**Human Tissue Act 2004 Standard Form**

**Human Tissue Disposal Form**

To be completed by the person undertaking the disposal of relevant material for research. This document should be stored by the Principal Investigator and a copy added the HTA departmental file for reference.

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| **Project Details** |
| REC approval number (if applicable) |  |
| Project/collection name. |  |
| PI or custodian of collection. |  |
| Dates samples collected (pre or post 01/09/2006) |  |
| Disposal details: Small item of tissue Identifiable item of tissue |
| Date and time of disposal |  |
| Type and amount of tissue disposed |  |
| Sample ID numbers/Batch information. |  |
| Reason for disposal. |  |
| Method of disposal. |  |
| Person responsible for disposal. | Signed  |
| Additional details/comments. e.g. person preparing samples/tissue. |  |
| Disposal authorised/witnessed by: | Signed |