OCDEM, Churchill Hospital, Oxford OX3 7LE

SOP number: OCDEM I 17

Head of Department: Prof Fredrik Karpe
DSO: Sandy Humphreys
BSO: Prof Patrik Rorsman

Effective date: 1st September 2016
Updated: New SOP
Version: 1.0
Supercedes:

Liquid nitrogen tank failure within OCDEM: Action to be taken in the event of unit failure.

Within OCDEM there are four Taylor-Wharton K4 Series Liquid nitrogen storage units that are connected to the liquid nitrogen system and are filled daily via an automatic system, all house specimens which need to be kept within a limited temperature range.

Most units will stay below -160°C for a least a week as long as they are not opened; the bench mark for this are the manually filled units that are checked weekly and filled if the liquid level has dropped below a certain depth.

Unexpected unit failure

If the unit has failed the samples are at risk of thawing if the unit is unable to be fixed or replaced for a period longer than a few days.

The sample integrity will be maintained for at least 1 week when the samples are stored in the vapour phase and the unit isn't opened, this level can drop quite low without affecting the integrity of the sample; however, to ensure that the integrity of the samples is not compromised the time before repair needs to be established as to whether the samples need to be moved to another storage location.

If a unit failure is likely to last no longer than 24 hours it would be an inappropriate use of time relocating samples to another location.

Weekend and Holiday Failures

All Groups that store Relevant Material as defined by the Human Tissue Act have an alarm system attached to their liquid nitrogen units that will notify users a SMS text message.

Emergency telephone numbers should be posted in every laboratory to enable extra help to be called.

It is the individual Group's responsibility to maintain the integrity of their specimens, they must not expect other groups to start relocating all their sample for them, but it will be expected that help should be extended to others. Each Group is large enough to have at least one or two people available to provide help in an emergency.

The manual fill tanks only contain cell lines and no relevant material.

Please refer to SOP I 13 section 9 for details of how to log samples that have been moved due to unit failure and fill out a OCDEM Adverse Event/ Incident Report Form , a copy of which can be found in appendix 1.

Power Failure and Liquid nitrogen within OCDEM – SOP I17:

Update history

Version	Date	Reason for update	Updated/reviewed by :	Date next review due
1	Sept 2016	New SOP	Author: Amy Barrett	Sept 2018

Appendix 1

OCDEM Adverse Event/ Incident Report Form

The completed form must be submitted to the OCDEM Designated Individual or Person Designated within 24 hours of being made aware of an adverse event/incident under the OCDEM HTA licence. Please provide as much relevant information as possible. Please ensure that other relevant University of Oxford accident/incident report forms are completed.

1. HTA Licence details

HTA Premises	**HTA licence number**
Oxford Centre for Diabetes, Endocrinology and Metabolism, Churchill Hospital, Oxford, OX3 7LE	12326
Designated individual and contact	**Email address:**
Prof Patrik Rorsman 01865 857348	patrik.rorsman@ocdem.ox.ac.uk
Person(s) Designated and contact	**Email address**
Sandy Humphreys, 01865 857216 Stephen Hughes, 01865 857507	sandy.humphreys@ocdem.ox.ac.uk stephen.hughes@nds.ox.ac.uk

2. Reporting

Report Number (To be assigned by PD / DI)		
Adverse Event/Incident reported to:	**By:**	**On:** (dd/mm/yyyy)
DI (Patrik Rorsman) PD (Sandy Humphreys) PD (Stephen Hughes) (Delete as appropriate)		
Head of Safety		
OCDEM Safety Advisory Committee		
OCDEM Management Board (If required)		

3. Adverse Event/Incident

Date Adverse Event/Incident occurred
Date DI or PD informed of/made aware of Adverse Event/Incident
Room number of Adverse Event/Incident
Summary of Adverse Event/Incident
Grade of Adverse Event/Incident, see section 7 of SOP I 10: Adverse Event and Incident Reporting relating to Human Tissue for Research for examples of grading.

4. Initial action taken by DI/PD since being made aware of Adverse Event or Incident

Initial action taken:
Corrective
Preventative
Date of resolution, if applicable

5. Any other relevant information

Please provide any additional information relevant to the Adverse Event/Incident

Report completed by:	Date report submitted:

6. Follow Up Actions

Follow Up Action:	Assigned to:	Target Date:	Completion Date

DI or PD to confirm all actions are complete and report can be closed

Report Closed:	Signature:	Name

A copy of the report should be filed by the User; the original to be filed in the 'Adverse Event/Incident' folder located on the Safety Station in Laboratory F40.