Queen's University Belfast

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	Name and Position	Signature	Date
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Reviewed by:	Human Tissue Steering Group		15/10/2014
Approved by:	Professor James McElnay, Chair Human Tissue Steering Group		17/10/2014

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Revision Log

Previous Version number	Date of Review/Modification	Reason for Review/Modification	New Version Number
1.0	12/08/2013	NIB and Anatomy SOPs lists amended	2.0
2.0	14/01/2014	Change to PDs & HTSG membership updated. Centre for Vision and Vascular Science changed to Centre for Experimental Medicine. References to HTA eLearning removed.	3.0
3.0	06/10/2014	Change to PDs and HTSG membership. HTSG membership moved to appendix Reference to Code of Conduct and Integrity in Research included. Research Governance and Integrity Committee name updated.	4.0

Contents

1. Background

The Human Tissue Act 2004 (HT Act) came into force on 1 September 2006 and provides a framework for regulation of research involving the removal, storage, use and disposal of human tissue defined as relevant material (ie) material that has come from a human body and consists of, or includes, human cells.

The definition of relevant material and a supplementary list of materials can be found on the Human Tissue Authority's website:
http://www.hta.gov.uk/legislationpoliciesandcodesofpractice/definitionofrelevantmaterial.cfm

The Human Tissue Authority (HTA) is the regulatory body which licences establishments storing and using relevant material for 'scheduled purposes' such as research in connection with disorders, or the functioning, of the human body or anatomical examination. The HTA have issued Codes of Practice which detail the standards expected from licenced establishments. These Codes of Practice include:

(i) Code of practice 1 – Consent
(ii) Code of practice 4 – Anatomical examination
(iii) Code of practice 5 – Disposal of human tissue
(iv) Code of practice 7 – Public display
(v) Code of practice 8 – Import and export of human bodies, body parts and tissue
(vi) Code of practice 9 – Research

Codes of practice can be accessed from the HTA website:
http://www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice.cfm

Informed consent is the fundamental principle behind the HT Act and must be in place for the removal, storage and use of relevant material for 'scheduled purposes'. Details of 'scheduled purposes' and the differing consent requirements from the living and the deceased can be found here: http://www.legislation.gov.uk/ukpga/2004/30/schedule/1.

In order to ensure compliance with licensing requirements the University has developed regulations, policies and Standard Operating Procedures (SOPs). An overview of these and the management of HT Act related activities are provided in this Quality Manual.

2. Regulations and Policies

The University has established regulations and policies to govern research and maintain the integrity of research carried out under its auspices. The University's HT Act related regulations and policies are:

2.1 Regulations for Research Involving Human Participants

All research involving human participants, their tissue or data, falls within the remit of the Regulations for Research Involving Human Participants. These Regulations provide direction for researchers and detail the processes and procedures required to ensure that:

(i) all staff are aware of their responsibilities and the need for appropriate training, eg training on the HT Act 2004, compliance with the University's

Policy on the Ethical Approval of Research, training in consent or Good Clinical Practice (GCP) when the HSC sector is involved;
(ii) the planned research is of a high scientific quality;
(iii) the researcher has identified and secured the necessary resources to complete the research;
(iv) all necessary regulatory and ethical approvals are in place;
(v) appropriate indemnity provision is in place;
(vi) appropriate monitoring and reporting will take place.

2.2 Policy and Principles on the Ethical Approval of Research

The Policy and Principles on the Ethical Approval of Research addresses the issues involved in the ethical approval and conduct in research, in particular that involving human participants their tissue or data, animals and the environment. It provides general guidance on the standards expected and the requirements for the ethical approval of research.

2.3 Regulations Governing Investigation into Allegations of Research Misconduct

The Regulations Governing Investigation into Allegations of Research Misconduct detail the processes to be followed when an allegation of research misconduct is received.

Within the Anatomy area there is also an Anatomy Code of Conduct which details the standards expected and local policies are in place to govern activities.

2.4 Code of Conduct and Integrity in Research

The Code of Conduct and Integrity in Research addresses the issues involved in the proper conduct of research and provides guidance for staff and students on the standards expected when undertaking research within or on behalf of the University.

3. Responsibilities

3.1 Licence Holder

The University is the Licence Holder for the MBC/BCH, RVH and Anatomy Licences. The Licence Holder's representative is Professor James McElnay, Pro-Vice-Chancellor for Research and Postgraduates. The Licence Holder can make applications to the HTA to vary a licence, including change of Designated Individual (DI). The Licence Holder's representative fulfils the role of Chair at the Human Tissue Steering Group (HTSG).

3.2 Designated Individual

The DI is ultimately responsible for the implementation of the requirements of the HT Act for their licenced areas. The DI is the person under whose supervision the licenced activity is authorised to be undertaken. The DI has primary (legal) responsibly under section 18 of the HT Act to secure:

(i) That suitable practices are used in undertaking the licensed activity;
(ii) That other persons working under the licence are suitable and;
(iii) That the conditions of the licence are complied with.

The University has three DIs - Dr Jackie James for the MBC/BCH Research licence (12044), Dr Ann McGinty for the RVH Research Licence (12059) and Ms Samantha Taylor for the Anatomy Licence (12113).

3.3 Persons Designated

PDs are individuals nominated by the DI, and when nominated in a notice to the HTA, are considered to be a person to whom the licence applies (ie a person to whom the authority conferred by the licence extends). PDs support the DI and provide direction and guidance for others in relation to HT Act related actives at a School/Centre level. All PDs must sign a consent form indicating their agreement to undertake the role and the associated responsibilities.

PD responsibilities include:

(i) Ensuring that all those involved in human tissue related activities are aware of QUB HTA policies and procedures, including consent, tracking, storage, use, transfer and disposal, and the requirement to comply with them;
(ii) Providing advice on the regulations and requirements for all human tissue related research activity within area of responsibility;
(iii) Awareness of all those working with human tissue within their area of responsibility and pass on changes in groups/individuals doing research using human tissue to enable regular updating of database;
(iv) Facilitating the monitoring of compliance with the HT Act, QUB HTA policies and procedures;
(v) Attendance at Human Tissue Compliance meetings and HTSG to provide knowledge of facilities and working practices within area of responsibility and to ensure relevant information is fed back as required.

3.4 Research Governance

The Research Governance Team are responsible for control and maintenance of the University policies and procedures, including the Regulations Relating to Research Involving Human Participants, the Policy and Principles on the Ethical Approval of Research, and the University's SOPs relating to the HT Act. Other responsibilities include scoping and dissemination of new or revised legislation and good practice, compilation and execution of the annual audit programme, delivery and organisation of HT Act related training, administration of HTSG, maintenance of records and related documentation (master copies of SOPs and MTAs), provision of access to the Human Tissue Register and investigation of allegations of research misconduct, including non-compliance with the HT Act.

3.5 Staff and students

Staff and students who undertake HT Act related activities are responsible for ensuring that all activities are conducted in compliance with the University's regulations and SOPs. These responsibilities include:

(i) Ensuring that there is appropriate informed consent for the removal, storage and use of the material and that consent was obtained in accordance with the Human Tissue Authority code of practice on Consent;
(ii) Ensuring that all relevant approvals for the research are in place;
(iii) Attendance at relevant training, including HT Act training and informed consent training as appropriate;

(iv) Adherence to University policies and procedures including the University's Regulations for Research Involving Human Participants, the Policy on the Ethical Approval of Research and the Code of Conduct and Integrity in Research;
(v) Making available for audit all sample collections and records relating to material falling within the HT Act;
(vi) Complying with the HTA Codes of Practice;
(vii) Appropriately labelling, logging and tracking specimens with details of consent, use and/or storage location in accordance with the relevant SOPs;
(viii) Transferring relevant material to non-QUB licensed premises under the terms of an appropriate agreement;
(ix) Maintaining records of imported relevant material;
(x) Compliance with and documentation of, any specific disposal arrangements that have been requested by consenting donors;
(xi) Disposing of relevant material appropriately;
(xii) Storing human tissue (as defined by the HT Act) in suitable secure conditions;
(xiii) Reporting adverse events promptly to the DI, PD and as appropriate the CI, in accordance with the University procedures.

Details of PDs for each area are provided in figure 1 and in the Contacts section of this manual.

4. Licences and Organisation Structure

The University holds two research licences and one anatomy licence. The licences cover the following areas:

(i) MBC/BCH Research Licence 12044 (DI Dr Jackie James)
- Centre for Cancer Research and Cell Biology
- Centre for Infection and Immunity
- School of Pharmacy
- Northern Ireland Molecular Pathology Laboratory
- David Keir Building

(ii) RVH Research Licence 12059 (DI Dr Ann McGinty)
- Centre for Public Health
- Centre for Experimental Medicine

(iii) Anatomy Licence 12113 (DI Ms Samantha Taylor)
- Anatomy licenced area, Centre for Biomedical Sciences Education

Figure 1 provides an overview of the licencing structure.

5. University Committee Structure

The reporting structure for University Committees is provided in Figure 2 - Overview of University Committee Structure. The roles of the relevant committees are summarised below.

5.1 Senate

The governing body of the University is Senate which is responsible for the on-going strategic direction of the University, the management and administration of its revenue and property and the general conduct of its affairs.

5.2 Academic Council

The primary academic body of the University is Academic Council, which is responsible for the control of internal academic affairs and arrangements for teaching and research.

5.3 Research and Postgraduate Committee

The Research and Postgraduate Committee is responsible for promoting and encouraging high quality research in the University. The Committee advises Academic Council on the development and implementation of the University's research strategy. Research Governance and Integrity Committee (RGIC) reports to Research and Postgraduate Committee.

5.4 Health and Safety Management Group

The Health and Safety Management Group is responsible for making recommendations to the University on policy and strategy relating to management of health and safety.

5.5 Risk Management Committee

The purpose of this Committee is to oversee risk management arrangements within the University, ensuring that programmes and procedures are undertaken in such a manner as to minimise the exposure of the University to unacceptable levels of risk

5.6 Biological and Infectious Agents Advisory Committee

This Committee provides specialist advice and guidance on the use of genetically modified organisms and infectious agents at work. It make recommendations to the Health and Safety Management Group on policy and arrangements required under current or proposed biological Health and Safety regulations, Approved Codes of Practice and Guidance.

5.7 Research Governance and Integrity Committee

The RGIC is responsible for ensuring that the University complies with the requirements of the Research Governance Framework for Health and Social Care February 2007, the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Human Tissue Act 2004 and other associated legislation/guidelines. The HTSG reports to RGIC.

5.8 University Research Ethics Committee

UREC is responsible for developing, implementing and updating the University policies and procedures relating to the ethical approval of research and ensuring that these are reflective of the national regulatory framework.

5.9 Human Tissue Steering Group

The HTSG is responsible for the implementation of the requirements of the HT Act at QUB. It has a duty to provide guidance to University staff to ensure compliance with the Act, HTA Codes of Practice and applicable Directives and Legislation governing the procurement, transfer, use, storage or disposal of human tissue. The HTSG meets a minimum of three times per academic year and reports to the University's RGIC. The HTSG is chaired by the Licence Holder's named representative and consists of DIs, PDs and members of the Research Governance Team. HTSG membership is detailed in Appendix 1.

Terms of Reference:

The HTSG is tasked with:

(i) the co-ordination and implementation of the requirements of the HT Act at QUB
(ii) the development and implementation of policies, systems and procedures to ensure QUB conducts its business in accordance with the HT Act and HTA Codes of Practice
(iii) responding to, analysis, development and making necessary changes to QUB policy, systems and procedures, further to new and/or amended legislation that impact on the implementation of the requirements of HT Act at QUB
(iv) ensuring that staff (including holders of honorary contracts) are appropriately trained to work in accordance with the provisions of the HT Act and that any update training is provided as and when required
(v) providing guidance on operating procedures and any related risks to ensure compliance with the HT Act
(vi) the dissemination of relevant HT Act information to staff
(vii) liaising with NHS Trust partners to enhance collaboration and the sharing of procedures
(viii) supporting the DIs and PDs in the execution of their duties
(ix) providing council to the RGIC in relation to any developments and recommending implementation measures to ensure that the University is compliant with the HT Act
(x) drafting any policies and regulations to be considered by the RGIC and providing regular reports to the RGIC

6. Standard Operating Procedures

The University has developed SOPs which detail the procedures that must be followed for HT Act related activities. The SOPs should be read in conjunction with the relevant HTA Code of Practice.

The Northern Ireland Molecular pathology (NI-MPL) is a hybrid facility and is a partnership between the Belfast Health and Social Care Trust (BHSCT) and the University. The laboratory is a CPA accredited operation and delivers a molecular diagnostic service to the BHSCT and other HSC Trusts across the NI region. The NI-MPL hosts the Northern Ireland Biobank (NIB) which has its own suite of SOPs.

6.1 Research SOPs

For the MBC/BCH and RVH research licences (excluding the NIB) the following SOPs apply:

(i) Informed Consent for Research (QUB-ADRE-004)
(ii) Receipt, Labelling, Tracking and Storage of Human Tissue (QUB-HTA-001)
(iii) Disposal of Human Tissue (QUB-HTA-002)
(iv) Internal Audit of Human Tissue Authority Licenced Premises, Facilities and Equipment (QUB-HTA-003)
(v) Recording HTA Related Adverse Events (QUB-HTA-004)
(vi) Assessment of Risk to Personnel for the Handling of Human Tissue (QUB-HTA-005)
(vii) Assessment of Risk to Human Tissue (QUB-HTA-006)
(viii) Transfer and Export of Relevant Material (QUB-HTA-007)
(ix) Import of Relevant Material (QUB-HTA-008)
(x) Transportation of Human Tissue (QUB-HTA-009)
(xi) Complaints from Research Participants (QUB-ADRE-0024)
(xii) Research Governance Audit (QUB-ADRE-018)

The most up to date version of the above SOPs can be found on the University's Research Governance website:

http://www.qub.ac.uk/directorates/ResearchEnterprise/ResearchGovernanceandEthics/StandardOperatingProcedures/HumanTissue/

These SOPs are considered to be controlled documents and staff and students must check the Research Governance website to ensure they are using the most up to date versions. Master copies of the University's Research SOPs are maintained within the Research Governance Office. SOPs are reviewed by the HTSG every two years or more frequently if required due to changes in legislation or practice.

Other research related SOPs are also available on the Research Governance website for reference.

Local SOPs have been developed for certain areas where required. Local SOPs are based on the principles outlined in the University SOPs but have been detailed to suit local practices.

The most up to date version of the NIB SOPs can be found on the NIB website (http://www.nibiobank.org/). The SOPs are controlled documents. Master copies of these NIB SOPs are held by the NIB administrator and are reviewed by the senior staff of the NIB every two years.

6.2 Anatomy SOPs

Authorised copies of Anatomy SOPs are found in the following areas –

(i) Anatomy General Office;
(ii) Mortuary – Room 0B/300, Medical Biology Centre;
(iii) Dissecting Room preparation area – Room 01/314, Medical Biology Centre;
(iv) Research Governance – 63 University Road.

Master copies of the University's Anatomy SOPs are maintained by the Anatomy DI.

7. Audit

7.1 Research Studies

Audits of research studies outside the NI-MPL and NIB are undertaken on an annual basis to provide assurance to the University on compliance with the HT Act requirements and assist researchers in meeting the expected standards. The Queen's Online (QOL) Tissue Register is used as the source data to select at random 10% of each area's studies for audit. The annual plan of selected audits is reviewed and ratified by the HTSG. In addition, the Research Governance Team and/or Director of Research and Enterprise reserve the right to undertake a targeted audit, if they have suspicion of non-compliance to legislation, or when monitoring reports provide information of concern. Audits will be conducted in accordance with the SOP Research Governance Audit (QUB-ADRE-018).

The NI-MPL and the NIB implement their own audit programme which includes the NHS Molecular Diagnostic Service.

7.2 Anatomy

An audit of the Anatomy licenced area is undertaken on an annual basis. A random sample of records, donors and retained specimens are audited to ensure the required documentation is available, accurately completed and that donors and specimens are appropriately tagged to ensure traceability.

7.3 Research and Anatomy Licenced Premises

The internal audit of premises is undertaken to provide assurances to the University that the premises, facilities and related equipment are fit for purpose and comply with the licensing standards required by the HTA. All HTA licenced premises will be audited every three years or more frequently if requested by a DI or PD. The Research Governance Team accompanied by the area PD and/or the DI conduct the internal audit of HTA licenced premises, facilities and related equipment. A PD from another area will be invited to take part on the audit process to enhance shared learning. Audits will be conducted in accordance with the HTA SOP Internal Audit of Human Tissue Authority Licensed Premises, Facilities and Equipment (QUB-HTA-003).

8. Training

The University expects that all individuals involved in HT Act related activities will be appropriately trained.

8.1 Designated Individuals

All DIs must be appropriately experienced and qualified for the role.

8.2 Persons Designated

PDs must have completed HT Act training, either through completion of accredited HTA training, attendance at the University's HT Act training or completion of the MRC e-learning 'Research and human tissue legislation' course.

The MRC e-learning 'Research and human tissue legislation' course can be accessed via the link below:
http://www.byglearning.co.uk/mrcrsc-lms/course/category.php?id=1

8.3 Research Governance

Members of the Research Governance Team must have completed HT Act training, either through completion of accredited HTA training, attendance at the University's HT Act training or completion of the MRC e-learning 'Research and Human Tissue Legislation' course.

8.4 Research Staff and Students

Attendance at HT Act training is mandatory for all staff and students working with relevant material, and refresher training will be required every three years. The University delivers HT Act training to staff and students involved in HT Act related research and maintains a central register of all those who have attended this training. Certificates are issued to those who have attended. The Research Governance Team are responsible for the provision of the HT Act training and a minimum of 10 sessions during term-time are scheduled per year. Additional training sessions are provided as and when required. As part of the induction for post-graduate students in the School of Medicine, Dentistry and Biomedical Sciences the DI of the relevant licenced area provides an overview of the HT Act and the associated requirements.

Research Governance also arranges relevant courses relating to informed consent and co-ordinates access to the Good Clinical Practice (GCP) e-Learning tool, which contains a module on the informed consent process. Records of GCP completion are maintained by the Research Governance Team.

Other training courses available include:

- Research Ethics for University Staff;
- MRC e-learning 'Research and human tissue legislation'.

The University has a number of Health and Safety training courses which are organised by the Staff Training and Development Unit.
http://www.qub.ac.uk/sites/stdp/SubCategory/?sub_cat=Health%20and%20Safety.

Although Research Governance maintain a central register of all those who attend the University's HT Act training, staff and students are advised to also retain a personal training log.

8.5 Anatomy Staff and Students

Training sessions on the legislative aspects of the Anatomy Licensed Area are provided by the DI to demonstrators and clinical demonstrators who will be supporting teaching within the dissecting room areas.

All registered students attending classes within the dissecting rooms, receive an induction into the Anatomy Licensed Area, at the beginning of the relevant module. This induction is led by the DI or by PDs, and covers the dedicated Anatomy Dissecting Room Code of Practice for the area. Medical and dental

students are also required to sign an agreement indicating that they will comply with the requirements of HT Act.

9. Corporate Risk Management

The University has a corporate risk plan for potential serious breaches of the HT Act. The corporate risk plan details the escalation process, current control measures, additional actions for improving the management of the risk and assurance mechanisms for the University. The corporate risk plan is reviewed on a bi-annual basis and considered by the University's Risk Management Committee. An update via a verbal report is regularly provided by the Pro-Vice-Chancellor for Research & Postgraduates. Each School/Centre also has a Business Continuity Plan in place which outlines the risk for human tissue holdings.

10. References

Human Tissue Authority Code of practice 1 - Consent
http://www.hta.gov.uk/_db/_documents/Code_of_practice_1_-_Consent.pdf (last access October 2014)

Human Tissue Authority Code of practice 4 - Anatomical examination
http://www.hta.gov.uk/_db/_documents/Code_of_practice_4_-_Anatomical_examination.pdf (last access October 2014)

Human Tissue Authority Code of practice 5 – Disposal of Human Tissue
http://www.hta.gov.uk/_db/_documents/Code_of_practice_5_-_Disposal_of_human_tissue.pdf (last access October 2014)

Human Tissue Authority Code of practice 7 – Public Display
http://www.hta.gov.uk/_db/_documents/Code_of_practice_7_-_Public_display.pdf (last access October 2014)

Human Tissue Authority Code of practice 8 – Import and export of human bodies, body parts and tissue
http://www.hta.gov.uk/_db/_documents/Code_of_practice_8_-_Import_and_export_of_human_bodies,_body_parts_and_tissue.pdf last access October 2014)

Human Tissue Authority Code of practice 9 - Research
http://www.hta.gov.uk/_db/_documents/Code_of_practice_9_-_Research.pdf (last access October 2014)

Human Tissue Authority definition of relevant material
http://www.hta.gov.uk/legislationpoliciesandcodesofpractice/definitionofrelevantmaterial.cfm (last accessed October 2014)

Regulations Relating to Research Involving Human Participants
http://www.qub.ac.uk/directorates/ResearchEnterprise/ResearchGovernanceandEthics/ResearchGovernanceandIntegrity/ (last accessed October 2014)

Policy on the Ethical Approval of Research
http://www.qub.ac.uk/directorates/ResearchEnterprise/ResearchGovernanceandEthics/ResearchGovernanceandIntegrity/ (last accessed October 2014)

Code of Conduct and Integrity in Research

http://www.qub.ac.uk/directorates/ResearchEnterprise/ResearchGovernanceandEthics/ResearchGovernanceandIntegrity/ (last accessed October 2014)

Queen's University Belfast HTA SOPs
http://www.qub.ac.uk/directorates/ResearchEnterprise/ResearchGovernanceandEthics/StandardOperatingProcedures/HumanTissue/ (last accessed October 2014)

QUB Research Governance
http://www.qub.ac.uk/directorates/ResearchEnterprise/ResearchGovernanceandEthics/ (last accessed October 2014)

QUB Health and Safety Services
http://www.qub.ac.uk/directorates/HumanResources/OccupationalHealthandSafety/ (last accessed October 2014)

QUB University Committees
http://www.qub.ac.uk/home/RegistrarsOffice/UniversityGovernance/UniversityCommittees/ (last accessed October 2014)

11. Contacts

11.1 MBC BCH Licence

Designated Individual (DI)			
Dr Jackie James	DI MBC/BCH	0289097 5781	j.james@qub.ac.uk
Persons Designated (PD)			
Prof Tracy Robson	PD Pharmacy	028 9097 2360	t.robson@qub.ac.uk
Dr Brian Green	PD Biological Sciences	0289097 6541	b.green@qub.ac.uk
Dr Fionnuala Lundy	PD Centre for Infection and Immunity (CII)	0289097 5797	f.lundy@qub.ac.uk
Dr Lorcan McGarvey	PD Centre for Infection and Immunity (CII)	0289097 2699	l.mcgarvey@qub.ac.uk
Mr Ken Arthur	PD Centre for Cancer Research and Cell Biology (CCRCB)	0289097 2921	k.arthur@qub.ac.uk
Dr Kienan Savage	PD Centre for Cancer Research and Cell Biology (CCRCB)	0289097 2934	k.savage@qub.ac.uk

11.2 RVH Licence

Designated Individual (DI)			
Dr Ann McGinty	DI RVH	0289063 2730	a.mcginty@qub.ac.uk
Persons Designated (PD)			
Dr Heping Xu	PD Centre for Experimental Medicine (CEM)	0289063 3615	heping.xu@qub.ac.uk

11.3 Anatomy Licence

Designated Individual (DI)			
Ms Samantha Taylor	DI Anatomy	028 9097 2143	s.j.taylor@qub.ac.uk
Persons Designated (PD)			
Mr Ernie Murray	PD Anatomy	028 9097 2058	te.murray@qub.ac.uk
Ms Ali Allen	PD Anatomy	028 9097 2142	am.allen@qub.ac.uk
Dr Donal Shanahan	PD Anatomy	028 9097 2136	d.shanahan@qub.ac.uk
Dr Abdul Al-Modhefer	PD Anatomy	028 9097 2138	a.al-modhefer@qub.ac.uk
Bequeathal Secretary			
Mrs Sharon Beattie	Bequeathal Secretary Anatomy	028 9097 2122	s.beattie@qub.ac.uk

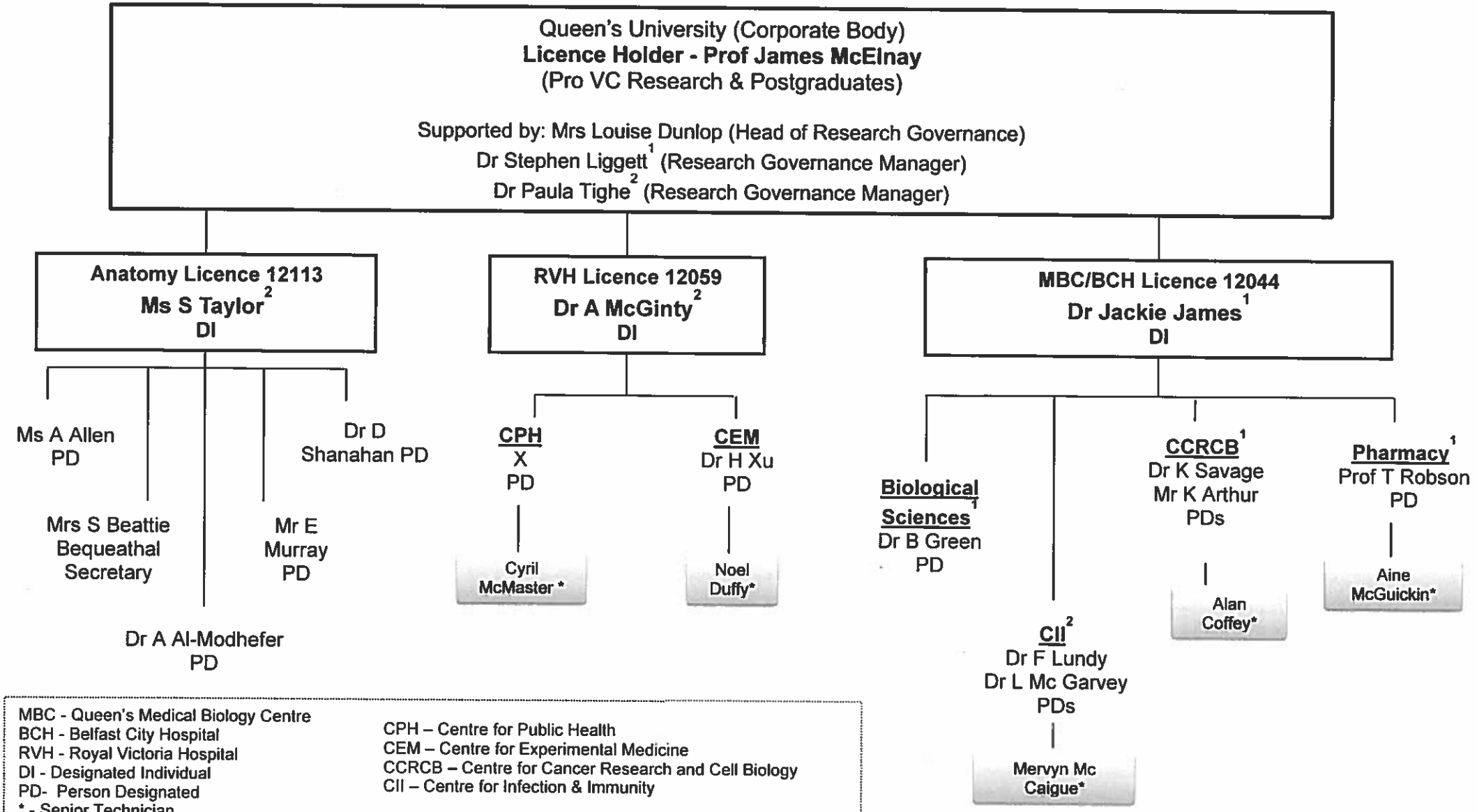
12.4 Research Governance

Research Governance			
Mrs Louise Dunlop	Head of Research Governance	0289097 2572	l.h.dunlop@qub.ac.uk
Dr Paula Tighe	Research Governance	0289097 3861	p.tighe@qub.ac.uk
Dr Stephen Liggett	Research Governance	0289097 3296	s.liggett@qub.ac.uk

Appendix 1. Human Tissue Steering Group Membership

Pro-Vice-Chancellor for Research & Postgraduates (Chair)	Professor James McElnay
MBC/BCH Designated Individual MBC/BCH Persons Designated	Dr Jackie James Dr Brian Green Dr Fionnuala Lundy Dr Lorcan McGarvey Dr Kienan Savage Mr Ken Arthur Prof Tracy Robson
RVH Designated Individual RVH Persons Designated	Dr Ann McGinty Dr Heping Xu
Anatomy Designated Individual Anatomy Persons Designated	Ms Samantha Taylor Ms Ali Allen Dr Abdul Al-Modhefer Mr Ernie Murray Dr Donal Shanahan
Research Governance	Ms Louise Dunlop Dr Paula Tighe Dr Stephen Liggett

Figure 1. Overview of the licencing structure



MBC - Queen's Medical Biology Centre
BCH - Belfast City Hospital
RVH - Royal Victoria Hospital
DI - Designated Individual
PD- Person Designated
* - Senior Technician

CPH – Centre for Public Health
CEM – Centre for Experimental Medicine
CCRCB – Centre for Cancer Research and Cell Biology
CII – Centre for Infection & Immunity

QUB - HTA Licensing Structure Jan 2014

Figure 2. Overview of University Committee Structure