The Oxford Centre for Diabetes, Endocrinology and Metabolism

Radcliffe Department of Medicine

UNIVERSITY OF OXFORD

OCDEM, Churchill Hospital, Oxford OX3 7LE
www.ocdem.ox.ac.uk

Head of Department: Prof Fredrik Karpe
Departmental Safety Officer: Sandy Humphreys
Biological Safety Officer, Designated Individual: Prof Patrik Rorsman
Persons Designated: Sandy Humphreys, Stephen Hughes

Quality Manual for the Administration of the Human Tissue Act in OCDEM

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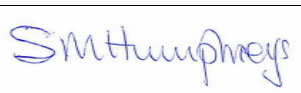
Author	Sandy Humphreys		05/10/2015
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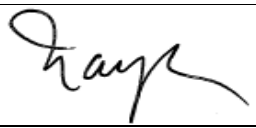
Accepted by OCDEM SAC	Fredrik Karpe		14/10/2015

Update History

Version	Date	Reason for update	Updated/reviewed by :	Date next review due
1	01/09/2012	Expansion of Governance SOP to develop a Quality Manual	Author: SMH, approved by DI.	September 2013
1	03/09/2013	No changes	SMH, approved by DI.	September 2014
1.1	23/09/2014	Department header changed	SMH, approved by DI	September 2015
1.2	05/10/2015	Updated to reflect change of Head of Department,	SMH, approved by DI	October 2016
1.2	01/07/2016	Updated Appendix 2- index to SOP	SMH	October 2016

Contents

1. Purpose

The purpose of this Quality Manual is to describe the Quality Management System in place to ensure appropriate governance for the acquisition, storage, use and disposal of human tissue within the Human Tissue Authority (HTA) Licensed Premises at OCDEM. *SOP I12: Governance Arrangements for the Administration of the Human Tissue Act in OCDEM* must be read in conjunction with this manual; the governance SOP provides supplementary information about channels of communication and hierarchy.

The procedures described in this Quality Manual ensure that all work involving human tissue is conducted in accordance with "good practice" and complies with the Human Tissue Act (2004).

2. OCDEM Human Tissue Act (2004) Licence

OCDEM holds a licence from the HTA for *"storage of relevant human material which has come from a human body for a scheduled purpose"*, (Research)

Licence number:	12326.
Licence Holder:	The Chancellor, Masters and Scholars of the University of Oxford
Licenced premises:	OCDEM, Churchill Hospital, Oxford, OX3 7LE
Designated Individual:	Professor Patrik Rorsman
Persons designated:	Sandy Humphreys Stephen Hughes

Under the Act, the Designated Individual (DI) is responsible for licensed activities and supervising compliance with the licensing arrangements.

3. Legislation and Regulation

3.1. Background

The Human Tissue Act (HT Act) came into full effect on 1st September 2006, replacing existing laws by setting an updated legislative framework for regulating body donation, and the removal, storage and use of human organs or tissues.

The full text for the Human Tissue Act can be found at:
http://www.legislation.gov.uk/ukpga/2004/30/section/1

The HT Act makes informed consent the fundamental principle underpinning the lawful removal, storage and use of human tissue from the living and from the deceased. It requires that all procedures involving human tissue be conducted with full respect for the dignity of the donor. Consent must be obtained from a REC established under and operating to the standards set out in the governance arrangements issued by the UK Health Departments.

It sets up an overarching Authority (the Human Tissue Authority) to regulate activities through licensing and to introduce supplementary directions and guidance.

3.2. Scope of the Act covering research

The HT Act 2004 regulates the removal, storage and use of human tissue. This is defined as material that has come from a human body and consists of, or includes, human cells (relevant material).

All studies with human tissue for which living participants have given informed consent and have current Research Ethics Committee approval are outside the scope of the HT Act.

If tissue is to be stored for a future undefined project as part of a Tissue Bank, the HT Act applies to storage and use of the tissue even if Research Ethics Committee Approval has been given.

The HT Act 2004 creates a new offence of DNA 'theft'. It is unlawful to have human tissue with the intention of its DNA being analysed, without the consent of the person from whom the tissue came.

The HT Act does not apply to cultured cell lines or surplus or residual tissue from a diagnostic or surgical procedure used "anonymously" for ethically (Research Ethics Committee) approved research.

4. Human Tissue Authority Codes of Practice

Nine Codes of Practice (for England) provide guidance and lay down expected standards for each of the five sectors regulated by the HTA. The Codes are designed to support professionals by giving advice and guidance based on real-life experience, and were approved by Parliament in July 2009. The four Codes of Practise relevant to the activities in research within OCDEM are:

HTA Code of Practice 1 - Consent

HTA Code of Practice 5 - Disposal

HTA Code of Practice 9 - Research

HTA Code of Practice 8 - Import and Export

5. Relevant Material

Information on which types of sample are classed as relevant material can be found at the link below:

Information on Relevant Material

Appendix 1 contains a list of relevant material.

6. Quality Management System

OCDEM's Quality Management System (QMS) details the required governance arrangements for the acquisition, storage, use and disposal of human samples for research in OCDEM; and explains the systems in place to ensure that all staff and students understand the necessary requirements and procedures covered by the HT Act and the HTA Codes of Practice.

The successful implementation of the QMS framework of policies and procedures will ensure that all research within OCDEM involving human samples is carried out in compliance with the licensing obligations of the HT Act and to the required standards for the HTA.

7. Consent

- The HT Act does not specify the format in which consent should be given or recorded for research. However, it is considered best practice for written informed consent to be obtained and is mandatory for any samples originating from the Clinical Research Unit (CRU) in OCDEM.
- Informed consent should be sought in advance of the intervention supported by a Participant Information Sheet (PIS).
- Consent will be confirmed by the signatures of the participant and the investigator.
- For consent to be valid it must be given voluntarily; by an appropriately informed person, who has the capacity to give consent.
- The individual seeking consent should be suitably trained and qualified and have sufficient knowledge of the proposed investigation or treatment.
- A copy of the consent form should be given to the participant and a copy should be placed in the participant's research record.
- There are specific requirements for obtaining consent from vulnerable groups; see HTA Code of Practice 1 - Consent for further information.
- There must be a process for gaining informed consent from participants whose first language is not English.
- An SOP is available from the nurse manager in the Clinical Research Unit within OCDEM outlining the consent process for studies sponsored by the University of Oxford: *CRU033 – Informed consent*.

8. Retaining samples after ethics has expired

- Tissue samples can be retained at the end of an ethical approved study provided the study had donor consent that was generic and enduring.
- Participants must be specifically asked if they agree that the donated tissue can be used for future research studies; this must be a point on the consent form
- Participants should have the right to decline.
- Alternatively for each study fresh consent should be sought from the participant.
- If no consent can be sought or given then the human tissue should be disposed of in accordance with the wishes of the donor, or with due reverence, by the research group.

9. Responsibilities

9.1. Principal Investigators

The PI is responsible and accountable for ensuring work with human tissue is conducted in accordance with this manual.

It is the responsibility of Principal Investigators (PIs) to ensure that any proposed research studies involving human tissue have appropriate ethical committee approval and that the acquisition, storage, use and disposal of the tissue is undertaken in accordance with the procedures within this quality manual.

Additionally it is the responsibility of PIs to ensure that all staff engaged in such activities have undertaken appropriate training to allow them to comply with the requirements of this quality manual

9.2. Users and those responsible for storage and disposal

It is the responsibility of all staff and students to ensure that:

- They adhere to the procedure outlined in this Manual.
- They inform the Designated Individual (DI) or one of the Persons Designated (PD) of any problems regarding the governance of this licence.
- Researchers will be responsible for conducting work with human samples in accordance with the SOPs and related HTA standards and codes of practice; they must make available all appropriate records and documentation required for internal or external audit by the DI and others.

10. Premises

All laboratory and CRU areas are designated for research with human tissue. Access to all laboratory areas is restricted to authorised University personnel in line with OCDEM policy. Laboratories are class II compliant and operated according to good laboratory practice standards.

11. Equipment

Freezers within laboratories F41, F18, F17, F142, G110 and the liquid nitrogen facility are designated for storage of human tissue. All designated freezers are within areas with swipe card access. All freezers containing relevant material must all be alarmed; preferably with a system that rings out.

Freezers designated for the storage of relevant material must not be used for storage of animal tissue.

All laboratory equipment used for research with human tissue must be maintained according to manufacturer’s requirements and records retained.

12. Material Transfer Agreements

A Material Transfer Agreement (MTA) must be completed for all relevant material that is to be transferred to other Institutions. Approved MTAs for the University of Oxford can be

found at http://www.admin.ox.ac.uk/researchsupport/oxonly/contracts/mta/ ; the relevant form must be completed and returned to the Research Services Divisional Team before samples can be sent from OCDEM.

13. Transport of Human Tissue

Transport of human tissue outside other licensed departments within the University of Oxford must be the subject of a Material Transfer Agreement unless the material is covered by a current ethics application and the protocol allows the transfer of material between institutions.

OCDEM SOP S7: Transport of Samples details the legislative and packing requirements for transporting of samples by air or road within Europe. Paperwork requirements are more stringent outside Europe and advice must be sought from a specialist courier.

14. Disposal

OCDEM SOP I8: Disposal of Human Tissue and Relevant Material (Research) describes the procedures required for the disposal of samples to ensure compliance with the HT Act. See also HTA Code of Practice 5 - Disposal.

15. Cleaning and Decontamination

OCDEM's Disinfection policy: *SOP S4 Disinfection in Containment Level 2 areas* describes the procedures to be followed for cleaning and disinfecting laboratories working with human tissue.

16. Training

All staff and students proposing to undertake work with human tissue must complete appropriate competency based training prior to commencement of the work. This will include familiarisation with relevant documentation (codes of practice, standard operating procedures, and risk assessments) and undertaking training courses where required.

At induction all new staff who will be using relevant material in their work will be expected to review the pages on the OCDEM web site to familiarise themselves with the policies in place and to attend a formal training session with their supervisor.

17. Audits

There will be an annual audit of sample types and numbers plus associated ethics reference numbers; these will be returned to the OCDEM Administrator.

All Groups will perform a sample traceability audit annually, checking records are complete and up to date; these will be recorded and the records kept in the relevant laboratory.

All Principal Investigators and staff using Relevant Material must be able to demonstrate the audit trail of a sample when required to do so. The DI and PDs will expect staff to be able to track a sample from the consent form to disposal.

18. Reporting Mechanism

18.1. Adverse Event and Incident reporting

Any adverse event and/or incident (AE/I) relating to human tissue for research must be reported in accordance with *OCDEM SOP I 10: Adverse Event and Incident reporting relating to Human Tissue for Research*. The AE/I must be notified using the AE/I form that can be found on the 'Staff Pages' of the OCDEM website in the 'Human Tissue Authority' folder.

18.2. Annual Reports

The DI will provide an annual report for presentation to both the OCDEM Safety Advisory Committee and the OCDEM Management Board

19. Complaints

Any complaints in relation to the storage and use of human tissue at OCDEM should be made in writing to the DI. The complaint will then be investigated by the DI and, if appropriate action will be taken to resolve the issue raised by the complainant.

The DI will provide a written response to complaints within one month of receiving the complaint.

20. Information Management and Data Protection

University guidance on information security and management can be found at:
https://www.infosec.ox.ac.uk/

University guidance on the Data Protection Act can be found at:
http://www.admin.ox.ac.uk/dataprotection/

The majority of IT services within OCDEM are managed by the Medical Sciences Division IT department; their website can be found at:
http://www.imsu.ox.ac.uk/services/service_spec/imsusecpol

21. Standard Operating Procedures

A list of all core OCDEM Standard Operating Procedures (SOPs) can be found in Appendix 2. More information relating to SOPs is available in *SOP I12: Governance Arrangements for the Administration of the Human Tissue Act in OCDEM.*

22. Advice and guidance

Further advice on any aspect of the Quality Manual Sysytem or the policies and procedures in this Quality Manual may be sought from the DI or PDs. The DI will seek advice directly from the HTA, if appropriate.

Appendix 1: List of materials considered to be 'relevant material' under the Human Tissue Act 2004

This list is intended to supplement the HTA's guidance on 'relevant material'.

The list is not intended as exhaustive or exclusive, but is intended to provide guidance to stakeholders in respect of a number of materials that might be considered relevant material. The HTA will review the list periodically and update it as required.

Where a material is not included within the following list, stakeholders should use the information on our website to make their own assessment about whether it is relevant material, seeking advice from us where necessary.

Materials classified in the following list as relevant material are done so subject to the following general caveat that they are relevant material except where:

They have divided or been created outside the human body

They have been treated, processed or lysed through a process intended to render them acellular. This would include the freezing or thawing of cells only where that process is intended to render the material acellular.

Although cell damage can be minimised by controlling the rate of temperature change and/or by adding one or more 'cryoprotective' agents, freezing/thawing can cause cell damage such that no whole cells remain. Centrifugation can be used to remove residual platelets from plasma, rendering it acellular, but the effectiveness is dependent on the protocol used. In either case, sufficient validation data (either in- house or published research) should be provided if the techniques are to be relied on to render samples acellular.

Material	'Relevant material' for the purposes of the Human Tissue Act 2004?
Antibodies	No
Bile	Yes
Blood	Yes
Bone marrow	Yes
Bones/skeletons	Yes
Brain	Yes
Breast milk	Yes
Breath condensates and exhaled gases	No
Buffy coat layer (interface layer between plasma and blood cells when blood is separated)	Yes
Cell lines	No
Cells that have divided in culture	No
CSF (cerebrospinal fluid)	Yes

Material	'Relevant material' for the purposes of the Human Tissue Act 2004?
Cystic fluid	Yes
DNA	No
Eggs (ova)*	No
Embryonic stem cells (cells derived from an embryo)	No
Embryos (outside the body)*	No
Extracted material from cells e.g. nucleic acids, cytoplasmic fractions, cell lysates, organelles, proteins, carbohydrates and lipids.	No
Faeces	Yes
Fetal tissue	Yes
Fluid from cystic lesions	Yes
Gametes*	No
Hair (from deceased person)	Yes
Hair (from living person)	No
Joint aspirates	Yes
Lysed cells	No
Mucus	Yes
Nail (from deceased person)	Yes
Nail (from living person)	No
Nasal and bronchial lavage	Yes
Non-blood, derived stem cells (i.e. derived from the body.)	Yes
Non-fetal products of conception (i.e. the amniotic fluid, umbilical cord, placenta and membranes)	Yes
Organs	Yes
Pericardial fluid	Yes
Plasma (Please note: Depending on how plasma is prepared and processed, it may contain small numbers of platelets and other blood cells. If any of these cells are present, then the plasma must be regarded as relevant material).	No
Platelets	Yes
Pleural fluid	Yes
Primary cell cultures (whole explant/biopsy present)	Yes
Pus	Yes
RNA	No
Saliva	Yes
Serum	No
Skin	Yes

Material	'Relevant material' for the purposes of the Human Tissue Act 2004?
Sperm cells (spermatozoa)*	No
Sputum (or phlegm)	Yes
Stomach contents	Yes
Sweat	No
Teeth	Yes
Tumour tissue samples	Yes
Umbilical cord blood stem cells	Yes
Urine	Yes

Notes

* While outside the definition of relevant material for the purposes of the Human Tissue Act 2004, these materials fall within the remit of the Human Fertilisation and Embryology Act 1990, and are regulated by the Human Fertilisation and Embryology Authority (HFEA).

Appendix 2: Index to core OCDEM Standard Operating Procedures

SOP Number	Title
S	**Safety**
OCDEM S0	Local Safety Rules: Clinical and Laboratory Work
OCDEM S1	Laboratory Rules for the Safe Handling of Blood, Body Fluids and other Human Tissues: Containment Level 2.
OCDEM S2	Procedure for handling major chemical spillages
OCDEM S3	Waste Disposal
OCDEM S4	Disinfection in Containment Level 2 areas
OCDEM S5	Safe use of naked flames
OCDEM S6	Liquid Nitrogen
OCDEM S7	Transport of samples
OCDEM S8	Local Safety Rules : Tissue culture rooms
OCDEM S9	Techniques for Cell and Tissue Culture
OCDEM S10	Phenol Waste
E	**Equipment**
OCDEM E1	Basic Use of Centrifuges
OCDEM E1.1	Centrifuge Rotors and Buckets: Care and Cleaning
OCDEM E2	Use of Electrophoresis Equipment
	General
OCDEM G1	Work Related Stress
I	**Information (*required for HTA)**
OCDEM I 1	Information for Maintenance and Repair Staff and Contractors Working in Containment Laboratories
OCDEM I 2	Information for Domestic Staff Working in the Clinical Research Unit and Containment Laboratory
OCDEM I 3	Information for non-laboratory staff or visitors who need to enter Containment Laboratories
OCDEM I 4	*Power Failure and Freezers within OCDEM: Action to be taken in the event of a power failure expected to last more than four hours
OCDEM I 5	*Control of Documents
OCDEM I 6	*Change control for operational procedures
OCDEM I 7	*Guidance on writing an SOP

SOP Number	Title
OCDEM I 8	*Disposal of Human Tissue and Relevant Material (Research)
OCDEM I 9	*Sample logging, storage and tracking for the purposes of research
OCDEM I 10	*Adverse Event and Incident Reporting relating to Human Tissue for Research
OCDEM I 11	Induction Programme for new Staff (plus Training File)
OCDEM I 12	*Governance Arrangements for the Administration of the Human Tissue Act in OCDEM
OCDEM I 13	*Freezers used for the storage of relevant material in OCDEM
OCDEM I 14	Recording in a laboratory notebook
OCDEM I 15	Quality Manual for the Administration of the Human Tissue Act in OCDEM
OCDEM I 16	Ownership of Relevant Material on staff exit
A	**Restricted procedures**
OCDEM A1	Restricted circulation
OCDEM A2	Restricted circulation
RA	**Risk Assessments**
	General Risk Assessments
OCDEM RA3	Work Related Road Safety
OCDEM RA4	Work Related Violence
OCDEM RA5	Working at Height
OCDEM RA8	Slips, Trips and Falls
	Laboratory and Clinical Research Unit Risk Assessments
OCDEM RA1	Use and Handling of Liquid Nitrogen in OCDEM
OCDEM RA2	Use and Handling of Dry Ice
OCDEM RA6	Working with Phenol
OCDEM RA7	Ultra Violet Light Sources
OCDEM RA8	Animal Allergy Risk Assessment
OCDEM RA11	Handling, Use and Storage of Organic Solvents
OCDEM RA12	Handling, storage and use of compressed gas cylinders (including flammable gas)
OCDEM RA13	General Procedures for Walk-in Cold Rooms and Freezer Rooms
OCDEM RA14	Storage and use of Human Blood, Body Fluids and Tissue.
OCDEM RA 15	*Risks associated with a freezer failure.
OCDEM RA16	Risks associated with the transport of Human Blood, Body Fluids and Tissue

SOP Number	Title
R	**Radiation**
OCDEM R1	Local Rules for Laboratory Work with Radioactive Materials
OCDEM R2	OCDEM Procedures for receipt of deliveries of radioactive materials(for administration staff and receptionists)
OCDEM R3	Information for maintenance, repair and service engineers working in a supervised area designated for radioactive work
OCDEM R4	Handling of ^{133}Xe
OCDEM R5	Procedures and Risk Assessment for work with radioactive materials by a pregnant or breast-feeding radiation worker
OCDEM R6	Written arrangements for work with uranium salts in electron microscopy.
OCDEM R7	Local Rules for work with GE Lunar iDXA
SOP CRU-PRO-12	DXA QA procedure
SOP CRU-PRO-13	DXA scanning procedure
OCDEM R8	Operation of the OCDEM DXA: compliance with IRMER