# AIDS AND CANCER SPECIMEN RESOURCE (ACSR)
## Manual of Operations (MOO)

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<tr>
<td>ACSB</td>
<td>AIDS and Cancer Specimen Bank</td>
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<td>ACSR</td>
<td>AIDS and Cancer Specimen Resource</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>AMB</td>
<td>AIDS Malignancy Bank</td>
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<td>AMC</td>
<td>AIDS Malignancy Clinical Trials Consortium</td>
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<td>BCM</td>
<td>Baylor College of Medicine</td>
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<td>CITS</td>
<td>Central Informatics Technical Services</td>
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<td>CODCC</td>
<td>Central Operations and Data Coordinating Center</td>
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<tr>
<td>EC</td>
<td>Executive Committee</td>
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<td>GWU</td>
<td>George Washington University</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IRB</td>
<td>Institutional Review Board</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>LOI</td>
<td>Letters of Intent</td>
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<td>Mayo</td>
<td>Mayo Clinic, Scottsdale</td>
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<td>MOO</td>
<td>Manual of Operations</td>
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<td>NCI</td>
<td>National Cancer Institute</td>
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<td>NIH</td>
<td>National Institutes of Health</td>
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<td>OC</td>
<td>Office of the Chairs</td>
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<td>OHAM</td>
<td>Office of HIV and AIDS Malignancy</td>
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<td>OHRP</td>
<td>Office for Human Research Protections</td>
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<td>OSU</td>
<td>Ohio State University</td>
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AIDS AND CANCER SPECIMEN RESOURCE (ACSR)
Manual of Operations (MOO)

PD Program Director (NCI)
PHI Protected Health Information
PI Principal Investigator
PS Program Scientist (NCI)
QA Quality Assurance
QC Quality Control
REDP Research Evaluation and Decision Panel
RFA Request for Application
RBR Regional Biospecimen Repository
SSA Sub-Saharan Africa
SC Steering Committee
SOP Standard Operating Procedure
SU Stellenbosch University
SUNY State University of New York
U of A University of Arizona, Tucson
UCLA University of California Los Angeles
UCSF University of California San Francisco
1. INTRODUCTION
In 1994, the National Cancer Institute (NCI) established the AIDS Malignancy Bank (AMB) to acquire, store, and distribute tumor tissues and biological fluids with associated clinical, pathological, diagnostic, and demographic data from patients with HIV-associated malignancies. The AMB program continues today as the AIDS and Cancer Specimen Resource (ACSR), [http://acsr.ucsf.edu](http://acsr.ucsf.edu) a cooperative agreement with the National Cancer Institute’s (NCI) Office of HIV and AIDS Malignancy (OHAM).

The goals and objectives of the ACSR are to:

- Acquire, store, and equitably distribute well-annotated biological specimens that conform to biorepository science best practice standards, supporting multidisciplinary translational HIV and AIDS malignancy studies that address current and future trends in HIV and AIDS malignancy epidemic. Develop and maintain an ACSR infrastructure that allows efficient translation of the overall ACSR mission into a functional program with clear lines of administrative and fiscal oversight and ongoing quality management and program evaluation.

- Provide scientific leadership, implement organizational function and expand utilization and relevance of the ACSR that allow HIV malignancy investigators to achieve their research agenda. Support NCI funded initiatives, international collection efforts, collaborative projects and affiliated programs by providing ACSR biorepository services in response to the evolving research trends in the HIV and AIDS malignancy epidemic.

- Provide biorepository support by storing samples and clinical data from the domestic and international AIDS Malignancy Clinical Trials Consortium (AMC).

2. PURPOSE OF THE ACSR MANUAL OF OPERATIONS

The MOO is intended solely for the use of the ACSR. The MOO may be shared with other biorepository programs with approval of the ACSR Executive Committee (EC).
2.1. Compliance

All members must abide by the policies and procedures described in the bylaws, MOO and SOPs of the ACSR, including standards for conduct and reporting of biorepository functions including, but not limited to, acquisition, storage, and distribution of specimens. Failure to comply with the established performance standards set forth in ACSR bylaws, MOO and SOPs, and as established or revised by the EC may result in (1) temporary discontinuation from participation as an ACSR RBR; (2) recommendations to the Chair to reduce level of funding for the ACSR component or individual in question; or (3) termination of group membership. The Central Operations and Data Coordinating Center (CODCC) manages compliance issues and reports findings to the EC.

2.2. Revisions

Revisions of the MOO are executed as needed to reflect evolving management decisions and practices with the full document reviewed annually by the EC.

3. BRIEF HISTORY OF THE ACSR

1994

- The NCI establishes a Cooperative Agreement to acquire, store, and distribute tumor tissues and biological fluids (and associated clinical information from patients with HIV-associated malignancies) to the scientific research community-at-large.

1995

- Five institutional sites with investigators working in the field of pathogenesis of AIDS-associated malignancies, and with access to AIDS-associated malignancy biospecimens are selected to form the AIDS Malignancy Bank (AMB): University of California, San Francisco (UCSF), University of California Los Angeles (UCLA), The George Washington University (GWU), State University of New York (SUNY)-Brooklyn, and the Ohio State University (OSU).

1999

- The program’s name is changed to AIDS and Cancer Specimen Bank (ACSB) to more accurately represent its broadening specimen collections, attract a more diverse investigator pool, and to encourage increased cancer research.

2002

- ACSB expands its existing specimen program with a broadened scope of collections, new technologies, and the creation of a central coordinating office.
housed at UCSF. The Central Operations and Data Coordinating Center (CODCC) manages and coordinates the activities of the ACSR Regional Biospecimen Repositories (RBRs) and manages the central database.

- The project's name is changed from ACSB to the AIDS and Cancer Specimen Resource (ACSR) to better represent the change in the program's mission statement.
- NCI reduces the number of RBRs from five to three (GWU, OSU, and UCSF).

2008

- ACSR evolves into a unique and specialized resource for collection, storage, and distribution of biospecimens with associated demographic, pathologic, diagnostic, and epidemiologic data collected from HIV+ research participants in clinical cohorts, observational cohorts, and other research studies.

The mission of the ACSR is to support the research community at large by providing biological specimens from individuals with HIV/AIDS-associated malignancies and controls.

2013

- The ACSR is reconstituted as a single, consolidated, UM1 award with substantial involvement of the NCI OHAM in the scientific and programmatic aspects of the group. The Office of the Chairs (OC) has overall responsibility for the structure, productivity, scientific and technical integrity, and fiscal accountability of the ACSR. The governance of the ACSR resides with the Executive Committee (EC) which is the primary leadership group of the ACSR responsible for policy, priority setting, authorization of specimen acquisition and distributions, allocation of resources and performance reviews.

- The restructured ACSR is comprised of Baylor College of Medicine (BCM), The George Washington University (GWU), University of Arizona, Tucson (U of AZ), and University of California San Francisco (UCSF).

2015

- The ACSR adds Stellenbosch University as the ACSR Sub-Saharan Africa (SSA) RBR
- The University of Arizona RBR moved to Mayo Clinic of Scottsdale
4. ORGANIZATION OF THE ACSR

The ACSR operates under a single cooperative agreement with the Office of HIV/AIDS Malignancies (OHAM) of the National Cancer Institute (NCI). The group is comprised of the Office of the Chairs (OC), Executive and Steering Committees, Central Operations and Data Coordinating Center (CODCC), Regional Biospecimen Repositories (RBRs), AIDS Malignancy Consortium (AMC) Biorepositories, and their investigators.

4.1. NCI – Office of HIV and AIDS Malignancy (OHAM), AIDS Cancer Clinical Program (ACCP)

Two NCI OHAM members serve as the ACSR’s Program Director (PD) and NCI Program Scientist (PS) and have substantial scientific-programmatic involvement and stewardship of the ACSR.

The PD and PS participate as members of the EC, SC, ex-officio members of ACSR Working Groups (WG), and serve as the Executive Secretary of the Research Evaluation and Decision Panel (REDP). They cast a single, “collective” NCI vote on the EC and SC.
4.2. The Executive Committee (EC)

As the decision-making body of the ACSR, the primary function of the EC is to assure attainment of the goals and objectives of the Enterprise and compliance to biospecimen science best practices.

The EC is comprised of the OC (with no vote); the PIs of the RBRs (one vote each); the biostatistician (one vote); the biospecimen scientist (one vote); representative(s) from the NCI (with one vote); and a representative of the CODCC who acts as the Executive Secretary (with no vote). Additional members may be added to the EC to meet specific leadership needs of the ACSR as they arise.

The EC meets at a minimum of twice each month via teleconference and three times annually in person.

4.3. Office of the Chairs (OC)

The primary function of the OC is to oversee that the directives of the EC are followed to ensure that the ACSR’s major structural components are functioning at the highest level and operate in a harmonized fashion to meet the goals and objectives of the ACSR. The OC is responsible for ensuring that the ACSR Enterprise is in compliance with the ACSR Manual of Operations (MOO) and Standard Operating Procedures (SOP) and follows biorepository science best practices; implements a quality management system; oversees the evaluation of all ACSR components; and reviews the ACSR inventory to align it with the scientific direction of HIV malignancies and requests from investigators.

4.4. The Steering Committee (SC)

The primary responsibility of the SC is to advise and provide input regarding the scientific direction of the ACSR by reviewing scientific, technical and outreach objectives.

The SC is comprised of the EC; Working Group Chairs or their designee; Affiliate Sites’ PIs; the AMC Chair or designee; two (2) Scientific Advisors; an HIV/cancer virologist not affiliated with ACSR; and at least one community advocate. The SC should consist of at least three (3) pathologists. Additional members may be added to the SC at the discretion of the EC to meet specific needs of the ACSR as they arise.

Voting members of the SC are as outlined above with the prescribed number of votes for certain groups with multiple representatives. Non-voting members may be added at the discretion of the EC.

The SC meets, at a minimum, annually in person.
4.5. Research Evaluation and Decision Panel (REDP)

The REDP is an *ad hoc* committee which serves the ACSR by reviewing and evaluating all Letters of Intent (LOI) for biospecimens and data that are submitted by the research community at-large, and by the ACSR PIs. The REDP provides a peer review of the science, removing any ACSR bias and ensuring that the proposed research using ACSR specimens is of the highest quality. Members of the REDP are recommended by the EC and selected by OHAM based on their expertise. The REDP is comprised of the NCI Program Director as the Executive Secretary, and scientists with clinical/basic research expertise in the field of HIV associated malignancies. The CODCC receives LOIs and forwards them to the Executive Secretary who then puts together an *ad hoc* committee for review. The review results are provided to the EC which instructs the CODCC whether to make the specimens available to the investigator.

4.6. Central Operations and Data Coordinating Center (CODCC)

The CODCC, under the leadership of the EC, is the administrative unit whose primary function is the day-to-day implementation, organization, integration, and coordination of ACSR scientific goals; fiscal management; connectivity; and marketing and outreach activities.

The CODCC works with the OC, EC, SC, and Working Groups (WG) to support the primary purpose and mission statement of the ACSR by facilitating and coordinating ACSR activities to ensure compliance.

4.6.1. CODCC STAFF

4.6.1.1. CODCC PI

The CODCC PI is responsible for the overall operation and administration of the CODCC ensuring that quality services are provided.

4.6.1.2. CODCC Personnel

The CODCC PI ensures that the CODCC is staffed with the sufficient number of personnel to perform quality administrative, fiscal, and informatics services: are experienced and trained in their positions and familiar with the purpose and goals of the ACSR. as stated in the bylaws, MOO and SOPs.

4.7. ACSR Regional Biospecimen Repositories (RBRs)

The ACSR RBRs are the biobanking component of the ACSR whose primary function is the acquisition, maintenance and disbursement of diverse high quality HIV positive and negative biospecimens.
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An RBR must have: 1) existing biobanking infrastructure, 2) knowledge of biorepository science best practices, 3) skills to support biorepository functions, 4) a pathologist, and 5) qualified personnel.

4.7.1. ACSR RBR Principal Investigator

The PI is the individual at the ACSR RBR who is responsible for the overall management and staffing of the biorepository (scientific and programmatic). The PI must ensure compliance with the ACSR MOO and SOPs and regularly participate in the EC.

4.7.2. RBR Operations Office

RBRs are required to have an Operations Office, under the leadership of the RBR PI. The RBR Operations Center's main objective is to manage the acquisition, processing, storage and distribution of biospecimen; associated clinical data utilizing the prescribed ACSR database; and interfaces with the CODCC.

4.7.3. RBR Personnel

The RBR personnel must be qualified and experienced in their positions and be familiar with the purpose and goals of the ACSR. In addition, all personnel must adhere to institutional, local, state, and federal regulations.

4.8. ACSR Working Groups

ACSR activities are designed to lead the Enterprise to accomplish its mission of providing high quality biospecimens to researchers to promote multidisciplinary HIV malignancy research. To accomplish this, Working Groups (WG) are established to provide guidance, expertise and recommendations to the EC on the quality management, scientific, technological, informatics and outreach agenda of the ACSR and its support of HIV malignancy research. WG Chairs have expertise specific to the WG functions and are selected by the EC.

One EC voting member acts as a liaison to the WG. WGs meet at the direction of the EC to maintain momentum in addressing its specific goals and agenda. The majority of the WG meetings will be held via teleconference and members of the WG may meet in conjunction with the annual ACSR EC meeting.

Interface with one or more WG(s) is encouraged to ensure coordinated initiatives and activities across the ACSR Enterprise. WG Chairs will report activities and initiatives to the EC on a monthly basis. The CODCC provides administrative support to the WGs.
5. Assessment

5.1. Self-Assessment

Annually, the ACSR will perform a mid-cycle scientific and programmatic review of Enterprise; evaluate the attainment of milestones and deliverables; and recommend adjustments if required.

5.2. External Assessment

OHAM and/or the NCI can exercise its right to request an external audit and an external site visit team to ensure compliance to the RFA and biorepository science best practices.

OHAM will announce its intention of exercising its right to request an external audit at least 6 months prior to the site visit.

6. STANDARD OPERATING PROCEDURES (SOPs)

The ACSR has policies and procedures in a standardized written format that are incorporated into Standard Operating Procedures (SOPs). ACSR SOPs detail how tasks are executed by applicable personnel.

In addition to hard-copies of SOP in the working places, the ACSR SOPs are available at http://acsr.ucsf.edu. All SOPs are approved by the EC and are used to ensure that the ACSR Enterprise has standard administrative and practical technical procedures in place.

In addition, Working Documents (WD) are utilized for procedures not covered by ACSR SOPs.

6.1. Compliance

All institutional and individual participants in the ACSR Enterprise follow the provisions of the SOPs with minor deviations approved by the EC. The EC monitors Enterprise compliance with the SOPs with a formal annual review. The CODCC Operations Director manages compliance issues and reports findings to the EC.

6.2. Revisions

SOPs are reviewed regularly to ensure that current policies and/or methods for performing the procedures are described. SOPs are amended to allow flexibility when new methodologies and/or technologies are warranted. Revised documents are identified by the revision number and date of the approval by the EC.

Updated versions are posted on the ACSR website.
7. MANAGEMENT OF BIOSPECIMENS AND CLINICAL DATA

The ACSR has established a system of collection, processing, storing, monitoring and distribution of biospecimens that follows NCI and ISBER best practices for biorepositories for research.

The collection of clinical data reflects the mission of the ACSR and its usefulness to the research community, and may change over time in response to research involving HIV-associated malignancies.

RBRs collect biospecimens under Office for Human Research Protections (OHRP) and Health Insurance Portability and Accountability Act (HIPAA) guidelines, and with local Institutional Review Board (IRB) approvals. Biospecimens are collected and processed following ACSR SOPs.

The ACSR Database tracks all aspects of biospecimen collection, processing, storing, and distribution to ensure the accuracy of its inventory. The ACSR complies with HIPAA regulations, biorepository science best practices and the Common Rule governing the acquisition of biospecimens and associated clinical data.

The ACSR has an ethical responsibility to maintain complete and auditable records and documents using common standards among the RBRs to record the performance of each step in the collection, processing and distribution of specimens.

8. ETHICAL, LEGAL and POLICY GUIDELINES

The ACSR ensures that the collection, storage and distribution of biospecimens and associated clinical data are conducted in a way that respects the individual and maintains privacy and confidentiality.

The ACSR adheres to and keeps up-to-date on relevant national human subject’s regulations, privacy regulations and other relevant national, state and local laws.

The National Cancer Institute (NCI) has granted the ACSR a Confidentiality Certificate.

8.1 Informed Consent

The ACSR obtains Informed Consent as stipulated by local Institutional Review Boards (IRBs) for the collection, storage and distribution of biospecimens and clinical data for their use in research.

8.2 Access to Biospecimens and Data

The ACSR has guidelines for sample distribution (and clinical data sharing) consistent with ethical principles, prevailing laws and regulations, intellectual
property (IP) policies, and consent form language. The ACSR endeavors to make its guidelines clear, flexible, amendable, and general.

The ACSR stores human biospecimens and clinical data for approved research purposes only and reserves the right to refuse or revoke support of any personal or non-research requests.

8.3 Privacy Protection – HIPAA

The ACSR is in compliance with HIPAA regulation. As part of the IRB review process each RBR and affiliate(s) is required to follow HIPAA regulations. All ACSR staff are required to complete HIPAA compliance training on an annual basis or as required by the host institution. Protected health information (PHI) is only reviewed in medical records by authorized research personnel and is de-identified prior to disbursement.

8.4 Ownership/Custodianship

The ACSR recognizes that it is a custodian for the biospecimens/clinical data and ownership is mandated through institutional regulation, as well as state and federal laws. In the event of program termination, the ACSR will follow its termination plan as outlined in Section 11 of the ACSR MOO. Upon disbursement of biospecimens to approved investigators, the custodianship/ownership of the biospecimens will be transferred to the investigator and/or institution.

The ACSR follows the host institution’s state and federal guidelines for disclosure of financial or professional conflict of interest guidelines in the management of biospecimen and clinical data collection, retention, and disbursement.

8.3 Intellectual Property and Resource Sharing

The ACSR follows the NIH Data Sharing Policy and the Research Tools Policy.

The ACSR staff are not considered inventors within the meaning of U.S. patent law because the collection, handling, storage, and disbursement of biospecimens and clinical data per se, does not add ideas and/or modifications, nor does the ACSR staff have any inherent rights to future intellectual property.

9. DISTRIBUTION OF BIOSPECIMENS AND THEIR DERIVATIVES

The ACSR provides biospecimens and associated clinical data to qualified investigators with sound research protocols in accordance with established ACSR priorities. The biospecimens and clinical data are available for research studies, particularly those that translate basic research findings to clinical application.
Biospecimens and clinical data from the ACSR are provided to approved investigators for research purposes only. Biospecimens, their derivatives, and clinical data shall not be sold or used for commercial purposes, nor will biospecimens be distributed to third parties for purposes of shared research, sale, or producing for sale. The biospecimens are provided without warranty of merchantability or fitness for a particular purpose or any other warranty, expressed or implied.

9.1 Request of Biospecimens and Data: Inquiries

The ACSR encourages investigators to submit an inquiry prior to submitting a Letter of Intent (LOI). To ensure the appropriate planned utilization of biospecimens meets the objectives of the ACSR, the PI and Biostatistician utilize the CODCC-developed Specimen Request Form (Appendix II). If the research is not related to HIV-associated malignancies, the investigator is referred to other possible resources.

The CODCC tracks all inquiries utilizing a Inquiry/LOI tracker.

9.2 Letters of Intent (LOI) – (Appendix III and IV)

The LOI is the formal application which documents information about the proposed research plan as well as the number and type of biospecimens and/or clinical data requested. Applications are reviewed by an Research, Evaluation and Decision Panel (REDP).

9.3 Material/Data Transfer Agreement (MTA/DTA)

The ACSR utilizes a Material Transfer Agreement (MTA) and/or Data Transfer Agreement (DTA) to transfer biospecimens and/or clinical data for approved LOIs from the ACSR to the recipient investigator.

9.4 Progress Reports

Approved investigators are required to submit annual report(s) with acknowledgement of the ACSR in all publications, presentations, patents, peer-review applications, grants and contracts.

9.5 Disbursement of Biospecimens and/or clinical data

Biospecimens and/or clinical data are disbursed upon receipt by the CODCC of a fully executed MTA and/or DTA.

10. ACSR INFORMATICS

The ACSR’s data management group is responsible for the front-line planning, implementation, and support for the needs of the Enterprise.
10.1 Data Security

The ACSR Enterprise is accountable for limiting disclosure of information, maintaining the privacy of participants and safeguarding the integrity of the information. The ACSR has policies regarding protection of data and personal information.

10.1.1 Access to Sensitive Data

The ACSR manages the safekeeping of clinical data and other sample-associated data.

To safeguard the data, the ACSR assigns specific permission to sensitive data so that it is available for viewing or revision by staff only on a need-to-access basis.

10.2 Software Revisions

Any unauthorized modifications to ACSR software can seriously compromise data. Therefore, modifications to ACSR software are not allowed without prior EC approval.

10.3 Back-up and Recovery

The ACSR requires regularly scheduled back-ups of critical files.

10.4 Accessibility for Users with Disabilities

The ACSR follows generally-accepted practices (including Section 508 of the Rehabilitation Act and the American Disabilities Act) to ensure that its website is accessible to users with a variety of disabilities.

For more information see http://www.access-board.gov/sec508/guide/1194.22.htm.

11. DISPOSITION OF ACSR BIOSPECIMENS AND DATA

The ACSR EC reviews programmatic changes which may result in the need for destruction or transfer of biospecimens and/or clinical data.

11.1 Disposal of Biospecimens and/or clinical data

- The ACSR follows biorepository science best practices to dispose of biospecimens. Data related to all biospecimens to be destroyed will be purged from the ACSR Database system.

11.2 Separation of an ACSR RBR from Enterprise
Upon separation of an RBR from the ACSR, the EC will work in conjunction with the RBR to identify biospecimens (with associated data) for transfer to a specified ACSR partner.

- All data related to the biospecimens not transferred will be purged from the ACSR Database.

11.3 Termination of ACSR Program in Cooperation with OHAM

- Upon termination of the ACSR program, the EC will work in conjunction with OHAM to ensure that biospecimens and clinical data are transferred to another NCI-approved biobank, institution, or disposed of using sanitary biohazard disposal methods established by the host institution.

- All data related to biospecimens for disposal will be purged from the ACSR Database or transferred to the appropriate funded NCI-approved bank resource.
Appendix I: Glossary

**Biobank**: A short term for a biorepository that stores biological samples. There are many types of biobanks. In this document context we mean human bio-samples for use in research.

**Biorepository**: Regional or local repositories that coordinate the collection, processing, storage, and distribution of biospecimens and associated annotated data normally derived from consented participants for the purpose of medical research. The terms ‘bank’ and ‘biorepository’ are used interchangeably.

**Common Rule**: A federal policy regarding Human Subjects Protection. The main elements include assuring compliance by research institutions, requirements for researchers’ obtaining and documenting informed consent, and requirements for IRB membership, function, operations, review of research, and record keeping. Additional protections for certain vulnerable research subjects are also included.

**Compliance**: The state of conformity of a regulated party or a product with a legislative or regulatory requirement or a recognized standard.

**Custodianship**: Entrusted for the safe keeping of biospecimens and associate data, and managed control of biospecimens of their use and eventual disposal in accordance with the terms of consent given by the participant, and as regulated by the IRB. See ‘Ownership’.

**Encryption**: Unless otherwise defined, “encryption” in the ACSR MOO means encryption of at least 128-bit AES or Blowfish algorithms. Such encryptions are available with many common utilities, including WinZip. (Note that WinZip’s default encryption is not AES; you must specifically select an AES method during encryption.) Encryption keys should meet the standards described in “Definition of password,” below.

**Human Biospecimens**: A specific tissue or blood sample (or other biological specimen) taken from a single subject or donor at a specific time.

**Human Biospecimens Health Insurance Portability and Accountability Act (HIPAA)**: The HIPAA Privacy Rule establishes national standards to protect individuals’ medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patient’s rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

**Informed and Voluntary Consent**: A process by which a subject voluntarily confirms his or her willingness to donate biospecimens and their clinical data to the ACSR after having been informed of all aspects of the program and research that are relevant to the subject’s decision to participate.
Institutional Review Board (IRB): Any board, committee, or other group formally designated by an institution to review biomedical research involving humans as subjects, to approve the initiation of the research, and conduct periodic review of such research. The term 'Internal Review Board' may be used interchangeably.

Intellectual Property: A product of research or intellect that has commercial value including the discovery of patents, research methods, and industrial processes.

Ownership: Final, absolute control and ability to use and dispose of without accountability to anyone else. See ‘Custodianship’.

Participant: An individual (patient or healthy volunteer, if applicable) who donates biospecimens and their clinical data to the ACSR. The terms ‘patient’, ‘participant’, ‘subject’, and ‘potential donor’ may be used interchangeably.

Password: All passwords and encryption keys protecting ACSR sensitive data should follow common-sense guidelines and whenever there is a change of staffing, any passwords that were accessible by former staff should be changed.

Patient: A “patient” is a human participant who has donated biological materials for use by the ACSR. If a patient donates biospecimens to the ACSR at several distinct times, ideally the same patient identifier/patient record should be used for each donation, to enable longitudinal data analysis. However, confidentiality and identification issues mean that this is not always possible. Patients are sometimes referred to as “cases.” There is no distinction between these terms in ACSR usage.

Protected Health Information (PHI): Any health information that is collected by a covered entity and is individually identifiable. Also, a subset of individually identifiable information that can be disclosed only under the following conditions: 1. the use or disclosure is sought solely to review PHI as necessary to prepare the research protocol or other similar preparatory purposes; 2. no PHI Is removed from the covered entity during review, and 3. the PHI that the researcher seeks to use or access is necessary for the research purposes. PHI can be de-identified by removing all 18 identifies listed in Section 164.514(b)(2) of the Federal regulations or by having a qualified statistician perform an analysis stating that the risk of the information being used is small.

Sensitive Data: “Sensitive data” is information that can a) be used to identify an ACSR biospecimen donor or reveal patient health information (“PHI”) as defined by HIPAA, or b) describes confidential operations, deliberations, and decisions of the ACSR. Each site is responsible for protecting the sensitive data that it manages from accidental or malicious damage or unauthorized release. Patient IDs and Specimen IDs generated automatically by the ACSR Specimen Database are not considered sensitive data, because they are assigned arbitrarily and cannot be used, on their own, to identify any individual.

Quality Assurance (QA): An integrated system for ensuring compliance with all SOPs, policies, and regulatory requirements.
Quality Control (QC): Quality control is the system of technical activities that measures the attributes and performance of a process or item, against defined standards, to verify that the stated requirements are fully met.

Quality Management System (QMS): An integrated system of management activities involving planning, implementation, documentation, assessment, and improvement to ensure that a process or item is of the type and quality needed for the project.

Specimen: A “specimen” is a human tissue or fluid with unique patient, collection date, and specimen characteristics. At time of processing, a biospecimen may be divided into one or more identical “aliquots” (generally aliquot cryotubes or tissue slides). Every aliquot in a given biospecimen should be identical, except for a unique ID number (if any) and in some cases the size of the aliquot. Each “specimen” record in the ACSR Specimen Tracking Database refers to the total of all aliquots having the exact same patient, collection date, biospecimen type, processing type, etc. Identical aliquots should not be entered as unique specimen records.
Appendix II: ACSR Specimen Request Form

ACSR Specimen Request Form

Return Completed Form to:
Debra Leiolani Garcia
415-206-5288
CODCC@ucsf.edu

INVESTIGATOR(S)
Name: ____________________________________________
Institution/Company: ____________________________________________
Email: ____________________________________________ Phone: ____________________________

CONTACT PERSON IN THE REQUESTING LAB
Name: ____________________________________________
Email: ____________________________________________ Phone: ____________________________
Address: ____________________________________________
__________________________________________________________

NAME OF THE STUDY: ____________________________________________

__________________________________________________________

NOTE: Prior to receipt of specimens, proof of IRB approval required

Number of patients and/or unique specimens required for study: ____________________________

NOTE: Justification of number requested will be required on LOI

TYPE OF MATERIALS (Include quantity for fluids and thickness for tissue)
Cut Paraffin Slides: _______
Frozen tissue: _______ mgs _______
TMA slides: _______
PBMC Viably frozen cell suspensions (drawn using sodium heparin/ACD/EDTA tubes) ______#: frozen in 2-10 million cell aliquots in 10% DMSO_____
Bone Marrow: ____________________________
BM MNC: ____________________________
Serum (red tops) _______ Amount: ____________________________
Plasma: □ Green □ Yellow □Purple tops drawn using sodium heparin tubes
Amount: ____________________________
Other fluids: □ Urine □ Semen (limited) □Saliva (limited) □Swabs
□Other: ____________________________ Amount: ____________________________
ACCEPTABLE TISSUE SOURCES (tumor, BM, lymph node, effusions, PB, etc?)

Diagnosis: _______________________________________________________
Minimum % Tumor __________________________

ARE CONTROL SAMPLES NEEDED?  □ YES  □ NO
Explain (matched uninvolved, HIV- same diagnosis, HIV+ no cancer diagnosis etc?)

OTHER requirements or criteria (information is limited): (pre or post-therapy, anatomic location, age, HIV status, gender, ethnicity, race)

LIMITED CLINICAL DATA MAY BE AVAILABLE
Specify: i.e. pre HAART, Post HAART, clinical outcome, epidemiology study data availability, clinical outcome status
Tumor or control tissue requirements:

Clinical data requirements:

Notice: Requester is aware of the products and services being biological material and therefore subject to changes of quality beyond the control of Sender. Patient samples have been retrieved to the best of ability based upon available data and the criteria used by the requester.

Requester accepts responsibility for appropriate handling of the biological material. Requester has to ensure that the received biological material will be processed by qualified personnel in an appropriate laboratory environment. Requester must be familiar with all applicable biological, microbiological, chemical and/or radi-active security standards as well as special practices, equipments, environments and regulations.
Sender assumes no liability for customer’s violation of laws or obligations.

Sender assumes no liability for damage or injuries resulting from orders, use or improper handling of delivered products and services. Sender’s liability shall not cover collateral or imminent manufactured products from sent products or consequential damage.

Sender is not taking responsibility for loss of viability of the biological material due to irradiation or other transport damage or delay. Specimens and their products shall not be sold or used for commercial purposes, nor will biospecimens be distributed to third parties for any purpose.

Signature of Requester ________________________ Date ____________
Appendix III: Letter of Intent (LOI) Feasibility Form

Feasibility/Pilot Study Letter of Intent (LOI)

Debra Leiolani Garcia, Operations Director
ACSR Central Operations and Data Coordinating Center (CODCC)
1001 Potrero Avenue, Bldg 3, Room 207
San Francisco, CA 94110

Email: CODCC@acsr.ucsf.edu
Tel: 415-206-5288
Fax: 415-206-3765

The Feasibility/Pilot Study LOI is designed for studies in which a minimal amount of biospecimens (up to 20) are needed for test development, quality control, and/or preliminary research. The Feasibility/Pilot Study LOI allows a researcher to request up to 20 specimens on a one-time basis for a particular study.

A. Study Design
Provide a brief description of the study. Include the following:
1. Title of Project
2. Hypothesis - Clearly state the question to be addressed.
3. Experimental Approach - Types of assays to be performed, markers to be measured, tissue requirements, data requirements (clinical, pathological, and outcome data) and a justification of the choice of markers, methods, and tissue needs.

Project Title: ____________________________

Brief Description of Project: __________________________________________________________

B. Biospecimen Criteria:

<table>
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<tr>
<th>Type of Specimen</th>
<th>Quantity and Volume</th>
<th>Additional Biospecimen Criteria</th>
</tr>
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C. Agreement of Use and Acknowledgement
The recipient/investigator hereby agrees that the biospecimens provided by the NCI’s AIDS and Cancer Specimen Resource will be used only for the purposes specified in this Letter of Intent (LOI). The recipient agrees that he/she shall not transfer biospecimens (or a portion thereof) supplied by the ACSR to third parties, without the prior written permission of the ACSR. The investigator further agrees that this is a one-time only request, and understands that he/she is expected to complete and submit a full application to the ACSR if further biospecimens are needed. The investigator certifies that they have the requisite institutional approvals necessary to conduct this research. He/she will provide a progress report to the ACSR within 6 months after receipt of specimens. The recipient agrees to make the study results available to the scientific/research community and to acknowledge the contributions of the ACSR in all abstracts, presentations, publications, grants, and patents resulting from the use of these biospecimens.

Investigator’s Signature

Investigator’s Printed Name

Title

Date

Investigator Contact Information

Institution:
Department:
Telephone:______ Fax:______

Email:________

Co-Investigator Name:
Mailing/Shipping Address:
Appendix IV: Letter of Intent (LOI) Standard Form

AIDS AND CANCER SPECIMEN RESOURCE LETTER OF INTENT

I. Investigator Data

A. Principal Investigator:______________________________

Title:_____________________________________________

Name and Title of Co-Investigator or other collaborators:________________________

Institution:________________________________________

Department:________________________________________

Address:___________________________________________

City:_________________________ State:_____________ Zip:__________________

Phone:_________________________ Fax:_________________________

E-mail address:_____________________________________

Have you or your co-investigators, previously submitted an inquiry with the ACSR? Yes ☐ No ☐

Did that inquiry lead to the submission of an LOI? Yes ☐ No ☐

If the LOI was not approved, is this submission a revision of your original LOI? Yes ☐ No ☐

Is this LOI to continue a study related to a previously approved LOI? Yes ☐ No ☐

If yes, have you recently submitted a progress report to the ACSR? Yes ☐ No ☐

How did you learn about the ACSR?_________________________________________

B. Shipping Address (If different from above)

Address:___________________________________________

City:_________________________ State:_____________ Zip:__________________

Name and E-mail address of Shipping Contact:______________________________

Phone*:___________________________________________

*24 hour number required for Biological Hazardous Material
II. Study Design

A. Provide a brief description of the study, not to exceed 3 pages of text. Include the following sections:

1. Title of Project
2. Hypothesis - Clearly state the question to be addressed.
3. Experimental Approach - Types of assays to be performed, markers to be measured, tissue requirements, data requirements (clinical, pathological, and outcome data) and a justification of the choice of markers, methods, and tissue needs.
4. Statistical Analysis - What analytical techniques will be applied, including power calculations to justify the numbers of specimens requested.
5. Significance - Why the study is important.

B. Biospecimen Criteria: In order for the ACSR to provide biospecimens of the highest quality, each investigator is required to complete the following detailed request. The investigator should indicate the type and amount of biospecimens needed, describe the storage and transfer conditions (e.g. media, snap freezing and sterility requirements) and specify limiting factors (e.g. age, sex, etc.).

<table>
<thead>
<tr>
<th>Type of Biospecimen</th>
<th>Quantity and Volume</th>
<th>Additional Biospecimen Criteria</th>
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Biospecimens will be provided to investigators according to availability and priorities recommended by the Research Evaluation and Decision Panel (REDP) and the ACSR biostatistician. Investigators should be careful not to request samples that are in excess of that required to accomplish the study. This may lead to a denial of the request.

III. IRB Information

The ACSR policy requires all researchers using ACSR biospecimens to follow the "Common Rule". The ACSR does not provide patient identity or other identifiers to investigators. All biospecimens are either anonymized, de-identified, or are part of a limited data set. This ensures complete confidentiality regarding medical information of patients.

Attach copy of IRB approval or exemption letter to LOI

IV. Funding Information:

Biospecimens are provided to investigators with the following funding:

1. Peer reviewed funded investigators (including Federal and National laboratories)
2. New investigators and academic investigators developing new research projects.
3. Other investigators including private entities

Please include your major research grant. Institutional and other funding sources may be listed. If you are currently unfunded, please indicate below:

Funding Source: ________________________________
Grant #: ________________________________
Period of support: from ____________________ to ____________________
AIDS AND CANCER SPECIMEN RESOURCE LETTER OF INTENT

Active or Pending? Active Pending (submission date:____________________ )

BY MY SIGNATURE I ATTEST THAT THE ABOVE INFORMATION IS TRUE

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<th>Typed Name of Recipient</th>
<th>Name of Institution</th>
<th>Typed Name of Official Authorized to Sign for the Institution</th>
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UPON RECEIPT OF THIS SIGNED APPLICATION AND THE INFORMATION REQUESTED ABOVE, THE AIDS AND CANCER SPECIMEN RESOURCE WILL CONSIDER THIS REQUEST AND ANY FUTURE REQUESTS FOR BIOSPECIMENS.

For specific questions about your LOI please contact Ms Debra Garcia at 415-206-5268 or codcc@acsr.ucsf.edu.

Send completed forms to:
Debra Leiolani Garcia
Operations Director
ACSR Central Operations and Data Coordinating Center (CDOCC)
1001 Potrero Avenue
Building 3, Room 207
San Francisco, CA 94110

Email: codcc@acsr.ucsf.edu

Tel: (415) 206-5268
Fax: (415) 206-3765