

Application for an Off-Site Tissue Banking Waiver at a Non-Profit or Academic Institution

INSTRUCTIONS

This form may be filled in and saved using Adobe Reader version 7.0 or higher. The full version of Adobe Acrobat is not needed.

When you have completed the application, please e-mail it to the ACOS/R or designated person in your Research Office. The Research Office should forward the application to Kristina Hill in Central Office.

Please answer all questions. If a question does not apply, please insert "N/A." Additional information that would help us review your application should be added on page 5 in section 9D.

Before using this application, make sure that the following apply:

- The biological specimens will be collected and stored for *future research purposes* that are beyond the scope of work described in the original protocol and informed consent *or* the biological specimens will be collected under a *protocol designed for banking* of specimens.
- Biospecimens will be banked outside of the VA at a non-profit or academic institution (e.g., university or NIH-sponsored biorepository).
- The study is sponsored by a non-profit institution **or** if the study is sponsored by a for-profit company, biospecimens will not be sent to the company.

1. VA MEDICAL CENTER				
A. Station no.	B. Name and location (city, state)			
2. VA PRINCIPAL INVESTIGATOR				
A. Last name, first name			B. Degree(s)	C. VA paid status
D. Telephone		E. E-1	mail	
3. ACOS FOR RESEARCH AND DEVELOPMENT				
A. Last name, first name				B. Degree(s)
C. Telephone		D. E-	mail	
4. PERSON COMPLETING THIS FORM				
A. Last name, first name				B. Degree(s)
C. Telephone		D. E-	mail	•

5. TISSUE BANK(S)	5. TISSUE BANK(S)			
If biospecimens are going to be stored at more than one tissue bank, please give the name, location, and URL for each.				
A1. Name of tissue bank		A2. Name of 2nd tissue bank, if applicable		
B1. Location of tissue bank (city, state)		B2. Location of 2nd tissue bank, if applicable		
C1. URL of tissue bank web site		C2. URL of 2nd tissue bank, if applicable		
6. INFORMATION ABOUT THE STUDY				
A. Title of the study			B. No. of subjects you plan to enroll at this site:	
C. Study sponsor	D. Grant or award no.		E. Start date	
			F. End date	
G1. Are other VA Medical Centers partic	ipating in this	study?		
☐ YES ☐ NO ☐ NOT SURE				
G2. If Yes, please name the other Centers, if known. Note: Only one application should be submitted for all participating VA Medical Centers.				
H. Is IRB and R&D Committee approval contingent upon this waiver?				
YES	NO			
7. INFORMATION ABOUT THE BIOSPECIMENS				
A. Types(s) of biospecimens collected at tissue, buccal swab, DNA)	nd banked (e.	g., blood, lung	B. How long will the biospecimens be banked?	

C1. Have biospecimens already been sent to the tissue bank named in section 5 above?			
	YES		NO
C2. Are the	biospecimens being ba	anked	at the VA until the off-site tissue bank is approved?
	YES		NO
D1. Does the future resea		der wh	nich the biospecimens were collected specify that they will be used for
	YES		NO
D2. If YES, studies, etc.		re use	(e.g., any study on this disease/condition, any future study, genetic
E1. Will all fu	uture uses of VA biosp	ecime	ns be done through VA-approved protocols?
	YES		NO
			he reasons and the mechanisms used by the bank to distribute description of the oversight.
F. How are t	he biospecimens secu	red? (locked freezer, locked room, etc.)
The biospecimens MUST be labeled with a code that does not contain the subject's name, initials, SSN, or anything derived from the 18 HIPAA identifiers listed on page 6.			
	ımbers and letters). No		samples (e.g., bar code or study site number followed by a hyphen and ubject's initials are a HIPAA identifier and may not be used as part

G1. Will the key to the code that links the biospecimens to the subject's identity be maintained ONLY at the VA facility?			
☐ YES ☐ NO			
G2. If NO, indicate where else a copy of the key will be maintained and why. (Exceptions are not routinely approved.)			
H1. Who has access to the key? (PI, study coordinator, data coordination center director, etc.)			
H2. Are any of the people who have access to the key outside of the VA?			
☐ YES ☐ NO			
H3. If YES, who? (study coordinator, data coordination center director, etc.)			
I. How is the key secured at all locations? (locked file cabinet, in a password-protected database that is			
encrypted, etc.)			
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C. If any of the HIPAA identifiers will be stored in an off-site database, the database should have limited access and be encrypted. It should be clearly stated in the HIPAA authorization what will be stored. Social security numbers should NOT be stored in an off-site database unless required for billing purposes (any other requests will be handled on a case by case basis). Social security numbers may NOT be stored in a for-profit company's database.		
9. ADDITION	AL INFORMATION	
A. Provide the	e justification for banking biospecimens at a non-VA repository.	
B. Upon termi	ination/closing of the bank, what will happen to veterans' biospecimens?	
Bios	specimens will be destroyed.	
Bios	specimens will be returned to the originating VA facility.	
Othe	er. Please provide an explanation.	
C. If the subje	ect withdraws from a study, what will happen to his/her biospecimens and data?	
resea from	pecimens will be destroyed except for any de-identified samples that have been shared with other archers. The research team will continue to use any information that they have already collected the subject to ensure the integrity of the research. However, no new information will be collected the subject.	
Biospe	ecimens and all data linked to that subject will be destroyed.	
D. Comments	s (additional information that would help us review your application)	

10. DOCUMENTATION

The following documentation is required, in addition to this completed form:

- Research protocol
- Informed consent form and separate HIPAA authorization
- Information regarding the bank's policies, mechanisms of tissue acquisition and redistribution, and all oversight mechanisms in place (or complete the Tissue Bank Operations Form).

IRB approval letter*R&D Committee approval letter	*				
*If IRB and R&D Committee approval are contingent upon this waiver, these approval letters may be sent to us after ORD has approved this application.					
11. RESEARCH OFFICE CONTACT					
Person in the research office who forwarded this application					
Last Name, First Name					
Phone:		E-mail:			
12. PI CERTIFICATION					
By typing his/her name in the space below, the PI verifies that he/she has reviewed this application for accuracy and completeness.					
13. SUBMISSION OF APPLICATION					
Forward this completed application and the documentation listed in section 10 to your Research Office. The Research Office should forward the application to Kristina Hill in	Kristina Hill, MPH, MT(ASCP) Department of Veterans Affairs Biomedical Laboratory R&D Service (121E) 810 Vermont Avenue, NW				
Central Office. Electronic applications (via e-mail) are preferred.	Washington, DC E-mail: offsite.tis	issuebanking@va.gov			

VA FORM 10-0436 ICPWCT['4233

14. DEFINITIONS

HIPAA Identifiers

- ► Names and initials
- ▶ All geographic subdivisions smaller than a state
- ▶ All elements of dates (except year) for dates directly related to an individual
- ► Telephone numbers
- ▶ Fax numbers
- ▶E-mail addresses
- ▶ Social security numbers or parts of them, scrambled or unscrambled
- ► Medical record numbers
- ► Health plan beneficiary numbers
- ► Account numbers
- ▶ Certificate/license numbers
- ▶ Vehicle identifiers and serial numbers, including license plate numbers
- ▶ Device identifiers and serial numbers
- ▶Web URLs
- ► Internet Protocol (IP) address numbers
- ▶ Biometric identifiers, including fingerprints and voiceprints
- ► Full-face photographic image
- ► Any other unique identifying number

De-identified Data

De-identified data is health information that does not identify an individual and there is no reasonable basis to believe that the information can be used to identify an individual.

VHA would consider health information no longer protected health information (PHI) if it has been appropriately de-identified in accordance with the HIPAA Privacy Rule as outlined in VHA Handbook 1605.1, Appendix B. For protected health information to be de-identified, all of the 18 HIPAA identifiers listed above must be removed.

HIPAA identifiers also pertain to the person's employer, relatives, and household members. Along with removing the 18 identifiers, HIPAA also states that for the information to be considered de-identified, the entity does not have actual knowledge that the remaining information could be used alone or in combination with other information to identify an individual who is the subject of the information.

According to the Common Rule (http://www.access.gpo.gov/nara/cfr/waisidx_98/38cfr16_98.html), deidentification involves removal of all information that would identify the individual or would be used to readily ascertain the identity of the individual.

Note: For VA research purposes, VA research data are considered to be "de-identified" only if they meet the de-identification criteria of BOTH HIPAA (i.e., removal of all 18 identifiers) AND the Common Rule.

Note: If the recipient of the biospecimens or the data has access to the key to the code, the coded information is not considered "de-identified."