2001 Shared Pathology Informatics Network (SPIN)

Expedited review by HMS IRB of feasibility study

- Developed and tested technologies to address HIPAA requirements
 - scrubbing program
 - limited data set
 - anonymous data set
 - no ongoing aggregation of data
- Worked with IRBs (HMS, Partners, BIDMC, CH) to design approach to potential distribution of specimens

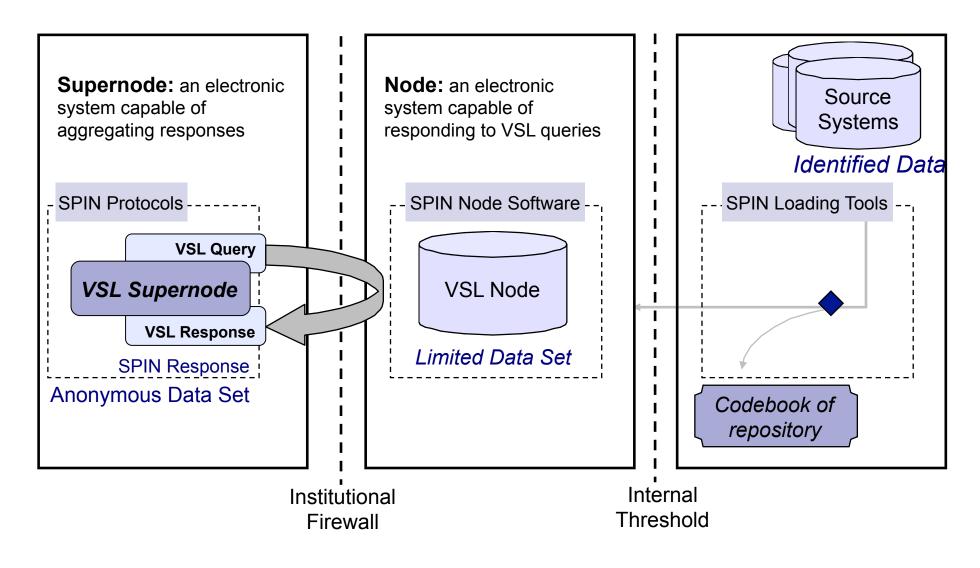
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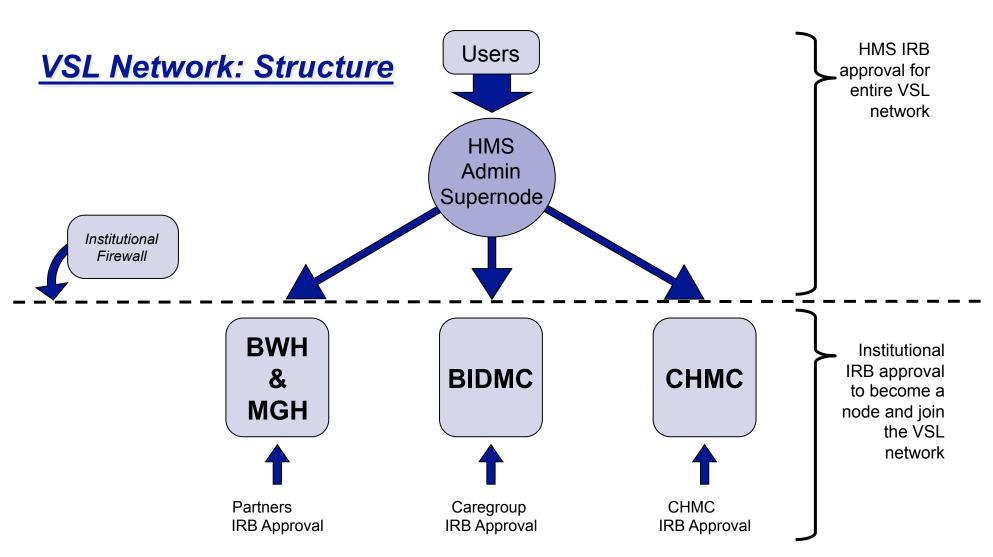
HMS IRB staff and Harvard-affiliated hospitals' IRB leadership and pathologists met with OHRP and NCI

Conclusions

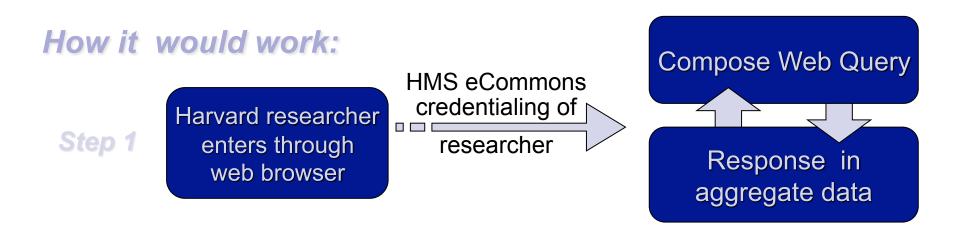
- Approved concept of de-centralized model
 -- VSL -- to facilitate specimen identification and location
- Agreed by HMS and Harvard-affiliated hospitals that HMS IRB would do review of the VSL network model prior to launching it at hospitals

Data Flow and Tool Sets: HIPAA compliance via programming, data location, and firewall protection





Following Hospitals established rules for its repositories per se



Researchers' local IRB reviews study protocol requiring specimens/clinical information, etc

Repository's local IRB, as necessary, review request or allows repository to grant access according to established access business rules (apparently by local IRB)

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Virtual Specimen Locator Network

Principles for Operating Network

- Each institution is responsible for compliance to its internal human subjects protection structure and for HIPAA
- Each repository in the VSL network must have prior approval from its local IRB to engage in the activities of the VSL network
- Each repository must comply with the VSL network guidelines and use VSL-approved software to continue its involvement in the VSL network.
- Distribution of specimens and/or information will be done at the discretion of, and in accordance to, the participating repository's access business rules as well as the host institution's IRB and research governance policies.
- An Oversight Committee to address any potential issues between repositories and users. Current Oversight Committee to comprise chiefs of surgical pathology services in each of 4 hospitals. As nonpathology department repositories join the VSL, composition of the VSL Oversight Committee to be reconsidered.