Guide to Completion of the Human Application Licence Application

The following activities can only take place under the authority of a licence from the Human Tissue Authority, in accordance with the Human Tissue Act:

- The storage of relevant material[1] which has come from a human body, for use for a Scheduled Purpose[2].

The following activities can only take place under the authority of a licence from the Human Tissue Authority, in accordance with the Human Tissue (Quality and Safety for Human Application) Regulations 2007:

- Procurement
- Testing
- Processing
- Storage
- Distribution
- Import
- Export

This document outlines the legal framework of the licensing system, explains the application process and provides guidance on how to complete the application form.

Further information on whether a licence in the human application sector is required is available on the HTA website.

Our Code of Practice E provides additional guidance on the licensing requirements for the Human Application sector.

[1] Go to https://www.hta.gov.uk/policies/material-covered-quality-and-safety-human-application-regulations for more information on relevant material in the human application sector

[2] See Schedule 1 of the HT Act (Scheduled Purposes) Part 1 and Part 2

General

1. The Human Tissue Authority (HTA) was established under the Human Tissue Act 2004 (HT Act). The HTA licenses a number of activities and undertakes inspections of establishments carrying out these activities to ensure the requirements of the HT Act and the Human Tissue (Quality and Safety for Human Application) Regulations 2007 are being met.
2. We operate a continuous licensing system, with an annual licensing fee, although in some circumstances we can issue fixed-term licences.
3. The HTA must receive an application before it can grant a licence. The application must specify the premises at which the licensable activities will take place. Where the establishment has multiple sites, such as a main site with remote satellite sites where human tissues or cells are procured, tested, processed, stored, distributed, imported or exported, we can accept a single application, provided:
    - the same Designated Individual (DI) is appointed for all sites; and
    - all sites work to the same procedures and governance arrangements.
4. Satellite sites are premises under the same governance arrangements as the main site (the hub), which are supervised by the same DI. We issue separate licences for the hub and for each satellite site, under the same licensing number. Satellite sites are eligible for a reduced licence fee.

Completing and submitting a licence application

5. Licence applications can be downloaded from the HTA website and should be submitted by email to licensing.enquiries@hta.gov.uk.
6. The application form has four sections:
    - Information about the establishment
    - Information about the DI and the Licence Holder
    - Information about how the HTA licensing standards are met
    - List of documents to be submitted as part of the application
7. The licensing standards section contains four sets of standards that applicants must assess and evaluate their performance against. These are:
    - Consent
    - Governance and Quality Systems
    - Premises, Facilities and Equipment
    - Disposal
8. The HTA will assess the information provided in the application form and the mandatory documents that must be submitted before the application can be assessed, taking this as evidence on which to base an informed and proportionate licensing decision.

9. Where we have considered it to be helpful, we have included guidance under individual standards to help you assess whether you meet them. You should include details of what procedures you have in place to meet each standard, or if the standard is not being fully met, what you are doing in order to achieve the standard. Key strengths or areas identified for improvement can also be given. For each applicable standard, the establishment should consider the evidence it has to demonstrate whether the standard is not met or met.

10. Where a standard is not applicable please select 'N/A' and provide an explanation of why the standard is not applicable to your establishment.

11. We may contact applicants and undertake a site visit to obtain any additional information or evidence required. This could be at any stage in the application process.

12. Where applications are complete and demonstrate a satisfactory level of compliance with standards we will aim to issue a licence offer within 20 working days of receipt of the application.

13. Any incorrect or misleading information provided in an application could lead to the revocation of any licence granted.

14. Applicants will need to complete their application and submit all relevant information before the application can be assessed. If an application is not completed due to delays at the establishment within three months from the start of assessment, the applicant(s) will need to repay the licence application fee before their application is further assessed.

15. If an application is rejected following assessment, the applicant(s) will need to repay the licence application fee if they wish to submit a new application.

Granting a licence

16. A licence will be granted when we receive written acknowledgement of the licence offer from the proposed DI and the Licence Holder.

17. If a licence application is refused or granted with conditions and the applicant chooses to challenge this decision, the proposed Licence Holder and/or the proposed DI must give notice of their intention to make representations within 28 days from the date that notice of the proposed licensing decision was given by the HTA (i.e. the date on the Licence Offer/Notice of Proposal letter). This is a strict time limit laid down by statute.

18. Notification of the intention to make representations may be given to the HTA either orally or in writing by the person entitled to make representations. If the request is given orally, it must be made to the Authority's Director of Regulation, one of the Regulation Managers or one of the Heads of Regulation only. The person receiving the oral request to make representations will record the request and confirm this in writing to the person proposing to make representations.
    The person entitled to make representations must after any oral request then confirm their intention to make representations in writing to the HTA. This may be by letter, email and/or fax to the Director of Regulation.

19. The following section gives specific help on completing the Application Form. Please contact us by emailing licensing.enquiries@hta.gov.uk if you need further information about any part of the application form or our process for considering licence applications.

How to complete the application form

Establishment Information

20. Establishment name

Please provide the name of the organisation on whose premises the activities will take place. Careful consideration should be given to where the licensed activities are going to take place and whether they extend to more than one area within the premises. Include the department name if applicable.

21. Establishment address

A licence application must specify the premises where the activities are to take place. The address of the main site should be stated in this section. Where the licensed activity will take place at more than one premises, such as a main site with satellite sites, a separate satellite licence would be needed for each site, however a single application for multiple licences may be made. Details of satellite sites should be recorded in the relevant section.

22. Names of person(s) who have consented to be designated on the licence (where the establishment is applying for a licence(s) on single premises)

The HT Act allows the DI to designate persons on the licence, with their agreement. Persons Designated can support a DI in overseeing licensable activities.

23. Select the tissue types that you intend to work with from the list of tissue types provided. If you intend to work with a tissue type that is not listed or you are unsure which tissue type to select, please contact us by emailing licensing.enquiries@hta.gov.uk.

Satellite Sites

24. Address of satellite site premises and activities to be licensed

Satellite sites are premises under the same governance arrangements as the main site (hub) and are supervised by the same DI. Each satellite site will have its own licence.

25. Names of person(s) who have consented to be designated on the licence at the satellite premises.

There should be a primary Person Designated at each satellite site who can direct licensable activities at the site and is accountable to the DI. Please provide the name of the primary Person(s) Designated on the licence for the satellite premises and any additional persons to be designated on the licence of the satellite premises.

Application to be Designated Individual (DI)

26. Information about the role of the DI is available on our website.

27. With regard to the organisational structure of the establishment, please indicate the lines of responsibility between the DI and any persons engaged in licensed activities

We must be satisfied the DI is able and willing to supervise the licensed activities. The relationship between the DI and those working under the licence should be described here, as well as the DI's position in the overall governance structure.

28. Please explain how the DI ensures that staff, who will be working under the licence, are appropriately qualified and trained in techniques relevant to their work and continuously update their skills.

The DI must ensure that suitable practices are carried out by those undertaking the licensed activities; staff training is an important part of this. The DI's role in ensuring that staff working under a licence are suitably qualified and trained should be described here.

29. Declaration

The DI must read and acknowledge each statement in this section.

Application to be Licence Holder/Corporate Licence Holder

30. The applicant can be a person or a corporate body and must be suitable to hold the position of Licence Holder. If the applicant is a corporate body, the application to be a Corporate Licence Holder must be completed by a person suitable to act as Licence Holder contact.

31. Declaration

The Licence Holder or Corporate Licence Holder contact must read and acknowledge each statement in this section.

Licensing Standards

32. The licensing standards are separated into four main themes: consent; governance and quality systems; premises, facilities and equipment and disposal. Each of these four sections must be completed.

33. It is important for establishments to demonstrate how they meet HTA quality standards. Please complete each section and provide examples below each Standard to evidence your establishment's compliance with that Standard.

List of mandatory documents to be submitted as part of the application form

34. You will need to submit all documents in the following checklist, together with the completed application form, before your application can be assessed.

35. Please note that these do not need to be separate documents, they may be embedded within other governance documents (e.g. the Quality Manual). If that is the case, please provide the relevant document and indicate the page numbers or section where the mandatory document can be found in the relevant 'Further information on documentation' section of the application form.

Application Checklist – Mandatory documents

Consent

For further guidance, see the HTA's Guide to Quality and Safety Assurance for Tissues and Cells for Patient Treatment, page 21

- ☐ Consent form
- ☐ Patient information sheet (or equivalent)

Governance and Quality Systems

For further guidance, see relevant sections in the HTA's Guide to Quality and Safety Assurance for Tissues and Cells for Patient Treatment

- ☐ Organisational chart
- ☐ Quality manual
- ☐ List of SOPs of licensable activities
- ☐ Details of induction programme for new staff/training plan
- ☐ List of providers where TPAs, SLAs or other agreements are/will be in place (e.g. testing labs, courier services)
- ☐ Policy for record creation, access, amendment, retention and destruction
- ☐ Traceability SOP
- ☐ Adverse events/reactions policy
- ☐ List of risk assessments relevant to licensable activities
- ☐ (Procurement only) Donor selection SOP
- ☐ (Testing only) Description of flow for testing samples, from sample procurement until analysis
- ☐ (Processing only) PPD(s) for each processing process (See Preparation Process Dossiers guidance for further information)
- ☐ (Distribution only) Transport validation information

Premises, Facilities and Equipment For further guidance, see the relevant sections in the HTA's Guide to Quality and Safety Assurance for Tissues and Cells for Patient Treatment
☐ Risk assessment of premises
☐ List of critical facilities, equipment, materials and reagents
Disposal For further guidance, see the HTA's Guide to Quality and Safety Assurance for Tissues and Cells for Patient Treatment, pages 37-38
☐ Disposal policy

Human Tissue (Quality and Safety for Human Application) Regulations 2007 Standards

Consent Standards
C1 Consent is obtained in accordance with the requirements of the HT Act 2004, the Human Tissue (Quality and Safety for Human Application) Regulations 2007 and as set out in the HTA's Codes of Practice.
a) If the establishment acts as a procurer of tissues and / or cells, there is an established process for acquiring donor consent which meets the requirements of the HT Act 2004 the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (Q&S Regulations) and the HTA's Codes of Practice
b) If there is a third party procuring tissues and / or cells on behalf of the establishment the third party agreement ensures that consent is obtained in accordance with the requirements of the HT Act 2004, the Q&S Regulations and the HTA's Codes of Practice.
c) The establishment or the third party's procedure on obtaining donor consent includes how potential donors are identified and who is able to take consent.
d) Consent forms comply with the HTA Codes of Practice.
e) Completed consent forms are included in records and are made accessible to those using or releasing tissue and / or cells for a Scheduled Purpose.
C2 Information about the consent process is provided and in a variety of formats.
a) The procedure on obtaining consent details what information will be provided to donors. As a minimum, the information specified by Directions 003/2010 is included.
b) If third parties act as procurers of tissues and / or cells, the third party agreement details what information will be provided to donors. As a minimum, the information specified by Directions 003/2010 is included.
c) Information is available in suitable formats and there is access to independent

interpreters when required.
d) There are procedures to ensure that information is provided to the donor or donor's family by trained personnel.
C3 Staff involved in seeking consent receive training and support in the implications and essential requirements of taking consent.
a) Staff involved in obtaining consent are provided with training on how to take informed consent in accordance with the requirements of the HT Act 2004 and Code of Practice on Consent.
b) Training records are kept demonstrating attendance at training on consent.

Governance and Quality standards
GQ1 All aspects of the establishment's work are supported by ratified documented policies and procedures as part of the overall governance process.
a) There is an organisational chart clearly defining the lines of accountability and reporting relationships.
b) There are procedures for all licensable activities that ensure integrity of tissue and / or cells and minimise the risk of contamination.
c) There are regular governance meetings, for example health and safety, risk management and clinical governance committees, which are recorded by agendas and minutes.
d) There is a document control system to ensure that changes to documents are reviewed, approved, dated and documented by an authorised person and only current documents are in use.
e) There are procedures for tissue and / or cell procurement, which ensure the safety of living donors.

f) There are procedures for tissue and / or cell procurement, which ensure the dignity of deceased donors.
g) There are procedures to ensure that an authorised person verifies that tissues and / or cells received by the establishment meet required specifications.
h) There are procedures for the management and quarantine of non-conforming consignments or those with incomplete test results, to ensure no risk of cross contamination.
i) There are procedures to ensure tissues and / or cells are not released from quarantine until verification has been completed and recorded.
j) There are procedures detailing the critical materials and reagents used and where applicable, materials and reagents meet the standards laid down by the European directives on medical devices and in vitro diagnostic medical devices.
k) There is a procedure for handling returned products.
l) There are procedures to ensure that in the event of termination of activities for whatever reason, stored tissues and / or cells are transferred to another licensed establishment or establishments.
m) The criteria for allocating tissues and / or cells to patients and health care institutions are documented and made available to these parties on request.
n) The establishment ensures imports from non EEA states meet the standards of quality and safety set out in Directions 003/2010.
o) There is a complaints system in place.
p) There are written agreements with third parties whenever an activity takes place that has the potential to influence the quality and safety of human tissues and / or cells.
q) There is a record of agreements established with third parties.

r) Third party agreements specify the responsibilities of the third party and meet the requirements set out in Directions 003/2010.
s) Third party agreements specify that the third party will inform the establishment in the event of a serious adverse reaction or event.
t) There are procedures for the re-provision of service in an emergency.
GQ2 There is a documented system of quality management and audit.
a) There is a quality management system which ensures continuous and systematic improvement.
b) There is an internal audit system for all licensable activities.
c) An audit is conducted in an independent manner at least every two years to verify compliance with protocols and HTA standards, and any findings and corrective actions are documented.
d) Processes affecting the quality and safety of tissues and / or cells are validated and undergo regular evaluation to ensure they continue to achieve the intended results.
GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills.
a) There are clearly documented job descriptions for all staff.
b) There are orientation and induction programmes for new staff.
c) There are continuous professional development (CPD) plans for staff and attendance at training is recorded.
d) There is annual documented mandatory training (e.g. health and safety and fire).

e) Personnel are trained in all tasks relevant to their work and their competence is recorded.
f) There is a documented training programme that ensures that staff have adequate knowledge of the scientific and ethical principles relevant to their work, and the regulatory context.
g) There is a documented training programme that ensures that staff understand the organisational structure and the quality systems used within the establishment.
h) There is a system of staff appraisal.
i) Where appropriate, staff are registered with a professional or statutory body.
j) There are training and reference manuals available.
k) The establishment is sufficiently staffed to carry out its activities.
GQ4 There is a systematic and planned approach to the management of records.
a) There are procedures for the creation, identification, maintenance, access, amendment, retention and destruction of records.
b) There is a system for the regular audit of records and their content to check for completeness, legibility and accuracy and to resolve any discrepancies found.
c) Written records are legible and indelible. Records kept in other formats such as computerised records are stored on a validated system.
d) There is a system for back-up / recovery in the event of loss of computerised records.
e) The establishment keeps a register of the types and quantities of tissues and / or cells that are procured, tested, preserved, processed, stored and distributed or otherwise disposed of, and on the origin and destination of tissues and cells intended for human application.

f) There are procedures to ensure that donor documentation, as specified by Directions 003/2010, is collected and maintained.
g) There is a system to ensure records are secure and that donor confidentiality is maintained in accordance with Directions 003/2010.
h) Raw data which are critical to the safety and quality of tissues and cells are kept for 10 years after the use, expiry date or disposal of tissues and / or cells.
i) The minimum data to ensure traceability from donor to recipient as required by Directions 003/2010 are kept for 30 years after the use, expiry or disposal of tissues and / or cells.
j) Records are kept of products and material coming into contact with the tissues and / or cells.
k) There are documented agreements with end users to ensure they record and store the data required by Directions 003/2010.
l) The establishment records the acceptance or rejection of tissue and / or cells that it receives and in the case of rejection why this rejection occurred.
m) In the event of termination of activities of the establishment a contingency plan to ensure records of traceability are maintained for 10 or 30 years as required.
GQ5 There are documented procedures for donor selection and exclusion, including donor criteria.
a) Donors are selected either by the establishment or the third party acting on its behalf in accordance with the criteria required by Directions 003/2010.
b) The testing of donors by the establishment or a third party on behalf of the establishment is carried out in accordance with the requirements of Directions 003/2010.
c) In cases other than autologous donors, donor selection is carried out by authorised personnel and signed and reviewed by a qualified health professional.

d) There is a system in place either at the establishment or at a third party acting on its behalf to record results of donor selection and associated tests.
e) Testing of donor samples is carried out using CE marked diagnostic tests.
f) Samples taken for donor testing are clearly labelled with the time and place the sample was taken and a unique donor identification code.
GQ6 A coding and records system facilitates traceability of tissues and / or cells, ensuring a robust audit trail.
a) There is a donor identification system which assigns a unique code to each donation and to each of the products associated with it.
b) An audit trail is maintained, which includes details of when the tissues and / or cells were acquired and from where, the uses to which the tissues and / or cells were put, when the tissues and / or cells were transferred elsewhere and to whom.
c) The establishment has procedures to ensure that tissues and / or cells imported, procured, processed, stored, distributed and exported are traceable from donor to recipient and vice versa.
GQ7 There are systems to ensure that all adverse events, reactions and/or incidents are investigated promptly.
a) There are procedures for the identification, reporting, investigation and recording of adverse events and reactions, including documentation of any corrective or preventative actions.
b) There is a system to receive and distribute national and local information (e.g. HTA regulatory alerts) and notify the HTA and other establishments as necessary of serious adverse events or reactions.
c) The responsibilities of personnel investigating adverse events and reactions are clearly defined.

d) There are procedures to identify and decide the fate of tissues and / or cells affected by an adverse event, reaction or deviation from the required quality and safety standards.
e) In the event of a recall, there are personnel authorised within the establishment to assess the need for a recall and if appropriate initiate and coordinate a recall.
f) There is an effective, documented recall procedure which includes a description of responsibilities and actions to be taken in the event of a recall including notification of the HTA and pre-defined times in which actions must be taken.
g) Establishments distributing tissue and / or cells provide information to end users on how to report a serious adverse event or reaction and have agreements with them specifying that they will report these events or reactions.
h) Establishments distributing tissues and / or cells have systems to receive notifications of serious adverse events and reactions from end users and notify the HTA.
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately.
a) There are documented risk assessments for all practices and processes.
b) Risk assessments are reviewed regularly, as a minimum annually or when any changes are made that may affect the quality and safety of tissues and cells.
c) Staff can access risk assessments and are made aware of local hazards at training.
d) A documented risk assessment is carried out to decide the fate of any tissue and / or cells stored prior to the introduction of a new donor selection criteria or a new processing step, which enhances the quality and safety of tissue and / or cells.

Premises, Facilities and Equipment standards
PFE1 The premises are fit for purpose.
a) A risk assessment has been carried out of the premises to ensure that they are fit for purpose.
b) There are procedures to review and maintain the safety of staff, visitors and patients.
c) The premises have sufficient space for procedures to be carried out safely and efficiently.
d) Where appropriate, there are procedures to ensure that the premises are of a standard that ensures the dignity of deceased persons.
e) There are procedures to ensure that the premises are secure and confidentiality is maintained.
f) There is access to a nominated, registered medical practitioner and / or a scientific advisor to provide advice and oversee the establishment's medical and scientific activities.
PFE2 Environmental controls are in place to avoid potential contamination.
a) Tissues and / or cells stored in quarantine are stored separately from tissue and / or cells that have been released from quarantine.
b) Where processing of tissues and / or cells involves exposure to the environment, it occurs in an appropriate, monitored environment as required by Directions 003/2010.
c) There are procedures for cleaning and decontamination.
d) Staff are provided with appropriate protective clothing and equipment that minimise the risk of contamination of tissue and / or cells and the risk of infection to themselves.

PFE3 There are appropriate facilities for the storage of tissues and / or cells, consumables and records.
a) Tissues, cells, consumables and records are stored in secure environments and precautions are taken to minimise risk of damage, theft or contamination.
b) There are systems to deal with emergencies on a 24 hour basis.
c) Tissues and / or cells are stored in controlled, monitored and recorded conditions that maintain tissue and / or cell integrity.
d) There is a documented, specified maximum storage period for tissues and / or cells.
PFE4 Systems are in place to protect the quality and integrity of tissues and / or cells during transport and delivery to its destination.
a) There is a system to ensure tissue and / or cells are not distributed until they meet the standards laid down by Directions 003/2010.
b) There are procedures for the transport of tissues and / or cells which reflect identified risks associated with transport.
c) There is a system to ensure that traceability of tissues and / or cells is maintained during transport.
d) Records are kept of transportation and delivery.
e) Tissues and / or cells are packaged and transported in a manner and under conditions that minimise the risk of contamination and ensure their safety and quality.
f) There are third party agreements with courier or transport companies to ensure that any specific transport conditions required are maintained.
g) Critical transport conditions required to maintain the properties of tissue and / or cells are defined and documented.

h) Packaging and containers used for transportation are validated to ensure they are fit for purpose.
i) Primary packaging containing tissues and / or cells is labelled with the information required by Directions.
j) Shipping packaging containing tissues and / or cells is labelled with the information required by Directions.
PFE5 Equipment is appropriate for use, maintained, quality assured, validated and where appropriate monitored.
a) Critical equipment and technical devices are identified, validated, regularly inspected and records are maintained.
b) Critical equipment is maintained and serviced in accordance with the manufacturer's instructions.
c) Equipment affecting critical processes and storage parameters is identified and monitored to detect malfunctions and defects and procedures are in place to take any corrective actions.
d) New and repaired equipment is validated before use and this is documented.
e) There are documented agreements with maintenance companies.
f) Cleaning, disinfection and sanitation of critical equipment is performed regularly and this is recorded.
g) Instruments and devices used for procurement are sterile, validated and regularly maintained.
h) Users have access to instructions for equipment and receive training in the use of equipment and maintenance where appropriate.

i) Staff are aware of how to report an equipment problem.
j) For each critical process, the materials, equipment and personnel are identified and documented.
k) There are contingency plans for equipment failure.

Disposal standards
D1 There is a clear and sensitive policy for disposing of tissues and / or cells.
a) The disposal policy complies with HTA's Codes of Practice.
b) The disposal procedure complies with Health and Safety recommendations.
c) There is a documented procedure on disposal which ensures that there is no cross contamination.
D2 The reasons for disposal and the methods used are carefully documented.
a) There is a procedure for tracking the disposal of tissue and / or cells that details the method and reason for disposal.
b) Disposal arrangements reflect (where applicable) the consent given for disposal.

Glossary

Adverse event	Any event that: • Caused harm or had the potential to cause harm to staff or visitors. • Led to, or had the potential to lead to, a breach of security of the premises and the contents contained therein. • Caused harm or had the potential to cause harm to stored human tissue (including loss) • Gave rise to an internal inquiry. Once an establishment is licensed, any breach of the HT Act or the codes of practice will be considered to be an adverse event.
Code of practice	The HTA codes of practice provide guidance and lay down expected standards for each of the sectors we regulate. There are nine codes available via the HTA website.
Designated Individual (DI)	The individual designated on the licence to supervise the licensable activities being carried out. DIs are trained by the HTA to carry out this important role and they have statutory responsibilities they must fulfil.
Existing holdings	The body of a deceased person, or any relevant material which has come from the human body, held immediately prior to 1 September 2006.
Licensed premises	Where the licensed activity takes place. If the licensed activity will take place at more than one place, a separate licence will be issued for each place. Premises in different streets or with different postal codes are considered as being in different places. In contrast, different buildings on a hospital site could be regarded as the same place.
Licence Holder (LH)	The person who holds a licence and is responsible for the payment of any fees charged by the HTA. The LH can be a corporate body. Where the applicant is not the proposed DI, the HTA must be satisfied that the applicant is a suitable person to be the holder of the licence.
Person designated (PD)	A person, or persons, nominated by the DI (in writing to the HTA) who has the ability to 'direct' others in relation to the conduct of activities licensed under the Human Tissue Act 2004. There must be a Person Designated at each satellite site who can direct activities that are licensed there and who is accountable to the DI at the main hub site.

Relevant material	Defined by the HT Act as material other than gametes, which consists of, or includes, human cells. In the HT Act, references to relevant material from a human body do not include: (a) embryos outside the human body, or (b) hair and nail from the body of a living person. See policy guidance on how to apply this definition on the HTA website.
Tissue	Any and all constituent part/s of the human body formed by cells.