**HTA-43: Human Tissue Handling Logbook:** To be completed with reference to the standard operating procedure “*HTA-43: Human Tissue Handling Logbook*”

1. *Project Details*

|  |  |  |  |
| --- | --- | --- | --- |
| Staff/Student Name |  | Principal Investigator |  |
| Human Tissue(s) used in study |  | **Project start and end dates** |  |
| Date of Assessment |  | **Review Date of training needs** |  |

1. *Identification of Training Needs*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Stage | Tasks to be performed | Training/Supervision required | Hours required | Date(s) of Training/Supervision (Hours spent) | Signature of PI or designated supervisor |
| Acquisition | 1)  2)  3)  4)  5) |  |  |  |  |
| Transportation | 1)  2)  3)  4)  5) |  |  |  |  |
| Use | 1)  2)  3)  4)  5) |  |  |  |  |
| Storage | 1)  2)  3)  4)  5) |  |  |  |  |
| Disposal | 1)  2)  3)  4)  5) |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Staff/Student** | **Signed** | **Date** |
| **Chief Investigator** | **Signed** | **Date** |

**Part 2: To be completed by Principal Investigator before or on date of review listed in original assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Staff/Student Name |  | Principal Investigator |  |
| Human Tissue(s) used in study |  | **Project start and end dates** |  |
| Date of Assessment |  | **Review Date of training needs** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have all original training needs been met? | Yes / No | there been any changes or additions to the procedures or control measures performed by the Staff/Student | | | Yes / No | |
| If “Yes”, please provide details of changes here |  | | | | | |
| Additional Training Needs: | **Additional Training/Supervision required** | | **Hours required** | **Date(s) of Training/Supervision (Hours spent)** | | **Signature of PI/ designated supervisor** |
| Acquisition  Transportation  Storage  Use  Disposal |  | |  |  | |  |

|  |  |  |
| --- | --- | --- |
| **Staff/Student** | **Signed** | **Date** |
| **Chief Investigator** | **Signed** | **Date** |

*Upon completion, retain the original for records and return a copy/scan of the form to Human Tissue officer for archiving (a.g.s.harper@keele.ac.uk)*

|  |  |  |
| --- | --- | --- |
| **HTO** | **Signed** | **Date** |