

	<h2>Serum Banking Guidelines</h2>	<b>Document Number:</b> <b>EHS.SERBANK.07.01</b>
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### 1.0 Purpose and Applicability

- 1.1. Typically, the purpose of serum banking is to give the University the ability to compare serum obtained after an acute illness or exposure with serum obtained before the illness or exposure began. Serum banking should be conducted only when there is a clear reason for obtaining the specimens and there is a plan to analyze the data as part of a risk assessment strategy. The CDC and NIH (CDC-NIH 1999) recommend serum banking and serological surveillance *when a substantial risk* of occupational illness is associated with an agent under study and methods are available to measure immunological response to the agent. All biohazardous research conducted at or sponsored by the University of Massachusetts is conducted in accordance with NIH/CDC Guidelines in Biosafety in Microbiological and Biomedical Laboratories “BMBL”.
- 1.2. Many important issues would need to be implemented in advance of instituting a serum banking program, including chain of custody, confidentiality, identification and handling of samples, retention, potential deterioration of sample quality over time, and cost. The program should include informed consent of employees and should allow them to decline to participate.

### 2.0 Definitions

- 2.1 Serum banking is the collection and frozen storage of serum samples obtained from employees who may be at risk for occupationally acquired infection.

### 3.0 Roles and Responsibilities

- 3.1 **Key Personnel** - The Occupational Health Committee is the principal campus committee charged with advising on matters that relate to the exposure to biological hazards at the University of Massachusetts.

### 4.0 Procedure

- 4.1 The Occupational Safety Committee has recommended that serum banking is *not* necessary at this time.

- 4.2 The Occupational Health Committee may institute programs and procedures, such as requirements for limiting access, collection and storage of serum samples, immunization, screening tests, medical surveillance, and post-exposure counseling and prophylaxis.
- 4.3 The Biosafety Officer provides consultation and training at the individual lab and department level regarding the safe use of biologically hazardous agents and appropriate action to take upon exposure.
- 4.4 The Occupational Health Committee reviews reports related to its area of concern to determine appropriate action.

## **5.0 Key References**

- 5.1 *Biosafety in Microbiological and Biomedical Laboratories (BMBL)* 5th Edition, Centers for Disease Control, Atlanta, Georgia; 2007