Communication Sessions on the Updated Tissue Banking Regulations

**Stakeholder Communication**

A/Prof. Tan Soo Yong
Senior Consultant, Ministry of Health, Singapore
Senior Consultant, NUH
Head and Chief, Department of Pathology, NUS/NUH

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Human Biomedical Research Act (HBRA) implementation plan and timelines

**Phase 1**
**Activated on 1 Jul 2016**
- Administrative provision
- Prohibition against commercial tissue trading

**Phase 2**
**Activated on 1 Jan 2017**

**Phase 3**
**Activated on 1 Nov 2017**
- HBR Framework
  - Regulation of human biomedical research
    - Functions and duties of IRB (S17)
    - Functions and duties of RI (S23)
    - Approval and conduct of restricted research (S31)
    - Amendment to Third, Fourth and Fifth Schedules of the HBRA

**Phase 4**
- HTF Framework
  - Regulation of research tissue banking
    - Duties of tissue bank (S34-36) and other controls to be prescribed
    - Restrictions on activities relating to human tissue (S37)
    - Compelling person to donate tissue (S38)
    - Restriction on disclosure of information on tissue donor (S39)
    - Savings & transitional provisions for legacy human biological material (S64)

**Activation by Q4 2019**
What is considered human tissue under the HBRA?

**Definition of Human Tissue under the HBRA**

- Does the biological material contain human cells? **No**
- Is the human biological material ordinarily excreted or shed from the body? (e.g. hair, nail clippings, saliva, sweat, urine, feaces) **Yes**
- Has the human biological material been substantially manipulated**? (e.g. culture-expanded cells) **No**
- Is the human biological material individually-identifiable? **Yes**

**NOT** Human Tissue

**Human Tissue**

*N.B.* Processes that would not be considered to be substantial manipulation include cutting, grinding, shaping, centrifugation, soaking in antibiotic or antimicrobial solutions, sterilization, low-level irradiation, cell separation, concentration or purification, filtering, lyophilisation, freezing, cryopreservation, vitrification.
Definition of Tissue Bank under the HBRA

“...means an individual or a body of persons, whether corporate or unincorporate, or other organisation, that carries on or conducts any tissue banking activity...”

“...excludes an individual, a body of persons or an organisation that conducts any tissue banking activity solely for the purposes of the person’s or organisation’s own human biomedical research approved or exempted from review by an IRB.”

TISSUE BANKING ACTIVITIES

“... means a structured and an organised activity involving human tissue for the purposes of facilitating current or future research or for public health or epidemiological purposes or any combination of such purposes including any of the following activities:
(a) the collection, storage, procurement or importation of human tissue;
(b) the supply, provision or export of human tissue.
Am I a Tissue Bank?

Exclusion from tissue bank
If the tissue banking activity is conducted for the researcher’s:

i. own IRB approved HBR; or

ii. own Clinical Trial regulated under HPA/MA; or

iii. national public health research as defined in s.59 of IDA;

The researcher need not be a Tissue Bank (TB) or come under the supervision and control of a TB that has notified MOH of its operations.

Note: However, any individual, body of persons or tissue bank who conducts any tissue banking activity concurrently with or in addition to the above listed activities would not be excluded from being a tissue bank.

Scenario 1: Where researcher is considered a TB
A researcher intends to collect 10 ml of blood – 5ml of blood would be used for his/her own current HBR while the other 5ml of blood is stored for future research studies (i.e. collection of additional blood).

The researcher would be considered to be conducting tissue banking activities not just for his/her own IRB-approved HBR and would need to be a TB or come under the supervision and control of a TB.

Scenario 2: Where researcher is not considered a TB
A researcher intends to collect 10 ml of blood – the entire 10 ml was intended to be used in his/her own current HBR; however he/she only used 5 ml in the research and the other 5 ml was leftover. The researcher decides to store the leftover blood for his future HBR.

The researcher would be considered to be conducting tissue banking activities just for his/her own IRB-approved HBR. Hence the researcher would not need to be a TB or come under the supervision and control of a TB, until he/she decides supply the leftover blood to other researchers.
Tissue Banking Activities

Potential tissue banks:

- **Tissue vendors**
  (process tissue into tissue derivatives for supply)

- **Pathology labs**
  (those that collect tissue and process them into FFPE for use in research)

  # Formalin Fixed Paraffin Embedded

Tissue Banking Activities may include:

- a) Removal
- b) Collection
- c) Store
- d) Supply
- e) Import
- f) Export

- **Large tissue repositories**
  (e.g. Tissue Repository, Biobank/Tissue Network)

- **Smaller tissue banks**
  (e.g. bio-techs, clinics)

- **Individual researcher**
  (tissue banking activity)

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*Note: Person(s) who conduct tissue banking activity solely for the purpose of the person(s) own IRB approved human biomedical research is excluded from definition of “tissue bank”

**Note: De-identified FFPE is not considered human tissue under the HBRA
When is an entity considered a TB?

Scenario 1

Researcher asks biobank (BB) to conduct tissue banking activity on his or her behalf, but researcher remains responsible for complying with the HBRA.

Responsibility of the researcher in ensuring compliance with the HBRA for the tissue is clearly stated in agreement between researcher and BB.

Researcher to become a TB or come under an existing TB.

Scenario 2

Researcher asks BB to conduct tissue banking activity on his or her behalf, but BB is responsible for complying with the HBRA.

Responsibility of the BB in ensuring compliance with the HBRA for the tissue is clearly stated in agreement between researcher and BB.
When is an entity considered a TB?

Scenario 3
Hospital supplies left-over diagnostic tissue to a researcher for use in HBR as defined in section 3 of the HBRA

- Hospital A is a TB as it is supplying tissue
- Researcher is excluded from having to be a TB

Scenario 4
Hospital supplies left-over diagnostic tissue to a researcher for use in current or future research (that is not HBR)

- Hospital A is a TB as it is supplying tissue
- Researcher is considered a TB unless he comes under the governance of a TB.

Hospital A would need to notify MOH as a TB and would be required to ensure:

1. Consent requirements;
2. Diagnostic purposes have been completed before tissue is released.

Researcher would need to be a TB or come under the supervision and control of a TB if he is not conducting tissue banking activities for his own HBR.
Overview of Tissue Banking Regulations

1. Commencement & Cessation
   - Notification of operations
   - PPIC
   - Notification of Cessation

2. Operational requirements
   - Declaration of Compliance
   - Requirements before human tissue is released, supplied or exported
   - Protection of confidentiality of donor's information
   - Safety and welfare of donors

3. Consent Requirements
   - Tracking of consent and integrity of records
   - Imported tissue and legacy human biological material
   - Exemption from witness requirements

4. SAE & Contravention
   - Notification by recipient of HT to TB
   - Notification to Director by TB

5. For Transplantation Research
   - Documentation
   - Additional requirements before tissue is released, supplied or exported
   - Management of Tissue Contamination
   - Quality and Safety Management System
1. Commencement & Cessation of Tissue Banking Operations
Commencement and Cessation of Tissue Banking Operations

Notification of Operation

Existing Tissue Bank

Tissue bank that has started any tissue banking activity before appointed day*

Submit the notification no later than 30 days before the start of its first tissue banking activity

New Tissue Bank

Tissue bank that has not started any tissue banking activity before appointed day

Submit the notification no later than 30 days after "appointed day"

The notification required to be submitted by a tissue bank must be in the applicable form set out at the relevant website (TIARAS) and must contain all of the following information:

a) the name of the tissue bank and the address, telephone number and email address at which that tissue bank may be contacted;

b) such other information as may be required or specified in the form set out on that website (TIARAS).

* appointed day” refers to the activation date of the Human Tissue Framework
A tissue bank must notify MOH of its intention to cease operating as a tissue bank as soon as possible (not less than 30 days before the cessation of operation). The notification will include:

- **a)** disposal plan for the human tissue samples and information related to such tissue;
- **b)** date and reason for cessation
- **c)** where the plan involves the transfer of the human tissue or information related to the tissue to another tissue bank, it should also include —
  - i. name, address and contact particulars of the receiving bank; and
  - ii. documentary evidence provided by the receiving bank that the receiving bank will ensure that the intended use of the tissue is in accordance with any restrictions specified by the donors during consent-taking;
- **d)** such other information as the Director may in any particular case require.
Every tissue bank must designate a PPIC who is principally responsible for the management and control of any type of business or tissue banking activities of the tissue bank in Singapore.

The PPIC must fulfil the following requirements:

- is ordinarily resident in Singapore;
- is in the direct employment of, or acting for or by arrangement with, the tissue bank;
- has the authority to ensure that the tissue bank complies with the Act and these Regulations; and
- is suitably qualified to perform the duties of a person in charge.

Additionally, for a tissue bank that stores or supplies tissue for transplantational research, the PPIC must be a medical practitioner.

The PPIC must at all reasonable times be contactable for the purposes of the duties and functions of the tissue bank under the HBRA and its regulations.
The PPIC of the tissue bank is required to submit an annual declaration of compliance for all tissue banking activities conducted under the supervision and control of the tissue bank. The format of the annual declaration of compliance can be found in the First Schedule of the draft Tissue Banking Regulations.

The declaration of compliance must be made in writing and submitted to the Director on a date between 1 March and 18 April (both dates inclusive) of every year. (Same as declaration of compliance period for RIs)

A tissue bank satellite site refers to the locality where tissue is stored primarily for the purpose of onward supply of the tissue for use in research. Where tissue is stored at 2 or more premises located within the same building (bearing the same postal code in each premises’ address) and under the supervision and control of a single tissue bank, these premises are counted as a single site.

Notification of tissue bank to MOH: $1000 (one-time payment)

When tissue bank that stores or supplies tissue for the purpose of use in research involving human tissue transplantation declares compliance:
   (a) First site: $4000
   (b) For each additional site: $500

A tissue bank that does not store or supply tissue for human tissue transplantation will pay the following when declaring compliance annually:
   (a) For the first site: $1000
   (b) For each additional site: $500
2. Operational Requirements
Operational Requirements

Requirements before **individually-identifiable tissue** may be supplied to any person for use in research

Before any tissue bank can supply **individually-identifiable tissue** for use in research (excluding export), the tissue bank must ensure that:

**IRB Approval**

- An institutional review board (IRB) has approved the proposed research that the tissue would be used for; **and**

- **Documentary evidence** is provided by the receiving party that the receiving party will ensure that the intended use of the tissue is in accordance with any restrictions/conditions of the donors’ appropriate consent.

Before any tissue bank can export any **individually-identifiable tissue** is to be exported from Singapore, there must be:

- Appropriate consent has been obtained from the donor for the export or removal, as the case may be; **and**

- **Documentary evidence** is provided by the receiving party that the receiving party will ensure that the intended use of the tissue is in accordance with any restrictions/conditions of the donors’ appropriate consent.
Operational Requirements

Requirements before **non-identifiable tissue** may be supplied to any person for use in research

Before any tissue bank can supply **non-identifiable** tissue for use in research (excluding exporting), the tissue bank must ensure that:

- **IRB Approval**
  - An institutional review board has **approved** the proposed research that the tissue would be used for;

- **Scientific Merit**
  - The tissue bank is satisfied that there is **scientific merit** for the proposed research.

  **OR**

- **LOU**
  - **There is documentary evidence** provided by the receiving party that the receiving party will ensure that the intended use of the tissue is in accordance with any restrictions/conditions of the donors’ appropriate consent.

**NEW**

De-identified tissue may be exported even if consent had not been obtained for its export from the tissue donor. However, if the donor had stipulated that he/she did not wish for his/her tissue to be exported, his/her wishes should be respected.
Operational Requirements

Protection of confidentiality of donor’s information

A tissue bank must establish a system comprising such reasonable measures as may be necessary to protect the confidentiality of information relating to the donor of each tissue under the supervision and control of the tissue bank and to maintain the donor’s privacy.

Policy on Incidental Findings (IF)

A tissue bank must formulate a policy on whether or not the tissue donor should be re-identified and informed in the case of an incidental finding in relation to a tissue, and this policy must be communicated to all donors and recipients of every tissue received by the TB from the date that the HTF is activated.

If the TB’s policy provides for the donor to be re-identified and informed in the case of an IF, the donors’ wishes in this regard (i.e. whether they had consented to be re-identified and informed, or not) should be communicated to the recipient as well.
A tissue bank involved in the removal of tissue from tissue donors for use in research, must establish a system to ensure the safety and welfare of the tissue donors.

The system must at the minimum consider the following in relation to the tissue donor:

1. The qualifications of and training of the personnel involved in the removal of tissue;
2. The measures to prevent or control the spread of any communicable disease which is or may be due to the contamination or infection of any tissue;
3. The management of quality control and maintenance of instruments and equipment used for the removal of tissue.
3. Consent Requirements
Does my consent fulfill the requirements of “appropriate consent” as required under the HBRA?

You would be considered to have “appropriate consent” if it was obtained

(a) in writing;

(b) from the tissue donor personally or their legal proxies

(c) after the information referred to in section 12(2) has been provided and explained to the tissue donor or the persons authorised to give consent on the donor’s behalf under this Part, as the case may be; and

(d) in the presence of a witness (N.B. : Witness is not required where only leftover diagnostic tissue is used).
Exemption from need for appropriate consent if tissue collected before “appointed day”

To exempt compliance with the consent obligations under sections 12 and 37 to — the storage, supply and use of human tissue removed any time before the appointed date, where consent has been obtained in writing, after the minimal set of “core” information has been provided and explained.

The “core” information refers to the following:

- 12(2)(a) specific research purpose for which the tissue is intended to be used, if this information is available, otherwise, the purpose may be stated as for general research;
- 12(2)(f) the donor’s right to withdraw his or her consent and the limitations of such withdrawal; and
- 12(2)(i) the extent to which donor records will be kept confidential.
Appropriate Consent Requirements

Tracking Consent and Integrity of Records

A tissue bank must establish a system to accurately track donors’ consent in relation to each tissue under the supervision and control of the tissue bank and ensure the integrity of records of the consent and other information relating to the donor.

Imported tissue and legacy human biological material (includes human tissue)

Imported tissue
There must be documentary evidence that consent has been obtained in accordance with the legal or ethical requirements of the place where the tissue is imported from.

Legacy Human Biological Material

For “legacy human biological material” which had been removed from the donor’s body and rendered non-identifiable prior to the activation date of the HTF, the requirements of the HBRA will not apply except for: (1) prohibition against commercial trading of human tissue, (2) advertisement relating to the prohibition against commercial trading of human tissue, (3) restricted human biomedical research and (4) prohibited human biomedical research.
4. Reporting of SAE & Contraventions
SAE and Contravention Reporting by TBs

Suspected contravention/offence

TB submits all relevant information to MOH within **7 days** after knowing the event

Serious Adverse Event (SAE)
resulting from (1) tissue banking activity* or (2) removal of human tissue conducted under the Tissue Bank’s supervision and control

Death / Life Threatening

TB submits all relevant information to MOH within **7 days** after knowing the event

TB submits any additional relevant information to MOH within **8 days** after the record is made

Others

TB submits all relevant information to MOH within **15 days** after knowing the event

Note: SAE and SOC reporting forms can be found on TIARAS and should be submitted to hbr_enquiries@moh.gov.sg

*For human application only

No Change
Notification of Serious Adverse Event/ untoward occurrence

What is considered a Serious Adverse Event*/ untoward occurrence¹?

Any occurrence that
(i) results in or contributes to death;
(ii) is life-threatening;
(iii) requires in-patient hospitalisation or prolongation of existing hospitalisation;
(iv) results in or contributes to persistent or significant disability or incapacity;
(v) results in the transmission of a communicable disease;
(vi) results in any misidentification or mix-up of any type of tissue, gametes or embryo; or
(vii) results in or contributes to a congenital anomaly or birth defect.

*untoward occurrence associated with procurement, testing, processing, storage or distribution of human tissue intended for human application

¹associated with removal of tissue primarily for research
5. Additional Requirements for Tissue Banks Supporting Transplantation Research
Additional Requirements for TBs supporting Transplant Research

[Note: These requirements are for Transplantational Research TB: stores or supplies tissues for the purpose of use in research involving human tissue transplantation1.]

**Documentation**

A tissue bank must maintain a record containing a detailed description of the condition of each tissue under the supervision and control of the tissue bank, including any observed tissue abnormalities or imperfections.

**Notification by recipient of Human Tissue**

A tissue bank must ensure that the recipient of human tissue stored or supplied by the bank is informed in writing to notify the tissue bank immediately of any suspected transmission of a communicable disease through transplanted tissues or a serious adverse event.

The tissue bank must in turn make a notification of SAE or untoward occurrence associated with the removal of human tissue primarily for research to MOH.

1Human tissue transplantation” means the transplantation or grafting of any tissue from one part to the same/another part of a body of an individual or from the body of one individual to the body of another individual or individuals;
Additional Requirements for TBs supporting Transplant Research

[Note: These requirements are for Transplantational Research TB: stores or supplies tissues for the purpose of use in research involving human tissue transplantation.]

### Additional requirements before tissue is released, supplied or export

- PPIC authorisation of the release, supply or export of the tissue in writing;
- To provide the following information to the researcher receiving the tissue:
  1. source of tissue;
  2. donor screening process and tests conducted to ensure product safety and compatibility; and
  3. Any regulatory obligation of the tissue bank as a result of the removal, supply or export of the tissue, and the regulatory agencies connected with this obligation.

### Tracking of health information relevant to safety and quality of tissue

The tissue bank must establish a system to ensure the health information relevant to safety and quality of each tissue is accurately tracked.

### Management of tissue contamination

A tissue bank must establish a system to prevent or control the spread of any communicable disease which is or may be due to the contamination or infection of any tissue under its supervision and control. This system must at the **minimum** take into consideration the following:

- Traceability of tissue;
- Traceability of equipment and material used to process the tissue;
- Processing and preservation of tissue;
- Recall procedure for tissue.
Quality and safety management system

A tissue bank must establish a system to ensure the quality and safety of any tissue intended for use in human transplantation under its supervision and control. This system must at the minimum take into consideration the following:

- Qualification and training of personnel handling tissue;
- the method of processing and preservation to retain the biological function compatible with its intended use;
- Appropriate labelling and storage conditions;
- Management of quality control and inventory;
- Suitability and testing of tissue donors.

A tissue bank must establish an appropriate and effective system to ensure the recall of tissue which had been unintentionally or otherwise erroneously supplied for use in research involving human tissue transplantation.
Exemption of Clinical Trials from Human Tissue Framework (HTF)

Given that the conduct of clinical trials regulated under the HPA/MA is excluded from the HBR framework under the HBRA, conduct of tissue banking activities for the purpose of the person’s or organisation’s own clinical trial (under MA/HPA) will also be exempted from the HTF.

Draft HBR(Exemption) Regulation 2018

Exemption for tissue banking activities regulated under other legislation

4.—(1) Sections 34, 35, 36 and 37 of the Act do not apply to an individual, body of persons or tissue bank who conducts any tissue banking activity solely for the purpose of their own research or own clinical trial, which fall within any of the following descriptions:

a) National public health research as defined in and conducted in accordance with section 59A of the Infectious Diseases Act (Cap. 137).

b) clinical trials of health products conducted in accordance with the Health Products Act (Cap. 122D);

c) clinical trials of medicinal products conducted in accordance with the Medicines Act (Cap. 176).
Thank You