

Human Genetic Services Deposit Form



Please complete the following as fully as possible for each sample deposited with ECACC Genetic Support Services. Any high-risk samples will be disposed of immediately without processing.

Type of Sample		
Blood <input type="checkbox"/>	Frozen PBLs <input type="checkbox"/>	Frozen Blood for DNA Extraction <input type="checkbox"/>

Service Required		
Preparation & Storage of PBLs <input type="checkbox"/>	EBV Transformation <input type="checkbox"/>	DNA Extraction <input type="checkbox"/>

PLEASE NOTE: ECACC is no longer able to store depositor's samples long term free of charge. Depositors will be charged for storage on a per ampoule per year basis; alternatively, if requested, all ampoules will be returned to the depositor at their cost.

A. Contact Details	
Depositor/Principal Investigator	
Title of Study	
REC Number	
REC Expiry / Review Date	
Please enclose copy of REC (Research Ethics Committee) approval or email to culturecollections@ukhsa.gov.uk .	
Contact Name	
Email	
Telephone	
Contact Address	
Purchase Order Number	

Human Genetic Services Deposit Form



B. Donor Details	
Sample Reference/Code	
Date Sample Taken	
Date of Birth	

C. Patient Consent	
I have obtained consent from the patient for this blood sample to be stored at the ECACC Human Genetic Repository. I have explained that this sample may be transformed into a permanent cell line, which may be made available to qualified investigators for research, teaching or diagnostic purposes. I have explained that DNA extracted from this blood sample may be analysed for research, teaching or diagnostic purposes.	
Name of Clinician (block capitals)	
Signature of Clinician	
Name of Institution/Establishment	