address |
| Freezer Asset ID | Freezer Asset ID |
| Date Moved |

Section E

|  |  |
| --- | --- |
| Location of consent forms |  |
| Do you have a Sample Storage Log? | Yes / No |
| If yes, please confirm location of the Sample log: |  |
| Do you have full temperature logs for the duration of the sample storage? | Yes/No |
| If no, please give details. |  |
| Have there been any temperature excursions or freezer breakdown that may have compromised the integrity of the samples? | Yes/No |

Section F

|  |  |
| --- | --- |
| I confirm that the above information is accurate: | |
| CI Name: |  |
| Signed: |  |
| Date: |  |

***Internal Office Use Only***

|  |  |
| --- | --- |
| *Provisional Form Actions* |  |
| * *EDGE updated* | *Date* |
| * *PD notified* | *PD Name/Date* |
| * *Reminder for Final Form set up* |  |
| * *Reviewed by* | *Signature/Date* |
| * *Acknowledgment email sent* | *Date* |
| *Final Form Actions* |  |
| * *EDGE updated* | *Date* |
| * *PD notified* | *PD Name/Date* |
| * *Reviewed by* | *Signature/Date* |
| * *Acknowledgment email sent* | *Date* |