University of Leicester Research Governance Office Standard Operating Procedures relating to the Human Tissue Act 2004

SOP HTA-A1001 UoL

Transfer of HTA-relevant material to HTA Research Licence 12384

Version 2.0

Effective Date: 01 December 2024

This SOP will be implemented in line with this document's effective date for all UoL HTA SOPs.

Please note the appendices associated with this SOP may be subject to interim changes. Please ensure that appendices are downloaded from the RGO webpages prior to use to ensure the latest version of the document is being used.

1.0 Introduction

This document has been produced in accordance with *The Human Tissue Act 2004* (HT Act). It should be read in conjunction with the University's 'Policy on compliance with the Human Tissue Act in Research', and the Human Tissue Authority's *(HTA) Codes of Practice*.

There is a misconception that once HTA-relevant material (e.g., human tissue samples) are no longer under Research Ethics Committee (REC) approval they then automatically fall under the remit of the UoL HTA Research Licence 12384. However, this is not the case.

This SOP is to clarify the process that is required for the transfer of HTA-relevant material from a REC-approved study to the HTA Research Licence when the ethics expires or has expired, in order for tissues to be stored for future research. An application for all tissue to be stored on the Research Licence must be submitted to the RGO and to the DI to ensure compliance with the HTA Research Licence 12384. Please complete the form and return to HTAenquiries@leicester.ac.uk. Section 3.0 sets out the options.

2.0 Scope

This SOP describes the process for reporting HTA-relevant material against the UoL HTA research Licence 12384.

This SOP applies to all UoL staff and students and any collaborators who conduct research on the UoL premises. It is also applicable to CI/PIs from UHL-sponsored studies, where the academic is a UoL employee - and UoL-sponsored studies where samples are collected for research purposes.

Definitions:

CAPA	Corrective and Preventative Actions
CI	Chief Investigator
DI	Designated Individual
EOS	End of Study
HRA	Health Research Authority
HT Act	Human Tissue Act
HTA	Human Tissue Authority
MHRA	Medicines and Healthcare products Regulatory Agency
mNCA	Model Non-Commercial Agreement
MTA	Material Transfer Agreement – A contract that governs the transfer of tangible research materials between two organisations, when the recipient intends to use it for his or own research purposes.
PD	Person Designated
PI	Principal Investigator
PIS	Participant Information Sheet
REC	Research Ethics Committee
RGO	Research Governance Office
RTB	Research Tissue Bank

SA	Substantial Amendment
SOP	Standard Operating Procedure
UHL	University Hospitals of Leicester
UoL	University of Leicester

3.0 Procedure

3.1 Options for retention of HTA-relevant material when REC approval expires

When REC approval is due to expire, there are several options regarding the samples, some of which include the future storage with a view future use of human tissue samples (and related HTA-relevant material). Refer to appendix 3 flow chart **Please note** the Research Licence only covers storage, not use.

Option 1: If the original primary and secondary analyses have not yet been completed, or have generated further related work to answer the original study objectives, then a request to the REC for an extension of the study through an amendment is appropriate.

If the original primary and secondary analyses with the samples have been completed, then the submission of end of study (EOS) documentation to notify the regulatory bodies is the most appropriate action followed by the following options.

Where the intention is to store the samples, pending a favourable ethical opinion, for use in another research project (as detailed in the IRAS application form), a further submission should be made, before the EOS notification to the regulatory authorities to ensure there is no gap in ethical approval to use the samples.

Option 2: Samples to be stored by the research team pending ethical approval for use in another project. This requires transfer to the UoL Research Licence 12384. **Note: This only applies to storage, not future use.**

Option 3: Storage by research team as part of a new Research Tissue Bank (RTB). For obtaining RTB ethical approval via IRAS refer to HTA-A1002-UoL. This also requires transfer of the remaining samples to the UoL Research Licence 12384.

Option 4: Storage by research team with transfer into an existing RTB. This also requires transfer of the remaining samples to the UoL Research Licence 12384.

Option 5: Transfer to an alternative HTA Research Licence. Permission should be sought from the Designated Individual (DI) of the external licence to ensure their appropriate internal processes are followed. Will require appropriate agreements to be in place. Refer to HTA-A1008-UoL

Option 6: Storage by research team as biological material which is not relevant for the purposes of the Human Tissue Act, for example, teaching.

Option 7: Disposal in accordance with the Human Tissue Authority Code of Practice.

This is the procedure for transferring remaining samples from expiring/expired REC-approved studies to the HTA Research Licence, for storage with a view to future use. This process has replaced the EOS form for UoL-sponsored studies. **Note: This only applies to storage, not use.**

It is recommended that research teams check their original EOS plans for the samples before submitting the notification to close the study (Please refer to IRAS Part B section 4 and/or 5, question 15 and any relevant sample-related study amendments i.e., amendments trackers). If the original EOS plans for the samples have changed, you maybe be required to submit an amendment to update the EOS sample plans before submitting the notification to close the study. Remember, consent for future storage and use of the samples must be in place. Please see Relevant and Non-Relevant Material Approvals Flow chart: Appendix 1.

3.2 Tissue Samples from participating study centres being transferred to UoL

If materials are to be transferred to UoL from other participating study centres where UoL is the Sponsor, there must be a contract in place to govern the transfer of the samples and personal data (such as copies of the Informed Consent Forms (ICFs), where this is permitted by the organisation.

If the study is a Clinical Trial of Investigational Medicinal Products (CTIMP), this may be embedded within a model Non-Commercial Agreement (mNCA) or other study related contract.

Non-CTIMP studies, may require a separate MTA to govern transfer of the materials, and where possible (depending on the conditions of the REC favourable opinion / consent provisions) a copy of the original consent form should be shared with the custodian of the samples (such as the CI of the study or the RTB Manager) to ensure compliance with the HTA.

Where receiving copies of consent forms is not possible, assurance from the participating organisation is required, outlining that all samples were collected with the appropriate consent and all consent forms are valid, in addition to a fully executed legal agreement confirming this compliance.

3.3 Application to the DI

Studies involving samples that are to be retained for future use are required to submit the sample application form to HTAenquiries at least 7 days prior to submitting the end of study notification to the REC, please refer to EOS reporting requirements for research studies. Investigators must apply for their remaining samples to be stored under the UoL Research Licence 12384 using the application form UoLHTAEOS001 (Appendix 2).

The initial application will be reviewed by the HTA Monitor who will then contact the study team to organise a date for an EOS consent audit and sample log audit to be undertaken.

Upon application, the HTA monitor will request for a copy of the CI / PI HTA training certificate. Please refer to HTA-A1002-UoL HTA training section.

3.4 Consent Audit

The HTA Monitor will undertake a consent audit to ensure the consent provision for storage and future use of the material is in place after the REC approval has expired. For smaller studies (up to 100 participants), a 100% consent audit will be undertaken.

For larger studies or where there are >100 participants, a consent audit of 100 or 10% of participants, whichever is the greatest, will be undertaken. Where the future research clause is an optional (Yes / No) clause, a full audit would require conducting, to ensure only samples from those participants that agreed to have their samples used in future research would be retained. Similarly, if there are optional sample-related clauses, these would be documented as part of the audit to ensure samples are used in compliance with the consent that they were collected with. Any samples that are to be retained must have a valid consent form (refer to valid consent section below) and the consent form must be accessible at all times during the sample's life. This can either be as a hard copy or an electronic copy, or both.

Access to all the study documents, consent forms, samples logs (paper or electronic versions or system / software used for samples) and storage areas will be required to facilitate the audit.

3.5 Valid Consent

A valid consent form is a consent form that has had the appropriate boxes initialled by the participant, and this must include the box relating to future use if present on the consent form. If this is not present, it must be clear in the original PIS that samples would be retained for future use at the end of the study, as signing to say the PIS has been read and understood is part of the consent process.

The participant must have printed their name, signed and dated in the areas provided, and the name of the person taking consent should also be printed and their signature present on the same date the consent was taken.

The version and date of the PIS used during the consent process should be clearly documented and a copy of the PIS available within the site file. The original patient information sheet (PIS) forms part of the informed consent process and it is important that a PIS is also available to review.

It may state in the PIS that personal details will not be shared outside the research study team, which may be particularly relevant for HTA-relevant material received from other organisations. It may therefore not be possible to receive a copy of the original patient-identifying consent form. In this case, as a minimum, we require a blank template of the consent form and corresponding copy of the PIS, in addition to a statement from the supplying organisation that either a full consent audit has been conducted or that the samples were collected with the appropriate consent, before the samples are sent.

Where the future research clause is absent, permission can be sought from the REC to retain the samples in the absence of the future research clause. However, this **must** be undertaken **before** the EOS notification has been submitted to the regulatory bodies.

In the absence of consent for future use and without the agreement of a NHS REC, the samples cannot be transferred to the UoL HTA Research Licence.

3.6 Storage of consent forms

A number of methods can be used to store the consent forms. They can either be stored as a hard copy in either a fire-retardant cabinet/storage boxes with lids, in a secure area, or as an electronic copy on the R: Drive at UoL, or both. These must be readily accessible at all times for audit purposes. Where study documents are to be sent off-site to Stor-a-file, barcodes of the consent form boxes should be documented. This information should be provided on the PD reports.

3.7 DI Approval

Once an audit has been undertaken, the DI and the HTA Monitor will convene to discuss the application. For samples to be transferred to the Research Licence, valid consent must exist, and the storage facilities must adhere to the HTA Codes of Practice.

3.8 Approval Offer

Providing the samples have valid consent and can be stored in line within the HTA Codes of Practice, in a HTA licenced area, with temperature monitored facilities, the application will be approved by the HTA Monitor and the DI. Email confirmation will be sent from the DI. The following locations are covered by the research licence; Glenfield Hospital, General Hospital, the RKSCB at the Leicester Royal Infirmary, and the following buildings on main campus; the Adrian Building, MSB, Hodgkin, and the Henry Wellcome building.

The HTA Monitor will give further advice on the audit report to ensure the samples will remain compliant, including details on specific clauses that the samples were collected with, to ensure that applications for future use are in line with the consent that samples were collected with.

3.9 Conditional Offer

If an application to transfer samples to the licence does not meet the HTA standards, but is readily rectifiable, the applicant maybe given a conditional offer. For example, if it is identified by audit that the storage facilities do not have a monitoring system already installed, the CI may have the opportunity to correct the findings from the audit by installing a monitoring system for the storage facilities, and thus rendering the storage facilities compliant.

3.10 Declined Application

A declined application will only be issued if there is no alternative, i.e., if there are no consent provisions in place for future use, or this does not comply with the conditions of the REC favourable opinion. This would be discussed with the applicant as there may be an alternative solution that could rectify this issue.

3.11 Non-valid consent or samples with no future use consent provision

Samples that are from studies where the consent for future was not obtained, and where the consent forms have been identified as not valid by audit, **must** be disposed

of and cannot be held under the Research Licence. The requirements for which samples should be disposed would be detailed with the audit CAPA provided by the HTA monitor. The PD of the research area will be advised of the outcome of the audit and instructed that the material will require disposal.

The material will be stored in a suitable departmental holding area until the next clinical waste collection is due. Refer to University Estates and Facilities Management service level agreement and the disposal of samples SOP HTA-A1004-UoL.

When the disposal is completed, any sample logs that researchers hold and/or tracking software must be updated to log the date, reason and the method of disposal used to ensure compliance with the HTA Codes of Practice. Disposal logs are required to be retained for a minimum of 5 years after the disposal has taken place.

3.12 Approved Samples

Once samples are approved, the HTA Monitor will ensure the application form is sent to the PD for their signature (to prove their oversight), this is then fully executed by the HTA Monitors sign off with oversight from the DI.

A completed copy of the application form will be returned to the CI/PI in addition to the departmental PD, for the departmental PDs to update the tissue register to ensure this up-to-date and accurate. Where the study is sponsored by the University of Leicester, this would be filed with the HTA folder for that study; for UHL-sponsored studies these are stored on the HTAC drive under the specific study folders. All samples transferred to the licence will be stored for a period of 10 years in the first instance. After the storage period, the collections should be reviewed for the usefulness of retaining them further. Where items re-evaluated not to be of value, these should be disposed as outlined in HTA-A1004-UoL.

While samples are held under the HTA licence, it is the PI/CI responsibility to ensure no further use of the samples is undertaken until the appropriate further approvals have been sought for the usage of the samples in either: another project specific ethical approval, or approval via an ethically approved RTB.

It is the responsibility of the CI/PI that hold the collections to ensure the appropriate sensors are purchased for the freezers / storage areas.

3.13 Non-compliance

In the event of a non-compliance refer to SOP HTA-A1024-UoL

4.0 Responsibilities

Responsibility	Undertaken by	Activity
Chief Investigator / Principal Investigator (CI/PI)	Chief Investigator / Principal Investigator (CI/PI) or delegates	Notification of any change in EOS plans to the REC. Notification of EOS to the regulatory bodies. Application to HTA Research Licence. Ensure appropriate freezer / storage location

Responsibility	Undertaken by	Activity
		probes are purchased and added to the monitoring system. Ensuring HTA governance processes and SOPs are followed. This includes ensuring samples are not used unless further appropriate approvals are sought. Ensuring consent tracking documents and samples logs are provided. Where these don't exist, these will require to be generated before the audit can be conducted.
Research Governance Office (RGO)	HTA Monitor or equivalent role in RGO	Reviewing application and conducting end of study audit. Writing up audit/CAPA report. Ensuring this SOP remains fit for purpose taking into consideration any changes in legislation and any changes to the HTA Codes of Practice for research.
Designated Individual (DI)	Designated Individual (DI)	Review applications with HTA monitor and provide approval / decline approval where licencing requirements are not being met.
Person Designated (PD)	Person Designated (PD)	Support DI in adhering to HTA governance processes for their areas.

5.0 Development and approval record for this document

This table is used to track the development and approval of the document.

Author	Job title	Reviewed by	Approved by	Date approved
Amanda Sutcliffe	HTA Monitor	UoL Human Tissue Governance Committee (HTGC)	Professor Peter Bradding 	28/11/2024

6.0 Review Record

This table is used to track the changes made on revised/reviewed versions.

Date	Issue number	Reviewed by	Description of changes (If any)
Nov 2024	v2.0	A Sutcliffe	• Administrative changes • Responsibilities tabulated. • Clarity around the expectation of consent tracker and samples logs for auditing. • Change to a risk-based approach of auditing. • Update to the sharing of consent forms. • Clarity around retaining samples for data verification purposes in line with HRA requirements. • Further clarity around the approval of retaining samples transferred to the HTA licence. • Addition of appendix 3 flow chart.