

## **Guidance for MRC units on HTA licence applications for storage of human samples for research purposes**

### **Summary**

In England, Wales and Northern Ireland the Human Tissue Authority (HTA) is licensing premises that store human tissues/samples for research use (Scottish units do not require a licence). If human tissues/samples are stored only for on-going, current Research Ethics Committee–approved projects, a licence is not required. In reality, most units using human tissue/samples will continue to store such samples for use in future unspecified projects, and will therefore need a licence from HTA.

### **The deadline for applications for licences is 31st August 2006**

The following information provides a guide for units on applying for a licence from HTA.

The licence application consists of completion of a compliance report. Detailed guidance on the type of information that is required by HTA for the main content of the form has been produced by the MRC Regulatory Support Centre and can be found in the annex to this document.

HTA suggest that these **principles** should be followed when completing the compliance form:

- a. Be honest and realistic, detailing the current situation and activities, and plans for the future.
- b. Provide as much information as possible to give HTA an insight into local activities and arrangements.
- c. A self-assessment score of 1 (i.e. not meeting requirements) does not necessarily prevent HTA issuing a licence, as long as plans for achieving compliance appear satisfactory and achievable. Being able to demonstrate an understanding of the requirements of the Act and Codes of Practice is crucial.
- d. Bear in mind that inspection will be carried out on risk basis, according to (equal weighting):
  - Potential risks to patient safety
  - Risks of breaching the Act or Codes of Practice
  - Evidence of non-adherence to any conditions imposed by HTA on a licence

### **1. Helpful information and the on-line application can be gained from the HTA website: <http://www.hta.gov.uk>**

The following web pages are relevant for licence applications:

HTA home: Licensing: [Guide to Licensing and Application](#)

This page has links to all the relevant information to complete the compliance form and apply for a licence on line.

The following documents are the relevant compliance form and guidance for storage for research purposes, this guidance for MRC units should be viewed in conjunction with these HTA documents.

Guide to Licensing and Application: Compliance Report Licence Application (scroll to bottom of page)

[Compliance Report Licence Application – Research Application Guidance - Research](#)

## **2. Designated Individual (DI)**

Following discussions with the HTA on the organisational structure of our units, we have agreed that the following arrangement is most appropriate for MRC units.

The DI should, in most cases, be the Director or Senior Unit Administrator / Unit Manager of the unit. The DI should have line management authority to ensure that requirements are met. Information from the Persons Designated should provide the DI with all relevant information on the units work towards compliance. The DI has personal responsibility for ensuring that the requirements of the licence are met.

## **3. Persons Designated**

The last question on page 4 of the compliance form asks for a list of persons who have consented to be designated. It is advisable that Persons Designated should be the heads of relevant groups within the unit (i.e. those that utilise human tissues/ samples in their research). It may be that one of these individuals is appropriate to be nominated to complete the application and compliance form for the unit. Over time, the Persons Designated should work together to ensure compliance with the Act and Codes of Practice in the following ways (the Regulatory Support Centre can help with this):

- i. Development of an action plan to achieve compliance with the Act and Codes of Practice
- ii. Development and implementation of unit-wide policies and standard operating procedures (standardisation of procedures within the licensed premises (i.e. the unit) is a requirement)
- iii. Ensure the DI is aware of the requirements, the current level of compliance and proposed plans for compliance.

## **4. Licence Holder**

The Licence Holder should be the unit (complete the Corporate Licence Holder section), since the unit is best placed to manage the activities within the licensed premises, and has the necessary support from being part of a larger organisation.

The name of the person completing the compliance form will be used by HTA for correspondence. HTA advise that this name should not be the DI.

### **In order to complete the compliance form, you are likely to require information from the following:**

- Person(s) responsible for Health and Safety and risk management
- Unit administrator / business manager / senior lab manager
- All groups that store human tissues/ samples for research.

If you need further help when completing the compliance form, please contact the [Regulatory Support Centre](#).

## **Annex: Guidance for MRC units on the content of the HTA Compliance Report for research**

### **HTA STANDARDS**

Please note, where the HTA ask for examples of evidence of compliance, you are not required to submit actual documents. They require a description of any relevant documented MRC or unit policy (e.g. Health and Safety policy), procedure, etc. (you will be expected to produce these documents if an HTA inspection is performed).

**STANDARD OPERATING PROCEDURES:** The following guidance refers to the term Standard Operating Procedures or SOPs, these are documented procedures that should be followed when carrying out specific tasks, e.g. obtaining consent or collecting tissue. These should be version controlled to ensure all relevant staff follow the latest version; and regularly reviewed to ensure they are fit for purpose.

**Acronyms are defined** the first time they are used in the text and in a list at the end of this document.

**MRC has a suite of relevant documents to cite**, which are available on the portal, MRC web site or the Health and Safety web site.

#### **MRC Website** (<http://www.mrc.ac.uk>):

Ethics Series (search for ethics series on MRC website)

- Human tissue and biological samples for use in research 2001 and 2005 addendum on Human Tissue Act (informed consent, confidentiality, custodianship, coding of samples, feedback of information, management of collections)
- Personal Information in Medical Research 2000 (Data Protection Act, confidentiality, information for participants)
- Good Research Practice (Use, calibration and maintenance of equipment, hazardous processes and materials, standard operating procedures, computer generated data, electronic records, retaining data)

**MRC Portal** (<http://portal.mrc.ac.uk>): MRC Corporate HR community: key documents:

- Staff code part 2 (Section 45.5 Principles of dealing with complaints; and Section 49 Data Protection and Confidentiality)

#### **MRC Health and Safety Policy and Guidance Web pages**

(<http://extra.mrc.ac.uk/hss/policy.htm>)

- H&S policy, H&S Management guide, accident reporting, record keeping, risk assessment in laboratories, security, transport of hazardous substances and material, working with biological agents, safety training and competence
- H&S – A practical guide for research involving the public 2004 (staff safety when working in the community)

## CONSENT

### C1

The HTA are looking for evidence that your unit is compliant with the consent requirements of the Human Tissue Act (2004), and follows the guidance given in the HTA Code of Practice on Consent (updated July 2006) ([www.hta.gov.uk/guidance/codes\\_of\\_practice.cfm](http://www.hta.gov.uk/guidance/codes_of_practice.cfm)), see Regulatory Support Centre summary of this guidance.

#### Examples of compliance

- State whether the consent forms you use comply with the HTA Code of Practice on Consent (see paragraphs 85-100 in [www.hta.gov.uk/guidance/codes\\_of\\_practice.cfm](http://www.hta.gov.uk/guidance/codes_of_practice.cfm)). Do you have a model template consent form? (Written consent is not legally required for research under the HT Act but is the best way to demonstrate that consent has been obtained.) The HTA intend to publish a model consent form on their website in due course.
- The MRC Ethics publication "Human tissues and biological samples for use in research" contains relevant information, and a template consent form.
- State whether copies of consent forms are included in medical notes, study files, case report files, and whether a copy is given to the participant or GP. State whether they can be accessed by appropriate people e.g. members of research team.
- State whether Service Level Agreements (SLAs) exist between your unit and other establishments that may collect tissue for you or who receive tissue from you. These SLAs should include details of how consent is obtained so each party knows the consent requirements of the HT Act have been followed. If you do not have agreements in place and are working on developing them, this should be stated.
- State that all current consent procedures (including the forms and information sheets) are approved by a research ethics committee. Give details of the ethics committee(s) e.g. NHS REC, or university committee.

### C2

The HTA are looking for more detailed information about the consent process in this question.

#### Examples of compliance

- State whether you have (or are developing) a Standard Operating Procedure (SOP) for the consent process. This may be a generic consent SOP, which can be tailored to each study, or you may have different SOPs for different studies. The study protocol and/or ethics submission may have detailed instructions for obtaining consent.
- The MRC Ethics series publication "Human tissues and biological samples for use in research" contains relevant information.
- Similar to C1, detail any SLA's in use (or being developed), which should give details of how consent is obtained in accordance with the HT Act.

- State whether you have access to an interpretation service for the consent process (for donors that do not speak English), and whether you have the facilities to provide consent forms in various formats e.g. different languages or Braille.

### **C3**

In this question, the HTA want to know whether staff in your unit have the appropriate skills, training and support to seek consent from participants.

#### Examples of compliance

- As in C2, detail whether you have (or are developing) a Standard Operating Procedure (SOP) for the consent process.
- Detail any relevant training available for staff involved in taking consent e.g. GCP training. You may have a training pack; induction day; or one-to-one sessions for new research nurses/staff with information on how to take consent for particular studies.
- Most MRC staff/units will have a Staff Personal Development Folder or database of details of staff training – this should be updated regularly. Staff may be required to keep their own record of training and Continuous Professional Development (CPD). It is important to also document informal training sessions in these logs.
- Describe any systems in place or in development, which allow you to act on user feedback e.g. access to community/patient groups, or mechanisms for obtaining user feedback on the content of patient information sheets.

## **GOVERNANCE AND QUALITY SYSTEMS**

### **GQ1**

The HTA want to know if all relevant aspects of your unit's work (e.g. taking consent, collection of tissue, storage of samples) are underpinned by a set of documented policies and procedures, and that staff are aware of these. They will expect to see these documents if an inspection is performed in the future. Many of the MRC publications can be cited in this section (page 3).

(Some questions in this section do not require an answer, e.g. if your establishment has MHRA/CPA accreditation and a self-assessment score of 4. See HTA guidance notes for details.)

#### Examples of compliance

- Refer to page 3 for the list of relevant MRC publications.
- List any local policies and procedures you may have (or are developing). It is common for units to have good procedures in place at the level of individual groups, which are known by staff but not always documented. It may be worth outlining that, although you believe to be compliant with these aspects of the Act and Codes of Practice, that there is not always evidence to demonstrate compliance, and that this is an area that you are working on. State realistically how you aim to achieve this.
- You should have a system in place or be able to outline that a system is being developed to ensure all local documents are reviewed at agreed intervals, have version control and dates. This might be done via the group of persons designated (see page 2).
- Detail any risk management systems in your establishment e.g. risk registers or risk management committees. Perhaps refer to the following:
  - MRC H&S Policy and Guidance 'Risk Assessment in Laboratories'
  - DASIC (Director's Annual Statement of Internal Control)
- Give details of any governance committees e.g. Health & Safety, Research Governance, senior scientific meetings, etc. State how often they meet and whether agendas/minutes are produced.
- Give details of complaints mechanisms. See MRC Staff Code part 2 Section 45.5; and complaints procedure on MRC web site ([http://www.mrc.ac.uk/index/about/about-contact/about-complaints\\_procedure.htm](http://www.mrc.ac.uk/index/about/about-contact/about-complaints_procedure.htm)). Research participants should be given details of complaints procedure in information sheets, which have been approved by ethics committees.

### **GQ2**

This question focuses on 'quality' and how quality is managed and audited.

- Detail how SOPs and policies are kept e.g. centrally, easy to access. Is there a person responsible for making sure documents are reviewed at the required frequency and to ensure version control? If not, state how this is being put in place. Also see MRC H&S Policy and Guidance 'Requirements for record keeping'.

- If you have any internal/quality audits, state by whom and how often. The MRC has an internal audit system – Research Council Internal Audit (RCIA), which covers governance and risk management. State when these are performed and what relevant aspects are audited. E.g. DASIC is performed annually in each unit and covers research management, practice, and risk management. Your studies may also be subject to a research governance audit by NHS R&D Offices.
- Describe any systems for ensuring new operational procedures are implemented correctly e.g. meetings, email cascading, seminars, etc. Who is responsible for implementing change? DASIC has a section for assessing 'change management' under the Summary Risk profile.

### **GQ3**

The HTA want assurance that all staff are appropriately trained for their role and are continuously updating their skills.

#### Examples of compliance

- State how records of staff training are kept e.g. in record of Staff Personal Development (updated regularly). The staff appraisal system is relevant here, as is documenting more informal one-to-one type training.
- Give details of any induction programmes for new staff.
- Does your unit have a training programme for staff? If so, give details.
- Are reference manuals available for staff to access as required?

### **GQ4**

This question focuses on record management.

#### Examples of compliance

- Give details of any local policies (or development of policies) for record management (perhaps commenting on access, implementation of new versions, ensuring adherence); if none, this should be developed
- MRC H&S Policy and Guidance 'Requirements for record keeping'.
- DASIC section on 'information systems and technology', audited annually.
- Checking records for accuracy, etc. This might include checking research data entry for completeness and accuracy.
- Detail how computerised records are backed up in your establishment.
- All MRC staff should follow the Ethics Series: Personal Information in Medical Research. Give details of any procedures for data protection and protecting donor's confidentiality.

## **GQ5**

This question is relevant to those units that distribute tissues or cells (not cell lines) to other establishments (this includes sharing tissues/samples with collaborators), and includes tissue sections on microscope slides (as they contain whole cells).

### Examples of compliance

- State any process for reviewing and recording the release of tissue e.g. SOPs reviewed regularly.
- Do any agreements exist between your establishment and others (e.g. Universities, NHS, tissue banks) for distribution/sharing of tissue? E.g. Material Transfer Agreements or Service Level Agreements. If not, it is advisable to begin working on appropriate agreements and state this on your report.
- MRC H&S Policy and Guidance 'Transport of hazardous substances and materials', may be relevant

## **GQ6**

In this question, the HTA want to ensure traceability of tissue.

### Examples of compliance

- Describe the coding procedures used in your unit, i.e. is one code given at collection of tissue and kept throughout? or when samples are passed to the lab is a new code given? Can samples be traced within the unit? E.g. if a sample was selected from the freezer, could the associated consent form and ethics committee submission and approval certificate be found? State whether you have or are working on an SOP for coding to ensure that this can be done.
- Do you have any documented system for tracking samples? If so, give details. If not, it is advisable to work on a procedure for this which ensures an audit trail, outlines responsibilities and documents relevant dates e.g. when material has been received or leaves the premises, e.g. the use of barcodes.

## **GQ7**

This question addresses the investigation of adverse events in your establishment. See the HTA application guidance -research for a definition of an adverse event.

### Examples of compliance

- Give details of any systems in place for dealing with adverse events e.g. electronic incident reporting system. What actions are taken as a result e.g. additional training provided. Some units may have a risk mailbox, where details of adverse events or potential risks are sent to key persons for distribution within the unit.
- MRC H&S Policy and guidance 'Reporting and investigation of Accidents and incidents' ensures all events are recorded, investigated and learned from.

## **GQ8**

This question requires details of relevant risk assessment within your establishment. Consider risks to the following:

- the safety or rights of participants donating samples to research
- staff collecting samples
- staff working with the samples in the laboratory, or transferring them
- to the integrity of the samples themselves

### Examples of compliance

- Assessment of risk in unit procedures is required under DASIC. Give details of types of risk assessments performed e.g. handling human tissue; collection of human tissue – e.g. how do you ensure that collection is from the person who has given consent (how is sample mix-up minimised at collection and throughout the research), is there an SOP for this?
- Some units have an electronic risk assessment form available to staff on their intranet
- State how often risk assessments are reviewed and by whom
- MRC H&S Policy and Guidance 'Risk assessment in laboratories'

## **PREMISES, FACILITIES AND EQUIPMENT**

### **PFE1**

The HTA want to know if your premises are fit for purpose.

### Examples of compliance

- Give details of any local policies covering your premises e.g. health & safety policies or manuals. These may be local University or NHS policies if relevant.
- Give details of any relevant audits or inspections e.g. HSE inspection.
- Give details of any security measures in your unit e.g. swipe card entry.
- MRC H&S Policy and Guidance 'Security'.

### **PFE2**

Controls to avoid contamination.

### Examples of compliance

- List any local policies and procedures for preventing contamination of personnel and equipment e.g. COSHH.
- Local risk assessments may specify which areas require decontamination and special cleaning.
- Equipment checks e.g. are microbiological safety cabinets tested for function and how often?

- List any protective equipment used in your establishment e.g. fume cupboards. Is Personal Protective Equipment provided as required?
- MRC H&S Policy and guidance ` E.g. Risk assessments in laboratories; Working with Biological Agents; Transport of hazardous substances and materials`.

### **PFE3**

Appropriate storage facilities.

#### Examples of compliance

- Detail any policies and procedures in place for ensuring materials are stored securely in a controlled environment, e.g. MRC H&S Policy and Guidance `Security`.
- Give details of any security measures in place e.g. swipe cards or keypad entry.
- Detail contingency plans e.g. alarms on liquid nitrogen freezers, local alarms on fridges/freezers, remote alarms, 24 hour security, named people to phone if failure, space in fridges/freezers kept free for transfer of material in case of equipment failure.
- State if you have records of what is stored on the premises e.g. database for liquid nitrogen storage.

### **PFE4**

Protecting quality and integrity of tissue during transport.

#### Examples of compliance

- Describe any risk assessments, SOPs or policies in place (or being developed) for transport of tissue (if appropriate).
- Some delivery companies may have tracking process.
- Are records kept for transportation, delivery, SLAs and MTAs (Material Transfer Agreements) e.g. receipts for delivery companies filed, dates recorded.
- Is packaging and labelling suitable for level of containment? MRC H&S Policy and Guidance `Transport of hazardous substances and materials`.

### **PFES**

Equipment.

#### Examples of compliance

- Relevant MRC Ethics series -Good Research Practice, section 4.2 Use, calibration and maintenance of equipment.
- Do you keep a record of calibration or maintenance of equipment? If so, give details.

- Some equipment may be serviced annually e.g. autoclaves, microbiological safety cabinets and high-speed centrifuges.
- State if staff have access to instruction manuals e.g. available on intranet or near to equipment, is training provided?
- What is the procedure for reporting a problem with any equipment? E.g. reporting to a particular person.

## **DISPOSAL**

### **D1**

The HTA are looking for an appropriate policy for disposal of tissue. Please see the HTA Code of Practice on the removal, storage and disposal of human organs and tissues for details of the standards expected under the HT Act, this particularly refers to sympathetic disposal of samples from the deceased ([www.hta.gov.uk/guidance/codes\\_of\\_practice.cfm](http://www.hta.gov.uk/guidance/codes_of_practice.cfm)).

#### Examples of compliance

- Give details of any local waste disposal policies, how do staff know where/how to dispose of human samples e.g. different colour disposal bags for clinical waste including human material, identifiable body parts, etc.
- Are disposal policies outlined on patient information sheets?
- Is there a separate disposal policy for fetal tissue?

### **D2**

The HTA expect the disposal of tissue to be documented.

#### Examples of compliance

- Give details of record keeping for disposal. Do you have or are you developing a system to track samples, which includes their disposal, e.g. SOP, a barcode system.
- May be separate SOP for fetal tissue.

### **Acronyms defined**

DASIC	Director's Annual Statement of Internal Control
HSE	Health and Safety Executive
HTA	Human Tissue Authority
HT Act	Human Tissue Act 2004
MTAs	Material Transfer Agreements
NHS R&D	National Health Service Research and Development
RCIA	Research Council Internal Audit
REC	Research Ethics Committee, (NHS RECs: In codes of practice HTA refer to these as REAs, Research Ethics Authorities)
SOPs	Standard Operating Procedures
SLAs	Service Level Agreements