I. DESCRIPTION

The following policies and procedures for the Huntsman Cancer Institute/Foundation (HCI/HCF) are formulated in cooperation with the University of Utah (U of U) Development Office’s Development Standards and Procedures.

All cancer fundraising will be conducted by HCF or its designee. The U of U requires strict adherence to the aforementioned policies, including, but not limited to, clearing and reserving donors, clearance of corporate and foundation prospects, University President’s reserved donor list, annual giving, planned giving, corporate and foundation giving, gift recording, gift accounts, confidentiality of donor records, standards and procedures for named endowed funds, and standards and procedures for named buildings and other physical facilities.

II. APPLIES TO

A. Employees working at Huntsman Cancer Institute (HCI), Huntsman Cancer Hospital (HCH), Huntsman Cancer Foundation (HCF), and the University of Utah (U of U). All references to employees includes those working either in cancer-related research, patient care, or any supportive capacity, whether at HCI or any off-site location.

III. POLICY(S)

A. HCF will record and acknowledge all gifts and recognize all donors according to its approved policies.

IV. PROCEDURES

A. Gift Delivery, Receipting, Acknowledgment, and Distribution

1. For gifts directed to HCI:

   a) All contributions are processed through HCF and U of U donor databases to ensure proper record-keeping and acknowledgment.

   b) Upon HCF receiving a donation made payable to HCI, HCF personnel will complete a Gift Deposit Form and forward it to the U of U Central Development Office for deposit with the method of payment (checks only) and copies of any associated correspondence attached.

   c) HCF will acknowledge all donations made payable to HCI by sending an acknowledgment letter signed by the Foundation’s President & COO to the donor. HCF will notify Disease Centers and gift recipients in order for HCI to also acknowledge donors.

   d) HCF maintains a record of all HCI gifts in the donor database known as Blackbaud/Raiser’s Edge. The University also maintains these records in Advance. Advance and Blackbaud are reconciled monthly.
e) Philanthropic funds made payable to HCI and restricted to an investigator for cancer research will be routed through the associated HCI Disease Center for transparency and then assigned to the individual investigator, as specified by the donor, during the annual HCI budget process. This will be done via a Pilot Project RFP process, which will outline the investigator’s intended use of the funds. This applies to gifts of $10,000 and greater. For gifts under $10,000, the identified investigator will collaborate with the respective Disease Center Leader to coordinate the use of funds in accordance to donor wishes.

f) Philanthropic funds made payable to HCI, which are restricted to a particular disease type, are to be allocated to the affiliated Disease Center, as specified by the donor, during the annual HCI budget process. Quarterly reports from HCF will be sent to Disease Centers and the Disease Center administrative team and will include unaudited and pertinent gift information.

g) Philanthropic funds not intended for a particular disease or otherwise restricted will be utilized and managed by HCI leadership during the annual budget process to fund/support the area of highest need within HCI.

2. For gifts directed to Huntsman Cancer Foundation (HCF):

a) HCF will deposit all contributions made payable to HCF to an HCF-held bank account. The majority of these funds are disbursed to HCI on July 1st of the next fiscal year. This is in line with the philosophy of “raise it this year, spend it in next year’s budget”, after review by HCI’s Finance Committee. Accomodations can be made for gifts of $50,000 or higher (see 2.e. below).

b) HCF sends acknowledgment, signed by the Foundation’s President & COO, to the donor. HCF will notify Disease Centers and gift recipients in order for HCI to acknowledge donors with a letter.

c) HCF maintains a record of all gifts directed to HCF in the HCF donor database.

d) For those gifts made payable to HCF, the routing of such gifts and reporting of such gifts will follow the same guidelines as noted in 1.e. and 1.f. above.

e) Individual philanthropic gifts of $50,000 or more may be requested outside of the annual U of U budget cycle by submitting a letter of intent to the Disease Center Leader and Senior Leader with oversight over HCI’s Disease Centers. This individual will request approval by Senior Leadership within two weeks. The funds will be disbursed within two weeks to the Disease Center or individual investigator, as specified by the donor’s wishes.

B. Donor Recognition

1. Donor Scrolls

a) All donors who contribute cumulative amounts between $2,500-$9,999 receive public acknowledgment on the Annual Giving donor scrolls, located throughout the Huntsman Cancer buildings. The Annual Giving donor scrolls reflect gifts received during the previous calendar year.
b) All donors whose cumulative gifts total $10,000 or more receive permanent public acknowledgment on HCI donor scrolls. HCF staff reviews the cumulative gift totals for every donor annually and updates the donor scrolls accordingly.

(1) The following categories apply to various levels of cumulative gifts:

1. Friends ($10,000-$49,999)
2. Partners
   i. Silver Partners ($50,000-$99,999)
   ii. Gold Partners ($100,000-$249,999)
   iii. Platinum Partners ($250,000-$499,999)
3. Patrons ($500,000-$999,999)
4. Benefactors ($1,000,000 and above)
5. Guarantors (planned gifts – minimum of $50,000)

c) All donors who contributed a minimum of $2,500 to HCI on or before December 31, 2001 are designated Founding Members of Huntsman Cancer Institute.

2. Donor Cultivation

a) HCF appropriately recognizes major donors ($10,000 and more) and continues to cultivate their interest in and support of HCI and its programs. Appreciation activities and events provided to major donors may include the following:

(1) Donor scroll recognition
(2) Luncheons recognizing and thanking Friends ($10,000-$49,999)
(3) Annual reception and dinner honoring Partners ($50,000-$499,999)
(4) Reception, luncheon, or dinner at HCI or other locations for Patrons ($500,000 and more – cash gifts)
(5) Ongoing recognition in selected print and program materials
(6) Annual report, Holiday card, and other relevant updates on HCI’s work

b) Cultivation of donors who contribute less than $10,000 per year is also an important function of the development office. These donors may receive the following:

(1) Personal “thank you” correspondence
(2) Direct mail solicitations
(3) Newsletter and other relevant updates on HCI’s work
Huntsman Cancer Institute

Policies and Procedures

Communications and Public Affairs Offices – External Inquiries

Administrative Policy Number: 3.2

I. DESCRIPTION

This policy establishes protocol for reviewing and responding to comments or information requests from patients, the public, and external organizations.

II. APPLIES TO

All Huntsman Cancer Institute (HCI) research and cancer hospital clinics, departments, and employees.

III. DEFINITIONS

IV. POLICY(IES)

A. The Communications and Public Affairs Offices receive and review questions, requests, and commentary from patients, the public, and external organizations via the public website, e-mail, and social networking sites and forums.

B. The Communications and Public Affairs Offices are responsible for determining the appropriate course of action, which may include forwarding inquiries to the Patient and Public Education Department (via the Cancer Learning Center), Huntsman Cancer Foundation, Volunteer Services, or other groups for response.

V. PROCEDURE

A. Response to written or web-generated inquiries depends on the nature of the inquiry:

1. Communications web team members respond to web-related updates, fixes, site functionality issues, and link requests from outside organizations.

2. Cancer Learning Center staff answer cancer diagnosis, treatment, alternative therapies, or general information inquiries.

3. Huntsman Cancer Foundation staff address donation and fundraising questions.

4. HCI Volunteer Services responds to inquiries about group services projects.

5. The Public Affairs Office responds to inquiries regarding proposed cancer “cures,” partnerships, complaints, and public affairs issues, or route them to the appropriate group for response.

6. Financial and business-related inquiries for Jon M. Huntsman are forwarded to Huntsman Corporation, as well as requests for financial assistance specifically addressed to Jon M. Huntsman.

B. The Communications Office reviews all inquiries received through HCI’s public website (www.huntsmancancer.org) via webmaster@hci.utah.edu and routes them to the appropriate group for response.
C. The Public Affairs Office receives and responds to inquiries via e-mail through public.affairs@hci.utah.edu. See the Media Relations Policy 3.3 for information about requests from the news media.

D. The Communications and Public Affairs Offices maintain an official HCI presence on all social networking sites and forums, including Facebook, Twitter, Pinterest, Instagram, Google+, LinkedIn, YouTube, and blogs. They monitor and respond to inquiries or forward to the appropriate group as indicated in section IV of this policy.
I. DESCRIPTION

This policy establishes protocol for information provided to the public through the news media.

II. APPLIES TO

A. All Huntsman Cancer Institute (HCI) research and cancer hospital clinics, departments, and employees

B. Patients and non-staff members

III. DEFINITIONS

The terms “media” and “news media” apply to all news media outlets—internal to the University of Utah or externally—including traditional newspapers, magazines, radio, and television as well as online news outlets.

IV. POLICY(IES)

The HCI Public Affairs team provides information to the public through the news media and keeps HCI’s directors, staff, and Huntsman Cancer Foundation informed of media activities involving HCI.

V. PROCEDURES

A. Inform the Public Affairs team (public.affairs@hci.utah.edu) before publication of a scientific report or presentation of a report at a scientific meeting when you anticipate there will be interest from the media.

1. When possible, notify the Public Affairs team at least three weeks in advance of the embargo date.

2. Public Affairs, in conjunction with senior leadership, will determine the best course for publicizing information. Options include highlighting in HCI’s staff newsletter, on HCI’s social media channels, a press release, a media pitch, a blog post on HCI’s website, for example.

B. Public Affairs will provide appropriate training and resources to the staff or faculty member to best prepare them for the interview. The Public Affairs team can advise and assist faculty and staff to maximize the outcome of interviews with media and provide up-to-date background information and materials as preparation for interviews.

C. Consult the Public Affairs team before any information is provided when a representative of the media or any outside organization involved in media-related activities contacts HCI faculty or staff to request an interview, appearance, or information.
D. In cases where unanticipated interviews resulting from professional presentations, programs, or speeches outside HCI cannot be cleared in advance, notify the Public Affairs team immediately afterward.

E. Faculty and staff should contact the Public Affairs team well in advance to discuss publicity or promotion for potentially newsworthy events.

F. The Public Affairs team approves and releases to the media all written news announcements and broadcast spots.

G. Huntsman Cancer Institute’s official name is Huntsman Cancer Institute at the University of Utah. When participating in a media interview, all faculty and staff should identify themselves using their HCI affiliation (e.g., HCI medical oncologist or HCI breast cancer researcher) and their University professorship rank, if applicable (e.g., Professor of Internal Medicine). Other titles should not be used unless directly relevant to the topic of the interview.

H. Interviews, photographs, and videotaping of patients, volunteers, or visitors to HCI by the media or any external organization require prior approval by the Public Affairs team. A representative of the Public Affairs team must supervise any activity at HCI that involves protected health information of any person who is a patient. This includes supervision of activities where patient care is ongoing. Requesting organizations may be required to sign a visitor privacy agreement, HCI’s location agreement, and provide proof of indemnity insurance. In any case where a patient name or identifying information is disclosed, a patient consent form must be signed, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

I. The Public Affairs Office must approve all photography (whether interior or exterior at HCI), including videotaping, of HCI research or cancer hospital buildings.

J. Whenever possible, a representative from the Public Affairs team should attend any faculty, staff, or patient interview with media reporters.
HUNTSMAN CANCER INSTITUTE
Policies and Procedures
External Advisory Board
Administrative Policy Number: 3.4

I. DESCRIPTION
To outline the function and operational process of the External Advisory Board.

II. APPLIES TO
A. HCI Senior Leadership

III. DEFINITIONS

IV. POLICY(IES)
A. It is the policy of Huntsman Cancer Institute (HCI) to maintain an External Advisory Board (EAB). The EAB will serve in an advisory capacity, evaluating the scientific merit of HCI’s research programs and their standing in the national and international scientific communities, the quality of clinical/translational programs and their reputation at a regional or national level, and the overall direction of the Institute. The EAB will assess allocation of research funds considering these criteria:

1. Scientific quality of the research
2. Probability of success and impact on public health
3. Cancer focus of research and portfolio diversity
4. Maintenance of an outstanding scientific infrastructure

V. PROCEDURES
A. The EAB will meet as a group at HCI for generally 1½ days annually; Members may occasionally also be asked to review materials or consult via telephone.
B. The EAB will report its findings, through both the HCI Chief Executive Officer (CEO) & Executive Director of the Comprehensive Cancer Center at HCI, to HCI Senior Leadership, within one month of each annual meeting.
C. The EAB will consist of five to ten members, with one member serving as Chair.
D. Members will serve for renewable five-year terms.
E. A letter inviting the candidate to participate will be issued by the CEO & Executive Director.

EAB members with administrative, scientific and/or clinical expertise will receive annual compensation of $5,000 plus travel expenses, generally paid following the annual meeting. The EAB chair will receive an administrative supplement to his/her annual honorarium, for a total annual compensation of $7,500.

1. Payment of honorarium is commensurate with participation in activities related to service on the EAB. All EAB members are expected to participate in person at the annual meeting of the EAB at HCI. Full participation is expected for all scheduled EAB meeting activities. The annual EAB meeting is scheduled several months in advance of the meeting date(s). Every effort will be made to schedule the EAB meeting on date(s) that work for all EAB members.
I. DESCRIPTION

This policy outlines stationery and business cards available to employees and defines the process for obtaining these items.

II. APPLIES TO

All Huntsman Cancer Institute (HCI) research and cancer hospital clinics, departments, and employees

III. DEFINITIONS

Stationery includes letterhead and any size of envelope that includes the official HCI logo.

IV. POLICY(IES)

A. Standard HCI templates are used for all letterhead, envelopes, and business cards. HCI works with the University of Utah’s Print and Mail Services for the best bulk pricing on standard letterhead, envelope, and business card orders.

B. HCI faculty, administrative directors, and staff who regularly interact with the public or other professional organizations may order business cards.

C. Requests for program-specific or customized stationery or business cards must be submitted to the Communications Office.

V. PROCEDURES

Place orders for stationery and business cards through the Communications Office. Submit a Request for Communications on HCI’s internal website.
I. DESCRIPTION

This policy outlines the function and operational process of the Cancer Center Support Grant (CCSG) Internal Advisory Board.

II. APPLIES TO

III. DEFINITIONS

A. Cancer Center Support Grant (CCSG): The funding mechanism by which Huntsman Cancer Institute (HCI) maintains its designation as a National Cancer Institute (NCI) Comprehensive Cancer Center. NCI provides financial resources to support the University’s research infrastructure, including shared resources, and foster interdisciplinary and transdisciplinary collaboration and coordination, thereby strengthening productivity and quality of research at the University.

IV. POLICY(IES)

A. HCI maintains an Internal Advisory Board (IAB) for the Cancer Center Support Grant.

B. The IAB serves in an advisory capacity, evaluating the scientific merit of Cancer Center research and clinical/translational programs, relevant prevention and outreach activities, the provision of shared resource facilities, and the interactivity of the Center’s programs and functions.

V. PROCEDURES

A. The IAB consists of deans of colleges and presidents or directors of major University of Utah institutions which have faculty with current or potential cancer interests. HCI’s CEO serves as chair and HCI’s Cancer Center Executive Director serves as Co-Chair.

B. Appointments to the IAB are permanent based on role as dean of a college and/or presidents and directors of major University of Utah institutions. The HCI CEO issues a letter inviting the college or institution successor to participate.

C. The IAB meets at least two times per year. Members may also occasionally be asked to attend select programmatic meetings, review materials, or consult via telephone.

D. CCSG administration makes the Research Leadership Council (RLC) meeting minutes available to the IAB membership after a five year period coinciding with the CCSG Site Visit RLC Binder.
HUNTSMAN CANCER INSTITUTE
Policies and Procedures
Policy Number: 3.7

I. DESCRIPTION

   This policy has been retired and is no longer active.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures

HCI Buildingwide Posting of Notices
Administrative Policy Number 3.8

I. DESCRIPTION

To set forth the regulations governing announcements and notices posted on bulletin boards of Huntsman Cancer Institute.

II. APPLIES TO

A. HCI Employees
B. Contract Employees
C. Vendors
D. Visitors

III. DEFINITIONS

A. Bulletin boards include those located in break rooms on all floors of the HCI building as well as laboratory hallways.
B. Notices include (but are not limited to) announcements, seminar postings, general research speaker invitations, job postings, pertinent employee information, building/construction notices, and vendor or professional announcements of interest to HCI employees.

IV. POLICY(IES)

A. Notices will be posted only in designated locations. Taping signs or other items to walls and doors is prohibited.

V. PROCEDURES

A. Postings require prior approval by the HCI General Administration for all non-scientific postings. All scientific postings must be approved by the assigned administrative assistant per lab floor.
B. Mission-specific items are given priority; with date-sensitive items given top priority.
C. Items will be removed from bulletin boards in a timely manner after expiration date. All items without an expiration date will be evaluated monthly as to whether they should remain posted.
D. Vendor/product show notices must be approved/posted by purchasing department.
E. Bulletin boards may not be used for solicitation, nor should they be used to display advertisements or materials of other organizations.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Communications and Public Affairs – Logo Usage
Administrative Policy Number: 3.9

I. DESCRIPTION
This policy establishes proper use of the HCI logo and defines the process for obtaining logos.

II. APPLIES TO
A. All Huntsman Cancer Institute (HCI) research and cancer hospital clinics, departments, and employees
B. All vendors or outside agencies using the HCI logo for any reason

III. DEFINITIONS
A logo is a legally protected mark used to establish immediate recognition and identity of an organization. HCI has a logo that presents our cancer-focused research and patient care identity.

IV. POLICY(IES)
A. HCI comprises research laboratories, educational and outreach programs, outpatient clinics, and a cancer hospital. The HCI logo is used on all print materials, websites, lab coats/white coats, and customized promotional products (see Procedures below).
B. All cancer-focused clinical materials must be cobranded with both the HCI and the University of Utah Health logo. HCI and University of Utah Health maintain the approval process to ensure cobranding standards for each organization are met.
C. Any cancer-focused materials must be branded with HCI’s logo. HCI communications and public affairs should be involved at the outset of any cancer-focused project, and must provide final approval of such materials prior to distribution.
D. Logo must follow the approved brand guidelines related to color, size, resolution, and placement on a product. HCI Communications maintains an online resource with approved templates and brand assets.
E. The Communications and Public Affairs team must approve any second party’s use of the HCI logo in any manner and all situations in which the HCI logo appears with another logo.
F. Special logos for departments or programs within HCI are not allowed. This allows us to maintain style consistency and brand recognition.

V. PROCEDURES
A. Order approved business cards, appointment cards, envelopes, printed letterhead, and other stationery with the HCI logo directly through Print & Mail Services, 801-581-6171 or uprint@utah.edu.
B. Find branded electronic letterhead, research poster templates, PowerPoint slide decks, and more on the HCI Pulse Templates and Brand Assets page.

C. Order official HCI-branded lab and white coats through the University of Utah Health Sciences Store. For specifics about dual branding, view the U of U Health Lab Coat Guidelines.

D. Promotional products customized with the HCI logo such as T-shirts, jackets, water bottles, pens, or notebooks must be ordered through University of Utah approved and insured vendors. Requesting departments work directly with the approved vendor to select the product. Then, if the HCI logo or other specific artwork is needed, enter a Request for Communications through HCI Pulse.

Communications must approve proofs of apparel or customized promotional products before they are produced.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Communications and Public Affairs – Multimedia, Content, and Design
Administration Policy Number: 3.10

I. DESCRIPTION

This policy establishes protocol for creating and approving all marketing and communications materials distributed internally to faculty and staff or externally to patients and the public.

II. APPLIES TO

All Huntsman Cancer Institute (HCI) research and cancer hospital clinics, departments, and employees

III. DEFINITIONS

The Communications and Public Affairs team provides professional creative and editorial services, brand management, and media relations to everyone at HCI.

A. Materials include brochures, newsletters, flyers, posters, advertisements, booklets, and invitations—whether printed or electronic.

B. Multimedia include all images, video, graphics, and podcasts on HCI’s public and internal websites as well as HCI’s social networking sites such as Facebook, Twitter, Pinterest, Instagram, LinkedIn, YouTube, and blogs. See the External Inquiries Policy 3.2 and Media Relations Policy 3.3 for more information about social networking.

IV. POLICY(IES)

A. To ensure style and brand consistency as well as production quality, all materials and marketing collateral should be created by or reviewed and approved by HCI’s Communications and Public Affairs team before being printed, published, distributed, released, or manufactured.

B. All Communications and Public Affairs services, including writing, editing, proofreading, photography, videography, and graphic and web design, are free of charge to all HCI clinics and departments. The only charge associated with the service is for the actual cost of printing or producing materials through an outside source or vendor.

V. PROCEDURES

A. At the beginning of a project, submit a Request for Communications on HCI Pulse.

B. The Communications team will contact you to discuss logistics.
I. **DESCRIPTION**

This policy has been retired and is no longer active.
I. DESCRIPTION
   This policy establishes protocol for how employees engage online through social media, blogs, and other digital spaces.

II. APPLIES TO
   All Huntsman Cancer Institute (HCI) research and cancer hospital employees

III. DEFINITIONS
   The term “social media” includes all websites and applications that allow users to create and share content or participate in social interactions online.

IV. POLICY(IES)
   A. HCI encourages employees to use social media to share the important work conducted at HCI. Social technologies can help employees create and nurture relationships, share information, advance knowledge, raise awareness, build support, participate in important conversations, and collaborate on new ideas.
   B. Employees should use “Huntsman Cancer Institute” or “HCI” when discussing work on social media to avoid confusion with other programs and buildings with the name “Huntsman.”
   C. Employees should not share patient names, photos, or other identifying information without written consent in the form of a signed release. Patient privacy should be protected by following Health Insurance Portability and Accountability (HIPAA) rules.
   D. Employees may not give medical advice online.
   E. Employees may not associate HCI with a particular political party, entity, or viewpoint.
   F. Employees may not discuss personnel matters concerning students or staff.
   G. Employees may not share confidential or proprietary information about HCI.
   H. Employees may not endorse or review products or treatments using their HCI identification or credentials.
   I. Employees should not create or share content that contains derogatory language, slurs, personal insults or attacks, or is offensive or disruptive to other employees, patients, donors, or stakeholders.

V. PROCEDURES
   A. Submit photos, videos, and other content to be shared on HCI’s official social media channels by emailing social.network@hci.utah.edu.
   B. Tag HCI’s accounts and use #HCIproud in posts about work. Encourage friends and followers to follow HCI. Employees are the best ambassadors of HCI’s mission and values.
   C. Contact the HCI social media specialist at social.network@hci.utah.edu if you have questions about these policies and procedures.
I. DESCRIPTION

Establishes appropriate use of passenger and freight elevators and outlines procedures for handling stalled elevators.

II. APPLIES TO

A. HCI Building Occupants
B. Vendors
C. Visitors

III. DEFINITIONS

A. HCI Facilities: on-site facilities team
B. Hospital Facilities: Facilities and Engineering, University Hospital department contracted for maintenance and repairs
C. Otis Elevator: manufacturer and maintenance provider for the HCI Research North Building (Jon M. Huntsman Research Center at HCI).
D. Kone Elevator: manufacturer and maintenance provider for the HCI Research South Building (Primary Children’s and Families’ Cancer Research Center at HCl).

IV. POLICY(IES)

Policies for proper use of the elevators:

A. Passenger elevators are part of the public area and building rules apply.
B. Wheelchairs and emergency personnel gurneys/equipment are allowed.
C. Patients, especially those in wheelchairs, should be given priority upon entering and exiting elevators.
D. No lab items – animals, specimens, solutions, equipment, etc. – are to be transported on passenger elevators.
E. All carts, furniture, supplies, specimens and equipment are to be transported on the service elevators.
F. Violations should be reported to the facilities group via the Facilities Request page.

V. PROCEDURES

A. Procedure for stopped elevators:
   1. The emergency buttons located in each elevator in all HCI research and hospital buildings call the University Public Safety dispatcher.
   2. The University Public Safety dispatcher will contact HCI security office. The security officer will notify HCI Facilities or, if they are not available, Hospital Facilities.
3. Security should also:
   a) Contact Kone or Otis elevator service as appropriate.
   b) Post a contact person at the elevator to stay in communication with the passenger(s) until they are able to exit the car.

B. If needed or requested, notify medical personnel of any problems reported by the passenger(s).
I. DESCRIPTION

This policy has been retired and is no longer active.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Building Policies – General
Facilities Policy Number: 4.3

I. DESCRIPTION

General building policies cover mechanical systems, furniture, aesthetics, custodial services and other contracted services.

II. APPLIES TO

A. HCI Employees
B. HCI Patient Care Center Employees
C. Volunteers
D. Contract Employees

III. DEFINITIONS

A. Mechanical systems – heating, cooling, ventilation, elevators and utilities
B. HCI Facilities – on-site facilities manager, on-site building supervisor
C. Facilities and Engineering – University hospital department contracted for maintenance and repairs

IV. POLICY(IES)

A. Requests for changes to building furnishings, walls, work benches, electrical supplies, water systems, lighting must be approved by HCI Facilities and Operations Department, BEFORE any changes are made.

B. Custodial services for the building, excluding the Clinic area, are provided through an outside contracted vendor. Clinic custodial needs are provided through the Huntsman Cancer Hospital Environmental Services. Problems with Clinic custodial issues should be directed to the Cancer Hospital (ext. 7-4085). Other custodial issues should be entered via a Facilities Request on the HCI Pulse website.

C. Service issues, maintenance of common equipment, burned out lights, rodents and temperature problems should be entered via a Facilities Request.

D. Laboratory equipment repairs should be directed to HCI Facilities and Operations via a Facilities Request. Labs are responsible for payment of such services.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Identification Badges
Department Policy Number: 4.4

I. DESCRIPTION

HCI employees, volunteers, contract workers, and other authorized individuals with access requirements to the HCI buildings must wear an identification badge for security purposes.

II. APPLIES TO

A. HCI employees
B. Volunteers
C. Others authorized by managers, supervisors, or directors to conduct activities in HCI buildings

III. DEFINITIONS

A. HCI badge—displays the HCI logo, the bearer’s name, photograph, and employee identification number.

IV. POLICY(IES)

A. Employees must wear appropriate ID badge at all times when in HCI buildings. Upon termination or transfer to another location, employees must return the badge to the HCI Human Resources Department.

V. PROCEDURES

A. The employee completes an Access Request and Acknowledgement Form and obtains his or her manager’s signature.
B. The 5th floor HCI Administration information desk prepares an authorization form which lists employee information as it should appear on the ID badge.
C. Employees must present an approved HCI ID form to the University Hospital UCARD Office to obtain the ID badge.
D. Employee must return to 5th floor HCI Administration information desk to get ID badge photocopied and programmed for use at HCI.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures

Keys
Facilities Policy Number: 4.5

I. DESCRIPTION

Keys are distributed to employees, volunteers, and other authorized individuals to obtain access to rooms and offices within HCI.

II. APPLIES TO

A. HCI employees
B. Volunteers
C. Contract employees
D. Others authorized by managers, supervisors, or directors to conduct activities within HCI

III. DEFINITIONS

IV. POLICY(IES)

A. Keys will be issued to HCI employees, volunteers, contract employees, and other individuals authorized by managers, supervisors, or directors.
B. Keys must not be duplicated; keys must not be given or loaned to others.
C. Lost keys will be replaced at the employee’s expense; if rekeying is necessary because of lost keys, this may also be done at the employee’s expense.
D. Keys must be returned upon termination, change of location, or at the request of HCI Human Resources.

V. PROCEDURES

A. Managers, supervisors, or directors of those requiring keys, can use this page to request a key: Key Request Page. After completing and approving the request, they submit the Key Application to the HCI Facilities and Operations Department.
B. HCI Facilities and Operations will authorize the request, using an approved set of policies, and place orders with the University Hospital key shop.
C. The University Hospital key shop will provide the keys.
D. HCI employees are required to sign for receipt of keys.
E. Key information is maintained by the University Hospital key shop.
I. DESCRIPTION

This policy has been retired and is no longer active.
I. **DESCRIPTION**

Outlines the principles used in assigning Huntsman Cancer Institute (HCI) building space and the process for requesting or modifying space.

II. **APPLIES TO**

A. HCI Building Occupants

III. **DEFINITIONS**

A. HCI building space: refers to any space within the University of Utah and Research Park that is leased by or under the control of HCI.

B. Space Committee: A committee charged with determining space assignments in HCI building space. The Space Committee is chaired by a member of the HCI Chief Executive Officer Cabinet, who is designated by the HCI CEO and Executive Director, and is currently the HCI Senior Director of Basic Science. Space Committee members with voting authority include: Chair of the HCI Space Committee, HCI Senior Director of Population Sciences, HCI Senior Director of Basic Science, HCI Physician-in-Chief, the Chief Executive Officer of the HCI Cancer Hospital, and one voting designate (from the HCI CEO) who represents Finance, Administration and Transformation (currently the HCI Administrative Officer). Contributing administrative members of the Space Committee are appointed by the HCI CEO and Executive Director, and currently include: HCI Associate Director of Staff & Faculty Coordination, Director of HCI Facilities and Operations, HCI Administrative Officer, Associate Administrative Director of Population Sciences, HCI Director of Operations, Clinical Trials Office, and the HCI Senior Transformation Director. All HCI and Cancer Hospital space assignments are handled jointly as a function of the space committee. The committee meets monthly, but the chair of the committee may meet intermittently with the Director of Facilities to consider and approve simple space requests that do not require a formal vote from the space committee.

IV. **POLICY(IES)**

A. HCI space will be assigned based on the following guiding principles:

1. HCI’s strategic plan governs decisions on programmatic space, and resources are allocated accordingly. Programs designated as critical to HCI’s mission and goals, as determined by the Chief Executive Officer and HCI leadership, will receive priority.

2. Space is an institutional resource used to support the mission of HCI. Space belongs to HCI and not to programs, departments, divisions, or individuals; no office or research space is permanently assigned to an individual or program. Program needs
change constantly, so space assignments must be flexible and are subject to change and reassignment as necessary.

3. HCI is committed to providing adequate space for employees to perform the essential functions of their positions. Any changes to existing space must meet HCI standards for functionality and aesthetics. All such changes must be coordinated through HCI’s Facilities Department (see HCI policy 4.3).

4. Whenever possible, HCI strives to foster programmatic development and interaction by locating related groups and activities together.

5. Consideration of the full and effective use of space is ongoing. Formal reviews occur annually. This review and specific space assignments are the responsibility of the Space Committee.

B. Criteria for assignment of space within the HCI building are as follows:

1. Space within HCI is available exclusively for the conduct of work that advances the strategic mission of the cancer center. Examples include research efforts directed toward understanding fundamental cellular processes that are disturbed in cancer cells and research directed toward the development of improved prevention, diagnosis, or treatment of cancer.

2. Research space is assigned exclusively for use by HCI Investigators and HCI Shared Resources. HCI Investigators and Shared Resource Directors request research space for members of their teams, visiting researchers, and trainees using the process outlined below.

3. Office space in suites adjacent to wet labs are reserved for lab-based faculty and staff. This applies on floors three, four, and five in HCI Research North and on floors one, two, and three in HCI Research South.

C. Upon termination of approved, existing use, all non-utilized office and laboratory space automatically reverts back to HCI for reassignment by the Space Committee.

D. The Director of Facilities will track building space assignments and provide associated reports to the Space Committee and to State and University entities as needed.

E. Program leaders, division chiefs, department chairs, and administrative department heads are not authorized to reassign space within their currently allotted space. Proposed changes must be requested and approved by Space Committee.

F. The Space Committee must approve all requests for a room to be changed from its original configuration or purpose. Any changes in type of activity within a particular room or other area shall be reported to the office of the HCI Space Committee Chair, (currently the Senior Director of Basic Science).

G. Space within the HCI complex will be provided and allocated using the following priorities:

1. CCSG Cancer Center Members
2. Clinical HCI Hospital faculty with an FTE of .50 or greater
3. HCI staff and faculty budgeted and hired under HCI hiring and recruitment processes.
4. U of U divisions or departments where the entire group is currently housed at HCI, under direction and approval of HCI Senior Leadership.
V. PROCEDURES

A. Before requesting a new position, the move of an existing employee, or any other use of or change to HCI building space, the requester prepares a written request to include the following information:

1. Name of requestor
2. Department
3. Date space or reconfiguration is required
4. Term of space needs (for example, indefinite or one year)
5. Type of space (for example, laboratory or office)
6. HCI building location suggested
7. Justification for request including associated costs, if applicable

B. Requester submits the request to the appropriate program leader, division chief, department chair, or department head for approval, who then forwards the request to the responsible Senior Director.

C. The responsible Senior Director prepares a written approval or denial of the request and notifies the leader, chief, or department head who submitted the request of the decision. If the request was approved, the Senior Director forwards the information to the Space Committee for consideration and assignment in their next meeting.

D. The Space Committee reviews and approves or denies the request during the next meeting. If urgent, special circumstance, or 1:1 replacement, decisions may be made via email vote or ad hoc meeting. If approved, the Committee determines the appropriate space assignment. In either case, the Committee notifies all parties concerned of its decision.

E. If request is approved and space is assigned by Space Committee, the Director of Facilities and the will incorporate changes into the space management master plan, and the HCI Facilities Department will coordinate all required actions.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Security
Facilities Policy Number: 4.8

I. DESCRIPTION
Outlines the process for ensuring the security of the building, property, and occupants of Huntsman Cancer Institute (HCI).

II. APPLIES TO
A. HCI employees
B. University of Utah security officers
C. Contract employees within HCI
D. Volunteers
E. Patients and visitors of HCI

III. DEFINITIONS
A. Security officer - a contracted employee reporting to the Department of Public Safety.
B. Contract employee - any person working in the HCI building under contract to another entity. This includes security officers, custodial crews, restaurant employees, and others.
C. Visitors – patrons of the restaurants, attendees of events in the auditorium and conference rooms, and guests of HCI building occupants.

IV. POLICY(IES)
A. Huntsman Cancer Institute will provide policies for security officers, building occupants, patients, and visitors that maintain open access to public areas and secure all nonpublic areas during normal business hours. After-hours policies meet the security needs of the facility and are in compliance with other HCI policies.

V. PROCEDURES
A. Visitors may be asked to sign in at the information desk on the first floor.
B. Visitors who have badge access and scheduled meetings or appointments may proceed unattended to their destination.
C. Visitors without badge access or without an appointment will be asked to wait until the person they are here to visit can escort them from the lobby, or an appointment can be scheduled at a later date. HCI hosts may need to meet and escort visitors coming to the building for the first time.
D. The lobby attendant is required to call the host’s office or lab and request that an escort come to the lobby to ensure that the visitor reaches the proper location.
E. Guests visiting the restaurants need not sign in and may proceed directly to the sixth floor.
F. When restaurant patrons or other visitors are encountered on laboratory or clinical floors, HCI employees may politely indicate that these areas are not open to the public. If visitors
wish to tour the labs or the clinic, they may request that a tour be arranged at one of the first floor information desks.

G. HCI personnel should call HCI Security at 801-585-0614 if suspicious persons are encountered. Security officers are trained and authorized to request identification and examine the person’s backpacks or packages. Security officers may also ask suspicious persons to leave the premises.

H. Employees must wear HCI identification badges whenever they are in the building.
   1. Staff working off-hour shifts must use their HCI ID cards (C*CURE) to access the building and work areas.
   2. HCI ID cards must be programmed through HCI Administration for access to the C*CURE system doors and elevators.

I. Employees not able to produce HCI or university identification must sign in as visitors and follow visitor procedures.

J. First floor main entrance and parking tunnel doors of the HCI Research buildings will automatically lock and unlock Monday through Friday, according to an approved schedule. These doors will remain locked at all other times and on all university and hospital holidays.

K. All exterior doors other than main entrance doors will remain locked at all times.

L. Access throughout the buildings via the elevators will be restricted based on operational needs.

M. Special events and banquets require individual handling. Those policies will be identified as needed and authorized by one of the following: HCI Administrative Officer, Purchasing Manager, Director of Facilities, Facilities Manager, Facilities Supervisor, and/or HCI Communications and Public Affairs Officer.

N. The loading dock doors are to remain closed and locked unless deliveries are being received.

O. Signs will be posted stating the hours of operation for the second floor clinics, The Point, The Point Bistro, and the Cancer Learning Center.

P. The HCI Facilities Manager or Building Supervisor may inform security officers of evening and weekend contractor work through a memo identifying the contractor, the work to be performed, and the access security should allow.

Q. Any suspicious or unattended packages, bags, or backpacks should be reported to HCI Security.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Telephone and Communication Equipment
Facilities Policy Number: 4.9

I. DESCRIPTION
Establish telephone equipment needs and policies. This section also establishes policies for issuing cellular telephones, pagers, special network lines from an employee’s residence, fax machines, and other special communication equipment and service needs.

II. APPLIES TO
A. All HCI Employees

III. DEFINITIONS
A. Communication equipment – includes cellular telephones, network lines, pagers, fax machines, modem lines, and any other means of communication.

B. Telephone service – any service, land, cellular, charge card, set configuration or service options. The service may be provided by the University Telecommunications Department, Qwest, or any other service provider.

C. WATS – wide area telephone service, toll-free lines

D. Long distance access number (Access #) – number assigned to an individual with an associated billing chartfield

E. ISDN – Integrated Services Digital Network

F. DSL – Digital Subscriber Line

G. Analog – a line using physical variables to represent numbers used for fax and modem lines

H. ACD – Automatic Call Distribution. Allows a single call to be cycled through several telephones until an available telephone line is located

I. Basic telephone sets – standard sets without display or speaker capabilities

J. Display telephone sets – standard sets with a digital display but without speaker capabilities

K. Speaker telephone sets – contain both digital display and speaker capabilities

IV. POLICY(IES)
A. HCI will provide telephone and other communication equipment based on this policy. Costs for equipment will be charged to a centralized HCI funding source. Any other equipment needs will be provided at the manager’s discretion and paid for from the respective HCI department budget. Equipment needs that exceed the standards set forth in this policy should be evaluated annually by the employee’s manager to determine if the need still exists.

B. Network and/or communication lines from employees’ homes (including ISDN and DSL) will be provided to HCI network administrators. Other HCI employees are required to use the modem lines available to all employees.
C. An electronic fax system is available to all HCI employees. In addition, fax machines will be provided on each floor of the building in a central location. The computer support group and the Administrative Director will evaluate requirements for additional fax machines on an individual basis. Lines for additional fax machines will be paid for from the HCI department budget.

D. Calling cards will be issued at the discretion of management. Calling cards will be paid from HCI department budgets.

E. WATS services will be determined on an individual basis and must be approved by the Senior Administrative Director.

F. Costs to relocate telephones based on department preferences for location of phone set or location of employees will be paid by the HCI department budget.

G. Desk set telephones will be provided based on the job requirements of the user. Exceptions must receive managerial approval and will be paid from the HCI department’s budget.

<table>
<thead>
<tr>
<th>Job Function/Location</th>
<th>Telephone Set Type</th>
<th>Long Distance</th>
<th>Voice Mail</th>
<th>Other Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab</td>
<td>Basic</td>
<td>Access #</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Open offices (cubicles)</td>
<td>Display</td>
<td>Access #</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>Closed offices</td>
<td>Speaker</td>
<td>Yes</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>Secretarial (w/ transfer needs)</td>
<td>Display</td>
<td>Yes</td>
<td>Yes</td>
<td>Side-car</td>
</tr>
<tr>
<td>Conference rooms</td>
<td>Speaker</td>
<td>Access #</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Common areas</td>
<td>Basic</td>
<td>Access #</td>
<td>No</td>
<td>None</td>
</tr>
</tbody>
</table>

V. PROCEDURES

A. All telephone service or communication equipment requests (including move orders) must be approved by a group level approver and submitted in writing to the HCI Administration department on the appropriate form.

B. Requests for telephone services and communication equipment that exceeds the standard levels provided by HCI must be submitted with a chartfield number to which the charges may be applied.

C. Submit an [HCI CATG Service Request](#) to request telephone or communication equipment service.
I. DESCRIPTION

Establishes a policy for Huntsman Cancer Institute (HCI) facility rental to outside groups (campus, off-campus, cancer research and/or care).

II. APPLIES TO

A. Individuals/groups renting HCI facilities
B. Individuals/groups using The Point catering services

III. DEFINITIONS

A. Facilities refers to any meeting room or facility within HCI that is reserved for use by a person or group.
B. The term rental may or may not imply that a fee is charged to the user.

IV. POLICY(IES)

A. HCI facilities are only available for reservation by HCI faculty and staff, and only for events associated with the cancer center mission. Facilities may also be reserved by Huntsman Cancer Foundation. Occasionally exceptions will be made to reserve facilities to trusted partner organizations who help HCI fulfill its mission, including events organized by University of Utah faculty and staff who are not affiliated with HCI. Priority will be given to HCI’s core functions and other scientific/medical requests on a space-available basis.

B. During regular business hours, there is no parking available at HCI. Any organization requesting rental of HCI facilities must arrange off-site parking.

C. Users may need to pay a fee to use the event space. Such a fee may include special services required to facilitate the event (e.g., housekeeping, audio-visual support) and will be determined based on the nature and duration of the event and resources required.
   1. Requests for recurring meetings and classroom space cannot be accommodated.
   2. Requests for space will only be accepted 4-6 months in advance. Exceptions must be approved by Senior Leadership and/or Huntsman Cancer Foundation.

D. HCI space is not available for personal functions.

V. PROCEDURES

A. HCI Senior Leadership will designate an individual to coordinate events held in HCI facilities.

B. Designated staff in the HCI communications and public affairs and general administration departments will be responsible for updating the HCI events calendar. A coordinator from the communications and public affairs office will email the events schedule on a regular
basis to employees who may be affected by events, including HCI public affairs, HCH
customer service, security, facilities, etc.

C. The HCI communications and public affairs office will maintain an online resource for event
planners that outlines recommendations and resources for event planning at HCI. The
department or group that has reserved the space for the event is responsible for
familiarizing themselves with these resources.

D. All organizations reserving space in HCI facilities (including internal staff and faculty
groups) will be responsible for any cost to repair damages resulting from the event
(including replacement of damaged fixtures and/or furnishings). Organizations will also pay
directly for necessary services such as extra security, housekeeping, or after-hours audio-
visual support staffing required for the event.

E. Catering services will be provided exclusively by The Point to ensure adequate upkeep of
the facility and responsible maintenance and use of restaurant equipment and supplies.
Any exceptions to this rule must be approved by The Point. If the event will be held outside
of regular business hours, The Point may recommend preferred caterers.

F. Absolutely no alcohol may be served at HCI without approval of the University of Utah
President’s office. Even with approval, the only space where alcohol service is allowed is
The Point.
I. DESCRIPTION
   To set forth regulations governing operation and use of bicycles, skateboards, roller skates, and scooters on the campus of Huntsman Cancer Institute (HCI).

   Reference: University of Utah Policy and Procedures 5-14

II. APPLIES TO
   A. HCI Employees
   B. Contract Employees
   C. Visitors

III. DEFINITIONS
   A. Bicycle is a device having two tandem wheels upon which a person may ride. It also includes any device generally recognized as a bicycle. This may include devices equipped with more than one front or rear wheel or with battery, solar, or motor power.

   B. Skateboard is a nonmotorized device consisting of two or more wheels affixed to a platform or footboard upon which a rider stands. A skateboard does not have steering capability similar to that of a bicycle or brakes which operate on or upon the wheels of the device. This definition includes every device generally recognized as a skateboard.

   C. Scooter is a nonmotorized device consisting of two or more wheels affixed to a platform or footboard upon which a rider stands and which has a handle or other mechanism for holding or guiding the device. This definition includes every device generally recognized as a scooter. By definition, scooters do not have steering capability similar to a bicycle or brakes that operate on or upon wheels of the device. This definition does not include mopeds, operated with or without motor power. For the purpose of these regulations, mopeds and motorcycles are considered motor vehicles.

   D. Roller skates consist of a shoe with a set of wheels attached for skating or a metal frame with wheels attached that can be fitted to the sole of a shoe worn by a person. This definition includes in-line skates, rollerblades, and every device generally recognized as roller skates.

IV. POLICY(IES)
   A. BICYCLES
      1. Bicycles shall not be ridden upon any stairway, wall, bench, fountain, or other structure or facility or on or over shrubbery, grass, or flower beds.
      2. Bicycles shall not be ridden, wheeled, carried, or parked inside HCI buildings.
      3. Bicycles shall be parked at bicycle racks provided at the south and north ends of HCI or within the HCI bike storage located in HCI Research South. Access to the bike storage should be requested from HCI Administration and is provided via C*CURE proximity...
card reader system. The North bike rack is located on the top level of the HCI parking terrace.

4. Employees and visitors must provide their own locking mechanisms to secure bicycles to racks.

5. Bicycles shall not be parked on or at ramps, entrances, or other facilities, including those designated for persons with physical disabilities, in a manner that impedes the free and clear use of such facilities.

6. Bicycles shall not be parked at or near any building entrance or exit in a manner that impedes the free and clear use of such areas.

7. Bicycles shall not be parked at or attached to any fire hydrant, standpipe, building service equipment, or other safety device.

8. All state laws pertaining to bicycles are in full force and effect on University property.

9. HCI is not responsible for any damage to or theft of bicycles on the property.

B. SKATEBOARDS, SCOOTERS, AND ROLLER SKATES

1. Skateboards, scooters, or roller skates shall not be ridden upon or used on any ramp, stairway, wall, bench, fountain, other structure or facility, nor on or over any landscaped area, including but not limited to grass, shrubbery, or flower beds.

2. Skateboards, scooters, and roller skates shall neither be ridden nor used within HCI or its parking terrace.

3. Except as part of a university-approved competition or function, skateboards, scooters, or roller skates shall not be ridden or used in any parking lot.

4. Skateboard, scooter, and roller skate users shall not engage in obstacle riding or other acts or maneuvers which may endanger the rider or others, or which may damage property.

5. All state laws pertaining to skateboards, scooters, or roller skates are in full force and effect on university property.

6. HCI is not responsible for any damage to or theft of skateboards, scooters, or roller skates on the property.
I. DESCRIPTION

Establishes appropriate disposal policy for sharps used in research laboratories.

II. APPLIES TO

A. All personnel who handle or come in contact with sharps during the course of their job duties.

III. DEFINITIONS

A. **Sharps waste – biohazardous**: any sharp object contaminated with human blood or other potentially infectious or toxic materials, with the potential to penetrate skin if not properly handled, including, but not limited to: broken glass, broken capillary tubes and pipettes, glass microscope slides and cover slips, and syringe needles.

B. **Sharps waste – non-hazardous**: any uncontaminated sharp object that can penetrate the skin, including, but not limited to: broken glass, broken capillary tubes and pipettes, glass microscope slides and cover slips, and syringe needles.

C. **Sharps containers are**: red rigid plastic or cardboard containers labeled non-hazardous, infectious, biohazardous, or radioactive to specify contents. Cardboard boxes labeled “glass only” are exclusively for non-hazardous glass disposal.

IV. POLICY(IES)

A. Employees handling hazardous materials must know how to protect themselves and others from exposure, handle materials safely, and dispose of materials properly. Hazardous and non-hazardous waste sharps must be disposed of according to the HCI procedures outlined in this policy.

V. PROCEDURES

A. If a syringe/needle contains non-hazardous material, remove the needle and put it into a red sharps container; put the syringe into the trash can.

B. When toxic, biohazardous or radioactive materials are involved, do not attempt to recap a needle, as this just increases the possibility of a stick.

C. If a syringe/needle contains toxic or biohazardous material, leave the needle and syringe connected and put the entire unit into a red sharps container that is marked for collection of biohazardous material.

D. If the syringe/needle contains radioactive material, put the syringe/needle into a special sharps container that is used exclusively for radioactive waste.

E. Cardboard sharps boxes are for broken glass only—no syringes, needles, or “regular” trash should be placed into the cardboard sharps boxes.

F. The red plastic sharps bins should not be used for “regular” trash.
I. DESCRIPTION

This policy has been retired and is no longer active.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Research CO²
Facilities Policy Number: 4.14

I. DESCRIPTION

This policy establishes a method to safeguard valuable and difficult-to-replace cell cultures when normal CO² supplies to incubators are disrupted.

II. APPLIES TO

A. HCI research faculty and staff
B. HCI Facilities and Operations staff

III. DEFINITIONS

A. CO² emergency contacts – authorized decision-makers with regard to movement and storage of affected cell cultures
B. Emergency contact list – list containing name(s) of person(s) designated by each laboratory to serve as contact in case of alarms or mishaps with lab equipment, also including the senior director of laboratory research
C. Facilities – HCI Facilities and Operations department
D. House CO² – four 400-lb. dewer tanks with regulator, installed in room LL371 and piped to the labs as an installed system
E. Secondary house CO² – two 400-lb. dewer tanks with separate regulator also in room LL371
F. Backup CO² – one 50-lb. tank and regulator connected into the flexible tubing of selected incubators (also referred to as auxiliary CO²)

IV. POLICY(IES)

A. HCI Facilities will provide equipment and procedures for preserving cell cultures within specified emergency tissue culture incubators supplied with backup CO².
B. HCI Facilities will define the locations of CO²-supplied emergency incubators, provide training, and conduct all required maintenance on the CO² systems.
C. In the event of CO² disruption, CO² emergency contacts will define the priority and disposition of cell cultures until normal house or secondary CO² service is restored.
D. Each laboratory principal investigator is responsible for maintaining adequate and secure CO² stock for cell cultures pertinent to his or her research.
E. Due to space limitations in backup units, priorities defined by the CO² emergency contacts may not allow all research cell cultures to be preserved.
F. Annually, HCI Facilities will review the policy, verify the CO² emergency contacts, and provide updated information to the PIs of the research floors.
V. PROCEDURES

A. Installation and maintenance of backup CO² systems

1. Facilities maintains auxiliary CO² tanks and switching mechanisms necessary for transferring incubator CO² from the house lines to the backup tanks.

2. HCI Facilities performs planned maintenance on each CO² backup and main-line system monthly.

3. One tissue culture incubator per research floor is designated as the emergency incubator.

4. Emergency incubators with auxiliary CO² are located as follows:
   a) 3rd Floor: Room 3311
   b) 4th Floor: Room 4214
   c) 5th Floor: Room 5351

5. In the event of a loss of house CO² pressure, switching mechanisms will automatically change supply of each emergency incubator to backup CO² tanks.

B. Primary and secondary CO² emergency contacts

1. The senior research principal investigator on each floor designates primary and secondary CO² emergency contacts on that floor.

2. The CO² emergency contacts coordinate use of the emergency incubators for the labs on their respective floors. Each HCI research PI maintains an emergency call list of persons responsible for all of his or her laboratory’s incubator(s) and posts it on those incubator(s) using the form available at the HCI Internal website, under Administration/HCI Forms.

3. Facilities will instruct CO² emergency contacts in procedures to switch from the house CO² line to the auxiliary tanks and procurement of additional tanks.

4. Facilities will distribute a list of CO² emergency contacts, their phone numbers and the locations of emergency incubators annually to PIs.

5. Facilities will update the list of CO² emergency contacts annually or as needed.

C. Emergency contact procedures

1. During normal business hours, Facilities will give notice of a disruption of CO² supplies by buildingwide e-mail.

2. After normal business hours, Facilities and/or Building Security will notify primary or secondary CO² emergency contacts by phone.
   a) The CO² emergency contacts then notify those listed on the emergency call lists of the disruption in service.

D. Relocation of cultures to emergency incubators

1. After notification of a CO² failure, CO² emergency contacts verify that the emergency incubators have switched from the house CO² line to the auxiliary tanks.
2. After the emergency incubators have switched to the auxiliary tanks, the CO\textsuperscript{2} emergency contacts for each floor direct transfer of cultures from non-supported incubators to the emergency incubators.

3. Individual labs are responsible for transferring their own cultures.

4. All cultures transferred to the emergency incubators should be free of contamination. Any contaminated cultures may be removed at the discretion of the CO\textsuperscript{2} emergency contacts. All cultures must be labeled to identify responsible lab.

5. Most emergency incubators will be maintained at 37°C, 5-7% CO\textsuperscript{2}. Cultures requiring other conditions may be accommodated, if space permits, at the discretion of the CO\textsuperscript{2} emergency contacts.

6. To limit cross-contamination, cultures from the same tissue culture rooms should be stored in the same incubators.

7. In the event of space limitations in the emergency incubators, CO\textsuperscript{2} emergency contacts will prioritize cultures for storage according to the difficulty of replacement.
   a) Cultures from primary tissue that have not been banked receive first priority.
   b) Modified cell lines receive middle priority.
   c) Cultures of commonly available cell lines receive last priority.
Huntsman Cancer Institute

Policies and Procedures

Changes in Salary Distribution

Financial Policy Number: 5.1

I. DESCRIPTION

Establish guidelines and procedures for monitoring distribution of wages and salary and initiating changes.

II. APPLIES TO

A. HCI Payroll Reporter
B. HCI Finance Department
C. HCI Human Resources Department
D. HCI Investigators and Administrators

III. DEFINITIONS

A. Payroll distributions are an employee’s percentage of effort charged to a project or activity.
B. Electronic Personnel Action Form (ePAF) is used to communicate changes in personnel records to University Human Resources and Payroll departments. The HCI Human Resources Department initiates all ePAF changes. This requires coordination with the HCI Payroll Reporter when distribution changes are involved.
C. Employee Distributions is an application in the HR Administrative Services section of PeopleSoft used by the HCI Payroll Reporter to update distributions during the year.

IV. POLICY(IES)

A. During the annual budget process, distributions for each employee or anticipated future employee are entered into the HCI budget template and will become effective at the beginning of each fiscal year.
B. Any changes in distributions during the fiscal year need to be submitted to the HCI Payroll Reporter by the HCI Investigator, Manager or Administrative Assistant via e-mail.
C. Any changes other than distribution changes (FTE changes, pay increases, promotions, job code changes, and other personnel record changes) need to be submitted to the HCI Human Resources Department for review and ePAF submittal.

V. PROCEDURE(S)

A. The HCI Payroll Reporter has the responsibility to review each pay period the employees paid from projects or activities that are ending to ensure there is not a break in pay. This involves identifying, through communication with HCI Investigators, Managers and Administrative Assistants, where the effort should be distributed going forward. Communication with HCI Investigators, Managers and Administrative Assistants are retained by the HCI Payroll Reporter.
B. When a change in distribution is needed, an email is sent by the HCI Investigator, Manager or Administrative Assistant to the HCI Payroll Reporter. The HCI Payroll Reporter then fills out the Salary Distribution Change Form. Change requests must be submitted to the HCI Payroll Reporter by the 7th of the month for changes to be effective on the 1st and by the 22nd of the month for changes to be effective on the 16th of the month. The Salary Distribution Change Form is retained by the HCI Payroll Reporter. The HCI Payroll Reporter has the responsibility to verify that the new chartfield is valid and there are funds available to cover the salary and benefits. If there are no funds available, the request is returned to the department without approval.

C. The HCI Payroll Reporter will make the appropriate changes on the PAN form through the PeopleSoft D-Jobs application. PAN changes are also updated in the HCI Human Resources Database (HRDB).

Any personnel record changes other than distributions, (FTE changes, pay increases, promotions, job code changes, and other personnel record changes) need to be coordinated through the HCI Human Resources department for ePAF processing.

D. All HCI salary distribution change requests and related documentation are retained in the HCI Finance Department and kept according to University retention policies.
I. DESCRIPTION

Establishes guidelines and procedures related to the annual budget cycle for labs, departments, programs, and initiatives.

References:
University of Utah Policy 3-002: Administration of State Appropriated Funds

II. APPLIES TO

A. HCI Investigators and Administrators
B. HCI Program Leaders
C. HCI Finance Department
D. HCI Human Resources Department
E. HCI Senior Leadership
F. Any HCI lab, department, program, or initiative with funding assigned to or received from Huntsman Cancer Institute

III. DEFINITIONS

A. Funding includes grants, recharge center revenue, operating revenue, gifts, returned overhead, state appropriations, support from other university departments, or any other source of funds.
B. HCI Investigators refers to laboratory, clinical/translational and prevention/population sciences investigators, and patient care physicians.
C. EPM refers to the budgeting application used by the University to establish, collect, analyze, and communicate annual budget process results.
D. Chartfield refers to a string of codes used to record accounting transactions. These codes allow for organization and reporting of University funds. The University refers to these codes collectively as chartfields.
E. Org ID is the second element in a chartfield. It is a 5-digit code representing an organizational unit within the University, which has responsibility for resources such as people, space, or funding.
F. Home department is the org ID to which an employee is assigned.

IV. POLICY(IES)

A. All labs, departments, programs, and initiatives represented by an HCI org ID will prepare an annual operating budget in accordance with the specified timeline.
B. Estimated revenue and expenditures are budgeted in EPM for each existing or anticipated HCI chartfield. All HCI funding that will be available to the lab or department must be included in the budget.
C. Annual evaluations of HCI Investigators, managers and other employees with budgetary control should include an evaluation of budget conformity.

V. PROCEDURE(S)

A. Between mid-January and early February, HCI Finance will meet with investigators and managers responsible for budgetary oversight to review all funding sources for the current fiscal year and prepare for the budget process for the next fiscal year. This meeting is commonly referred to as the semiannual meeting.

B. After the semiannual meeting with Finance, salary and FTE changes are entered into the HCI Excel budget template for existing employees assigned to an HCI home department, as well as those employees assigned to a non-HCI home department but paid from an HCI org ID. HCI Human Resources will develop and provide salary increase guidelines based on several factors including: employee performance and equity, economic conditions, HCI funding, and University guidelines. HCI Human Resources and HCI Senior Leadership will review salary increase recommendations. After completing the personnel section of the Excel budget template all labs, departments, programs, and initiatives represented by an HCI org ID will prepare the remaining components of their budget. The following should be entered into the Excel budget template and then into EPM by the budget preparer:

1. Salary distribution percentages for existing employees assigned to an HCI home department.
2. Salary, benefits, FTE, and salary distribution percentages for new and replacement employees assigned to an HCI home department.
3. Salary distribution and related benefits for employees assigned to a non-HCI home department with financial support requested from an HCI chartfield.
4. Revenue and non-personnel expenditures for each HCI chartfield.
5. Projection of revenue, personnel expenditures, and non-personnel expenditures for each HCI chartfield through the remainder of the current fiscal year. This is determined during the semiannual meeting.
6. Supplementary schedules as requested by HCI Senior Leadership.

C. Between mid-February and early March, the HCI Finance Department will review all budgets for accuracy and completeness via the budget template and EPM.

D. In early March, HCI Senior Leadership will review those budgets pertaining to funding requests from HCI centrally-held sources. HCI Senior Leadership will approve or adjust the funding requests based on the following criteria:

1. External funding award level (e.g.: federal grants)
2. Programmatic alignment with the HCI mission
3. Cancer relevance, collaboration, novelty, and contribution to the HCI mission
4. Ongoing projects in need of bridge funding
5. Fiscal conservativeness

E. During March, the HCI Finance Department will prepare a formal budget submission for the Office of the President. HCI Senior Leadership will review the budget submission with the Office of the President.

F. Prior to the start of the new fiscal year, the Office of the President will provide HCI with formal budget approval.
G. Near the start of the new fiscal year, the HCI Finance Department and HCI Senior Leadership will provide formal budget approval to HCI labs, departments, and programs. Related budget reports will be available in EPM or the Excel budget template.
I. DESCRIPTION

Establishes the internal review and approval process for submitting and tracking extramural funding requests at Huntsman Cancer Institute (HCI). Also, establishes guidelines for monitoring extramural funding.

II. APPLIES TO

A. HCI Investigators and Administrators
B. HCI Research Administration Department
C. HCI Finance Department

III. DEFINITIONS

A. Extramural funding is defined as any source of funding obtained from non-clinical trial grants or contracts.

IV. POLICY(IES)

A. All applications for extramural funding are required to be submitted to the HCI Research Administration office for review. All applications must receive final approval by the appropriate Senior Leader or Associate Director over Research Administration through the Document Summary Sheet (DSS) process.

B. When the Investigator receives infrastructure support through HCI, particularly space in which to conduct the research, HCI must be assigned as the administrative entity on all applications regardless of Investigator’s home department. Exceptions to this provision must be approved in writing by the appropriate Senior Leader.

V. PROCEDURE(S)

A. HCI Investigators and Administrators preparing applications for extramural funding should ensure the following:

1. That an appropriate technical review has been carried out by a knowledgeable colleague(s) wherever possible and that the Investigator’s Senior Leader has been apprised of the funding application (where applicable).

2. That the application is prepared in accordance with the agency’s guidelines.

3. Working closely with Research Administration staff, who will assist in coordinating and assembling the application while serving as an expert resource and provide final review, ensure the proposal (new or renewal), including the DSS, is completed and
sent to the Office of Sponsored Projects (OSP) for review five business days in advance of the sponsor deadline. Research Administration will facilitate the submission to OSP acting as a liaison for the PI and submit to the sponsor if necessary. The DSS must be approved by the Investigator and appropriate HCI authority. A key feature of this internal review will be assessment of the budget and FTE/head-count and implications thereof.

B. The HCI Research Administration Department will make every effort to provide proper review for late submissions. However, HCI reserves the right to withdraw an application after its submission to the sponsor if on subsequent examination, the proposal is found to be substantially in error or otherwise problematic.

C. A copy of the entire final funding proposal should be provided to the HCI Research Administration Department.

D. When the Investigator receives any notification related to the application, whether preliminary, positive, or negative, it must be communicated to the HCI Research Administration Department so that funding and project status records can be updated.

E. When a project is funded, HCI Research Administration will work with OSP and Grants & Contracts Accounting (GCA) to establish a project number so the award may be spent.

F. Investigators must monitor expenditures charged to their extramural funding to ensure appropriateness. If any inappropriate expenditure is identified, the Investigator should contact HCI Research Administration and the HCI Finance Department for assistance in transferring the cost.

G. Investigators have the responsibility to monitor all extramural funds to ensure overspending does not occur.

H. When extramural funds are overspent, the Investigator should contact the HCI Finance Department to review options to pay for the over expenditure. The Investigator has the responsibility to pay for these over expenditures from his/her own funding sources. The HCI Finance Department will assist in completing any paperwork necessary to transfer costs to an appropriate funding source.

I. Submission of any final and/or annual reports to the funding agency is the primary responsibility of the Investigator. The Investigator should provide copies of all reports to the HCI Research Administration Department.
I. **DESCRIPTION**

Establishes guidelines for financial reporting to labs, clinics, and other departments within Huntsman Cancer Institute (HCI).

References:

[University of Utah Policy 3-003: Authorizations and Approvals Required for Financial Transactions](#)

II. **APPLIES TO**

A. HCI Finance Department
B. HCI Investigators and Administrators
C. HCI Program Leaders
D. HCI Research Administration Department
E. Any person responsible for an HCI chartfield

III. **DEFINITIONS**

A. Chartfield refers to a string of codes used to record accounting transactions. These codes allow organization and reporting of University funds.

B. Activity is the fourth element in a chartfield. It is a 5-digit code representing a business or funding activity other than a grant or contract.

C. Project is the fifth element in a chartfield. It is an 8-digit code representing a particular grant or contract.

D. Responsible Person is the University employee that accepts full responsibility for a University project or activity and agrees to follow procedures outlined in [University of Utah Policy 3-003](#).

IV. **POLICY(IES)**

A. Financial reporting is a key control to ensure that University funds are expended for authorized or assigned purposes. This includes ensuring that transactions are reasonable, necessary, and consistent with University regulations, government regulations, laws, and sponsor or donor restrictions.

B. The HCI financial reporting and review process is designed to meet or exceed University regulations. The procedures outlined below (specifically A, B, C, D, E) have been reviewed and approved by the University Internal Audit Department.

V. **PROCEDURE(S)**

1. On a monthly basis, each investigator or manager is expected to log into Evidence of Review (EOR) application and review all transactions that have posted to the chartfields for which they are responsible. The monthly review should ensure the following:
1. Transactions are accurate, or necessary corrections are in process.
2. Expenditures are reasonable, necessary, and legitimate University business.
3. Expenditures are allowable and consistent with donor or sponsor restrictions.

C. HCI Finance monitors EOR compliance by running a weekly report to ensure that a 95% compliance rate is achieved for each month of EOR reviews.

D. On a monthly basis, the HCI Finance and HCI Research Administration Departments collaborate to address existing or potential problems with chartfields in the form of funding deficits and budget overages. The HCI Finance Department identifies these chartfields, and prepares related financial reports including action plans from respective Investigators, administrative assistants, or managers. Action plans for activities and projects are obtained by the HCI Finance Department and HCI Research Administration, respectively. The HCI Finance and HCI Research Administration Departments attend a monthly meeting to share information and confirm resolutions.

   1. Exception: Action plans are not obtained for clinical trials, but joint review is completed in a quarterly meeting between the HCI Finance Department, HCI Clinical Trials Office, and Senior Finance Officer.

E. On a semiannual basis, the HCI Finance Department and respective Investigator, administrative assistant, or manager meet to review comprehensive funding status and individual chartfields. January meetings are in preparation for the forthcoming budget cycle. May-June meetings are in preparation for the forthcoming fiscal year-end. The focus of the meeting is a funding status report prepared by the HCI Finance Department. For clinical contracts, the report is prepared by the Clinical Trials Office.

F. On a quarterly basis, the HCI Finance Department prepares consolidated financial statements and submits them to the Chief Transformation Officer and the Senior Finance Officer. These consolidated statements provide actual, budgeted, and projected revenue and expenditures by fund type and mission type. Material budget variance explanations and detailed fund forecasts are also included.
I. DESCRIPTION

Establish guidelines for completing and submitting Effort Distribution Reports (EDRs).

II. APPLIES TO

A. All exempt personnel who perform effort on sponsored agreements (fund 5XXX).
B. HCI Payroll Reporter
C. HCI Research Administration Department

III. DEFINITIONS

A. Effort Distribution Reports (EDRs), also referred to as ePARs, are a certification required by the Federal Government that the time reported and paid on a grant is correct. Refer to EDR instructions at the following: http://fbs.admin.utah.edu/compliance-oversight-and-reporting/.
B. Compliance, Oversight and Reporting is the University department charged with the responsibility to ensure compliance with governmental accounting requirements.

IV. POLICY(IES)

A. Effort Distribution Reports (EDRs) should be certified by the date designated for completion. Changes to EDR forms should be coordinated with the Investigator of the grant and/or the HCI Research Administration Department. The HCI Payroll Reporter can also provide assistance if needed. Specific guidelines related to completing the EDR forms and EDR form requirements are located at the University's Compliance, Oversight and Reporting website: http://fbs.admin.utah.edu/compliance-oversight-and-reporting/.

V. PROCEDURE(S)

A. EDRs for HCI are generated within the PeopleSoft system. Compliance, Oversight and Reporting alerts the HCI Payroll Reporter when they are ready for review. The HCI Payroll Reporter routes all EDRs to departments for review and certification.
B. Effort Distribution Reports are to be electronically certified by the employee as a certification that the distribution of effort is accurate. The departments have 45 days to review and ensure all employees certify their EDR’s.
C. If the employee is no longer working for the Huntsman Cancer Institute, the immediate supervisor of the departed employee should certify the EDR form.
D. The HCI Payroll Reporter tracks the status of all EDRs in the EDR system and email individuals with uncertified EDRs to ensure the deadlines set by the University are met.
E. EDR forms with changes made to effort on grants and contracts must be reviewed by the HCI Research Administration Department and the HCI Clinical Trials Department respectively to ensure changes are permitted within the guidelines of the grant or contract.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Purchasing
Financial Policy Number: 5.6

I. DESCRIPTION

Establishes policies and procedures related to initiating transactions to purchase supplies, equipment, services, or any other non-personnel expenses.

References:
University of Utah Policy 3-100: University Procurement
University of Utah Policy 3-010: Expenditure of University Funds & Personal Reimbursements
University of Utah Policy 3-010A: Expenditure and Reimbursement Requirements
University of Utah Policy 3-003: Authorizations and Approvals Required for Financial Transactions
University of Utah Purchasing Department
University of Utah Accounts Payable Department
HCI Chart of Accounts

II. APPLIES TO

A. HCI Employees
B. Contract Employees
C. HCI Finance Department

III. DEFINITIONS

A. UShop is a web-based purchasing system maintained by the University Purchasing Department. This system has hundreds of suppliers and helps facilitate the procurement of goods and services more economically and efficiently across the University. UShop’s electronic workflow process allows for electronic routing and electronic approval of requisitions.

B. Requisition is a purchase request submitted electronically via UShop to the HCI Finance Department prior to being routed to the University Purchasing Department for purchase order (PO) creation. A requisition must be submitted via UShop for purchases in excess of $5,000 or purchases monitored or controlled by the state or federal government.

C. Purchase Order (PO) is an obligation to pay a supplier for the item or services described. A PO is initiated through the submission of a requisition through the UShop system and routed to the HCI Finance Department for approval, and then to the University Purchasing Department.

D. HCI Purchasing System is a database and electronic workflow process maintained by HCI to facilitate the procurement cycle for HCI purchase requests.

E. HCI Purchase Request is a purchase request submitted via the HCI Purchasing System to the HCI Finance Department. Certain restrictions apply and the purchase cannot be in excess of $5,000.
E. Purchase Card (P-card) is a credit card issued by the University to a University employee for procuring items less than $5,000 that would normally be purchased using UShop. Purchase requests submitted via the HCI Purchasing System are fulfilled using a P-card. The HCI Purchasing Manager, and their designated alternate, holds a P-card, which is used on behalf of HCI. Certain restrictions apply. A P-card is also used to facilitate the Life Technologies Freezer Program and for suppliers who do not accept a PO.

F. Electronic Payment Request (ePR) is an electronic University system used to submit payment requests to the HCI Finance Department for approval prior to being sent to the University’s Accounts Payable Department. The electronic system is used to generate a check to either an outside supplier or an employee for non-travel-related reimbursement (except mileage reimbursement). These payment requests cannot exceed $5,000.

G. Responsible Person is the University employee that accepts full responsibility for a University project or activity and agrees to follow procedures outlined in Policy 3-003 of the University Regulations Library.

H. Group-level authority/Designated Shopper is a person designated by a Responsible Person to provide department approval for purchase requests for a particular chartfield.

I. 

J. HCI UShop Requisitioner. HCI employees who are also shoppers in UShop submit requisitions with HCI chartfields to the HCI UShop Requisitioner. The HCI Purchasing Manager or their designated alternate performs this roll. The HCI UShop Requisitioner reviews requisitions to ensure each request complies with University policy and state law.

K. Chartfield refers to a string of codes used to record accounting transactions. These codes allow organization and reporting of University funds. The University refers to these codes collectively as chartfields.

IV. POLICY(IES)

A. Most goods and services should be procured using UShop. HCI employees should submit purchase requests via a requisition in UShop rather than directly engaging in procurement with or committing to a supplier. UShop is the preferred procurement option.

B. The HCI Purchasing system should be used infrequently and for items such as membership dues, registration fees, catering of business meals, rush payments and for purchases with suppliers who only accept credit card as a form of payment.

C. Electronic Payment Requests (ePRs) should be used infrequently and for certain purchases that cannot be completed through UShop, such as reimbursements, guest lecturers, honorariums and participant compensation such as travel and stipends.

D. The HCI Finance Department reviews all UShop requisitions, HCI purchase requests and electronic payment requests (ePRs) prior to submission to University Purchasing or Accounts Payable departments. The HCI Finance Department checks to ensure:
   1. Chartfield has adequate funding.
   2. Expense type is appropriate for the chartfield (for example, office supplies, local telephone costs, postage, and membership dues are generally restricted on federal grants).
   3. The appropriate general ledger account code was used for the purchase.
   4. An authorized designated shopper for the chartfield has reviewed the request.
5. The request complies with applicable policies and procedures.

V. PROCEDURE(S)

A. Before entering a business transaction with any supplier or service provider, submit the request through the UShop or coordinate with the HCI Finance Department for the best procurement method. Because some purchases are restricted by University policy and/or state law, failure to submit the following requests through UShop may result in disciplinary action:
   1. Purchases totaling over $5,000
   2. Gases
   3. Animal
   4. Controlled substances
   5. Ethyl alcohol
   6. Radioactive materials
   7. Customs charges on international orders
   8. Select agents and biological toxins

The HCI Purchasing Manager, a member of the HCI Finance Department, will ensure that each purchase submitted through UShop and the HCI Purchasing System complies with University policy or state law. The UShop system also provides the following advantages:
   1. Optimal pricing and value
   2. Convenience
   3. Efficiency
   4. No use of personal funds and reimbursement
   5. No state sales tax on purchases

B. To request a non-computer related purchase, initiate an order in UShop through the “Purchase Request” link on the UShop website. The system uses electronic workflow processes to obtain required approvals and track the receipt and completion of orders. UShop purchase requisitions are not reviewed and approved by the HCI Finance Department until a designated shopper provides approval by routing the requisition to the HCI UShop Requisitioner. Group-level authorities/designated shoppers are responsible for the following assurances:
   1. Purchase request is appropriate and necessary for the lab or department.
   2. Expense type is appropriate for the chartfield (for example, office supplies, local telephone costs, postage, and membership dues are generally restricted on federal grants).
   3. Chartfield has adequate funding.
   4. If applicable, quote number, special promotion information, and details of supplier interaction are included in the purchase request.
   5. For business meals, attendee names (if less than 10), number of attendees (if 10 or more), business purpose, and date are included in purchase request.
C. To request a computer related purchase (hardware or software), complete a computer support request through the University “ServiceNow” website. From the Service Catalog, select “Computer & Print” and then “Huntsman Service Request”. The HCI Computing and Technology Group will process the computer support request and initiate a related requisition in UShop and assign the requisition to the requester for chartfield information. The requester will then assign the requisition to a designated shopper who will review and assign to the HCI UShop Requisitioner. The HCI UShop Requisitioner will review the requisition prior to submitting it for HCI Finance Department approval.

D. While most goods or services can be procured through UShop, there are exceptions.

   1. HCI Purchasing System: The HCI Purchasing System should be used infrequently and for items such as membership dues, registration fees, catering of business meals, rush payments and for purchases with suppliers who only accept credit card as a form of payment. To place a purchase request using the HCI Purchasing system:

      a) Go to the Purchasing & Finance webpage on Pulse and click on the “Submit a Purchase Request”
      b) Fill in the required information and then submit the request.
      c) The request is then reviewed by a Group-level authority.
      d) If approved, the request is then reviewed by a member of the HCI Finance Department.
      e) If approved, the request is routed to the Purchasing Manager, or their designated alternate, to place the order and make payment using their P-card.
      f) A copy of any and all receipts sent to the original requester should be attached to the purchase in the HCI Purchasing System or sent to the Purchasing Manager if they are unable to attach it in the HCI Purchasing System.
      g) If the request is for a business meal, the attendee names (if less than 10), number of attendees (if 10 or more), business purpose, and date should be included in the purchase request.

   2. Freezer Programs: Freezer programs facilitate purchases from on-site, supplier-sponsored freezers. Most of these purchases are not individually requested through UShop. Perishable items maintained in freezers are owned and tracked by the respective supplier with the assistance of designated freezer program managers. Freezer programs currently maintained at HCI are described below.

      a) Life Technologies: There are two ways to use this freezer program.

         1. A lab member can go to the Supply Center website to establish an account. The lab submits the necessary information via the website to Thermo Fisher/Life Technologies. Usually within 24 hours, the lab will receive notification that their account has been established. One or more chartfields need to be added to the lab’s Supply Center profile, after which purchases can be made. Any lab member can use the lab’s logon and password (or get his/her own logon and password) and make purchases. If the purchased items are available and in
stock in the Life Technologies freezers, they may be picked up immediately. Otherwise purchases items arrive on the following Thursday, with the cut-off being Tuesday afternoon.

Orders procured in this manner are charged to a university P-card. Weekly, the freezer manager provides an electronic report itemizing the freezer purchases and corresponding chartfields to the HCI Finance Department and the HCI Finance Department reallocates the freezer charges through the P-card reallocation process in PeopleSoft. Which moves the freezer charges from the default chartfield of the P-card to the chartfield listed in the reports.

2. Freezer purchases may also be initiated directly through the Life Technologies freezer program through the Life Technologies Punch-Out catalog in UShop.

b) Qiagen: Lab members procure items by submitting a blanket requisition in UShop with Qiagen as the supplier. Once the requisition goes through the approval workflow process, a PO number will be generated. The lab member then provides the PO number to the freezer program manager who then gives them an access card to the Qiagen freezer linked to that PO. For items removed from the freezer by the specific access card, Qiagen then invoices the associated PO via the University’s normal workflow process.

3. The University Accounts Payable Department requires use of an Electronic Payment Request (ePR) for the purposes listed below. An Electronic Payment Request is initiated through the ePR module in Campus Information Systems (CIS). The preparer of the ePR adds the HCI Accountant as the Department Optional Reviewer and the HCI Associate Finance Director as the GFA Email Override approver. A W-9 is required the first time an ePR is submitted to pay any individual or entity.

Examples of purchases that should be submitted via an ePR are listed below:

a) Consultants and independent contractors. Also requires completion of University Independent Contractor Services Agreement and University Employee/Independent Contractor Classification Checklist.

b) Guest lecturers and performers. Also requires completion of University Guest Lecturer/Performer Agreement.

c) Honoraria. Also requires the payee's social security number and current address, which is usually obtained from the W-9. Amounts over $1,000 require the approval of the cognizant vice-president.

d) New membership dues.

e) Personal reimbursements. Also requires approval of the next higher level of supervisory authority. Reimbursements greater than $1,000 require both supervisory and department chair approval. Furthermore, a written explanation is required as to why preferred procurement methods (e.g.: UShop or the HCI Purchasing System) were not used. University policy suggests that personal reimbursements should be avoided. For additional guidance, please refer to Policy 3-010 and Policy 3-010A. If a business meal is being reimbursed, a list of attendee names (if less than 10), number of
attendees (if 10 or more), business purpose, and date are required on the request.

f) Payments to Human Subjects for travel or stipends.

E. Suppliers should mail invoices directly to the University’s Accounts Payable Department. Invoice that are inadvertently delivered to the HCI Finance Department will be reviewed by the HCI Accountant who will verify the chartfield, amount, and all other information on the invoice. A copy of the invoice will then be scanned into the Fortis document management system and the hardcopy sent to the University’s Accounts Payable Department to be processed for payment.
I. DESCRIPTION

This policy has been retired and is no longer active.
I. DESCRIPTION

To establish Huntsman Cancer Institute guidelines and procedures related to travel.

References:
University of Utah Policy 3-030: Travel Policy
University of Utah Rule R3-030A
University of Utah Travel Accounting Department
Guidelines for Approval of Cash Advances

II. APPLIES TO

A. HCI Employees
B. Potential employees traveling to HCI for recruitment purposes

III. POLICY(IES)

A. Huntsman Cancer Institute follows the University of Utah Travel Policy (3-030). Advance approval by Grants & Contracts Accounting is required for all foreign travel paid from federal grants or contracts. Cash advances require the signature of the cognizant VP.

IV. PROCEDURE(S)

A. Travel Services training is required before arranging for travel or gaining access to the Travel Web system. See the University Travel Accounting Department website for information regarding on-line training or registering for in person training.
B. While making travel arrangements, employees should select the least costly arrangements possible. The traveling employee may upgrade using personal funds or resources. University funding at the disposal of the traveling employee may not be used for upgrade purposes.
C. Early reimbursement requests (reimbursements requested before the travel has occurred) must be submitted on a Travel Form, along with an e-mail receipt or an itinerary including the confirmation number, ticket number, and final cost.
D. Personal auto mileage is reimbursed according to the Schedule of Allowable Rates (53.5 cents per mile as of January 1, 2017).
E. Prepayment for lodging may be requested on a Travel Form. An invoice with the confirmation number and proof of payment must accompany the request. The traveler’s personal credit card is used to reserve the hotel stay prior to the hotel pre-payment request. Itemized receipts are required for final reimbursement and should also be submitted with a Travel Form.
F. Reimbursement for meals requires itemized receipts. Otherwise, meals will be reimbursed at a per diem rate according to the Schedule of Allowable Rates. Business meals require detailed information including the business purpose and a list of attendees (if less than 10).
Reimbursement for alcohol requires the signature of HCI’s Executive Director or Senior Director of Finance and Administration.

1. Per Rule R3-030C, per diem reimbursements will be provided for only those meals for which a University traveler actually incurred out-of-pocket costs.

G. Prepayment for conference registration may be completed on a Travel Form or be paid on a purchase card when submitted through HCI’s Purchasing System. Prepayment requests require an invoice or registration form. An itemized receipt is required for early and final reimbursements.

H. When arranging for a rental car, travelers should use rental agencies which are under state contract to take advantage of insurance coverage. For specific contract numbers, refer to the Risk and Insurance Management website. If these vendors are not used, the Collision Damage Waiver (CDW) should be declined. In lieu of the CDW, an insurance surcharge of $3.00/day will be charged by the Travel Department. If a personal credit card or other form of payment is used, the CDW should be accepted and the Travel Department will also assess the insurance surcharge of $3.00/day. These guidelines differ slightly for foreign travel and the rental of larger vehicles. Please refer to the Risk and Insurance Management website for further guidance. Gasoline receipts and itemized car rental receipts are required for final reimbursement.

I. When using a taxi, bus, or other public transportation, receipts are required for individual charges over $25.00. If individual charges are under $25.00, receipts are encouraged. If receipts are not obtained for individual charges under $25.00, a daily log is required.

J. Airport parking will be reimbursed at a rate of $32.00/day for one-day parking and $9.00/day for multi-day parking. For rate changes, refer to the Schedule of Allowable Rates. Hotel parking will be reimbursed if it is included in the itemized hotel bill.

K. Personal telephone use will be reimbursed at a rate of $5.00/day. For rate changes, refer to the Schedule of Allowable Rates. Business telephone use and Internet use require the itemized hotel bill for reimbursement.

L. Under unusual circumstances (see Guidelines for Approval of Cash Advances), university-funded travel advances may be obtained by submitting the request with a written explanation supporting the request for the advance and signed by the cognizant vice president.

M. All travel reimbursements must be accompanied by pertinent conference brochures, agendas, schedules of meetings, or a concise statement of the purpose, destination, and dates of the trip. These documents are subject to review by Internal Audit, the State Auditor, and other governmental agencies. For budgetary and timely accounting purposes, Travel Reimbursement Requests should be submitted to the Travel Office with appropriate supporting documentation within twenty business days after the conclusion of the travel. In accordance with IRS regulations, any travel costs including airfare, prepaids and advances, not substantiated within 60 calendar days from the conclusion of the travel may be deducted from that employee's payroll check. Likewise, any advanced money, not properly substantiated within 60 days to a non-employee may be reported as taxable income to that individual.
I. DESCRIPTION

To provide guidance related to business meal and entertainment expenses.

References:
Guidelines for Meals/Incentive Awards/Flowers/Retirement Gifts

II. APPLIES TO

A. All HCI Employees

III. DEFINITIONS

A. Business meals and entertainment expenses include reasonable and business-related expenses incurred while conducting official HCI business.

B. Reasonable – An expenditure is considered reasonable if:
   1. The nature of the goods or services acquired and the amount involved reflect the actions of a prudent person under the circumstances.
   2. The expenditure is appropriate given the purpose of the University, and
   3. Reimbursement for a direct payment of the expenditure is not otherwise prohibited by any University policy.

C. Business-Related – An expenditure is considered business-related if:
   1. It reflects an ordinary and necessary transaction incurred to conduct University business;
   2. The underlying activity can bear scrutiny that it furthers the mission of the institution, in other words, that it is necessary to carry out the objectives of instruction, research, or public service – or the supporting administrative functions surrounding these objectives; and
   3. A public purpose is served in expending institutional funds for such goods or services.

IV. POLICY(IES)

A. Costs for business meals and entertainment must be reasonable and business-related. The purchase of business meals may be appropriate if the main focus of the activity is business and consumption of food is incidental to the purpose of the meeting, and if the meal generally involves at least one participant external to the University.

B. Business meals attended only by University employees should be infrequent, and must meet a higher documentation standard demonstrating what other options were considered rather than meeting for a meal.
C. Food and beverage items purchased for extended training meetings involving institutional teams or committees or other business-related functions may occasionally be necessary. Discretion should be used when purchasing these items to ensure the costs are reasonable and necessary.

D. HCI will not reimburse for expenses associated with seasonal parties or food costs not related to a business meeting. University policy specifies that one social per year is allowable for each department. HCI’s traditional winter holiday celebration serves as this gathering.

E. Huntsman Cancer Institute will not reimburse any incurred costs that relate to the consumption of alcohol on University property or any other costs deemed unreasonable or not having a business purpose.

F. Sales tax will only be reimbursed for groups with less than 10 attendees.

V. PROCEDURE(S)

A. All reimbursements for business meals and entertainment expenses should be approved in writing by the immediate supervisor of the employee incurring the expense.

B. Supervisors should evaluate business meals and entertainment expenses to determine the following:
   1. The expenses are reasonable.
   2. The expenses are appropriate under the circumstances.
   3. Reimbursement for or direct payment of the expenditure is not otherwise prohibited by University policy.
   4. The expenditure reflects an ordinary and necessary transaction incurred to conduct HCI business.
   5. The underlying activity furthers the mission of the institution; that is, it is necessary to carry out the objectives of instruction, research, or public service or the supporting administrative functions surrounding these objectives.
   6. Expending institutional funds for such goods or services serves a public purpose.

C. All requests for payment or reimbursement of business meals and entertainment expenses must include a description of the activity or function, date and location of the activity, its purpose with respect to HCI business, the names of those in attendance (if fewer than 10), number of attendees (if 10 or more) and an itemized receipt.
   1. If a reimbursement request is contrary to the guidelines, the request may be fully or partially rejected. If the request is rejected, the host must provide or supplement the cost of the meal using personal or other, non-University funds.
   2. If an itemized receipt cannot be submitted, a memo must be submitted in its place. This memo must contain the reason an itemized receipt could not be submitted, the purpose of the expense, the date of the occurrence and indicate that alcohol was purchased. The memo must be signed by the HCI Senior Leader over the person requesting the reimbursement. If the reimbursement is submitted as an ePR, the cognizant VP must be added as an approver. If the reimbursement is related to travel, the travel form will need to have the signature of the cognizant VP.
D. The immediate supervisor of the employee incurring the expense and the group-level authority of the specific funding source must approve all costs associated with business meals and entertainment expenses by signing the appropriate payment documentation.

E. Any reimbursement for alcohol must be approved by the HCI Chief Executive Officer or Senior Finance Officer. Alcohol cannot be purchased using state funds under any circumstances.

1. HCI further defines reasonable expenses for seminar visits and recruitment efforts.

   HCI Seminars:

   A. Breakfast: Guest will either have breakfast on their own at their place of lodging, or with their first meeting appointment (at place of lodging or The Point Restaurant or Bistro at HCI).

   B. Lunch: Lunches should be ordered from The Point Restaurant or Bistro with no more than 3 attendees, to include guest.

   C. Dinner: Hosts must exercise discretion and select restaurants that are reasonably priced and appropriate for the purpose of the guest and nature of the visit. Limit dinner group size to a maximum of 4, to include guest; in some cases, 5 attendees (including guest) is appropriate. As representatives of the University, hosts should endorse a limitation of alcohol consumption and not purchase bottles of wine that cost more than $30-50 each. We appreciate that costs vary with each restaurant. Cost of the meal should not exceed $240, or $60 per person, including tip. If total meal costs reasonably exceed these described guidelines, a memo of explanation must be submitted with the request for reimbursement.

2. HCI Recruitment

   A. Breakfast: Guest will either have breakfast on their own at their place of lodging, or with their first meeting appointment (at place of lodging or The Point Restaurant or Bistro at HCI).

   B. Lunch: Lunches should be ordered from The Point Restaurant or Bistro with no more than 3 attendees, to include guest. If the candidate’s seminar or chalk talk is to be held in a small conference room during the lunch hour, it is, in some cases, appropriate for lunch to be provided for attendees (applicable to clinical seminars).

   C. Dinner: Hosts must exercise discretion and select restaurants that are reasonably priced and appropriate for the purpose of the guest and nature of the visit. On the first recruitment visit, the dinner group size must be limited to a maximum of 4, to include candidate; in some cases, 5 attendees (including candidate) is appropriate. As representatives of the University, hosts should endorse a limitation of alcohol consumption and not purchase bottles of wine that cost more than $30-50 each. We appreciate that costs vary with each restaurant. Cost of the first-visit dinner should not exceed $300, or $75 per person, including tip. Second- and third-visit recruitment dinners must be planned in accordance with approval of department chair/HCI senior leadership. If total meal costs reasonably exceed these described guidelines, a memo of explanation must be submitted with the request for reimbursement.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures

Staff and Faculty Financial Commitments

Financial Policy Number: 5.10

I. DESCRIPTION

Establish guidelines and procedures to obtain approval and make commitments to faculty and staff in other departments for salary and/or financial support.

II. APPLIES TO

A. HCI Supervisors, Managers and Directors
B. HCI Finance Department
C. HCI Human Resources Department

III. DEFINITIONS

A. Support commitment refers to any money, salary support, space, or other resource promised to a current or future member of another university department.

IV. POLICY(IES)

A. Before making any commitment to a staff member whose primary assignment is in another university department, the hiring manager must obtain approval from the cognizant HCI senior leader.

B. Any support commitment made to a faculty member whose primary assignment is in another university department must be documented and approved by a cognizant senior leader and HCI Chief Executive Officer. Per the University of Utah and Huntsman Cancer Foundation Supplemental MOU effective July 1, 2017 “faculty appointments at the University (including those at HCI) shall be made by the relevant departmental chair in accordance with normal University policy. In making cancer-related faculty appointments involving HCI resources, department chairs will collaborate with and secure the approval of (i) the Chief Executive Officer of HCI and (ii) the UUHC Chief Medical Officer and/or the HCH Executive Director, as appropriate. The participants will work together to recruit and retain the most highly qualified candidates and will share financial responsibility as mutually agreed. Designation of all HCI investigators and assignment of all HCI resources, including space in HCI, shall be the responsibility of the Chief Executive Officer of HCI”.

V. PROCEDURE(S)

A. Before making any commitment to a faculty member or staff member whose primary assignment is in another university department, hiring manager must obtain approval from the cognizant senior leader. In addition, budgetary approval must be obtained either through the normal budget process or through special approval obtained from the Chief Executive Officer of Huntsman Cancer Institute.

B. Proposals for support commitments must be documented in the form of a formal offer letter to the chair of the department in which the faculty or staff member has a primary assignment. The offer letter must contain the following components:
1. Dollar amount of the commitment on an annual basis. Salary support should be represented as a dollar figure rather than a percentage of effort whenever possible.

2. Time period of commitment including any approval that must be obtained at the end of interim periods (for example, fiscal year) to secure continued commitment.

3. Space requirements that may be associated with the commitment.

4. Other financial support (such as lab supplies or equipment).

5. Personnel to be provided by Huntsman Cancer Institute in terms of FTE with a maximum dollar limit.

6. Computer support to be provided by Huntsman Cancer Institute.

C. A copy of the offer letter should be submitted to the HCI Finance Department and the HCI Human Resources Department.

D. If Huntsman Cancer Institute is paying a portion of the salary of an employee with an assignment in another department, a copy of the PAN form should be forwarded to the HCI Human Resources Department.

E. The HCI Human Resources Department will maintain a record of the support recipient in the human resources database.
I. DESCRIPTION

Establishes policies for the purchase and approval necessary for gifts, service awards, and incentives.

References:
- Internal Revenue Code (IRC) Section 132
- Internal Revenue Code (IRC) Section 74
- Internal Revenue Code (IRC) Section 102
- HCI Financial Policy Number 5.06 – Purchasing
- Guidelines for Meals/Incentive Awards/Flowers/Retirement Gifts
- University of Utah Tax Services Department

II. APPLIES TO

A. All HCI Employees.

III. DEFINITIONS

A. A gift is any item of value given to an employee of HCI as a gesture of appreciation or thanks.

B. A service award is any award given to an employee acknowledging a years-of-service milestone (5, 10, 15, 20, etc. years).

C. Immediate family includes parents, children, or spouse as defined in the University of Utah Regulations Library, policy number 5-105.

D. De minimus fringe benefit is a term used by the IRS to describe when an employer gives an employee award of nominal value on a tax-free basis. University Tax Services Department defines $75 as a reasonable threshold for nominal value.

IV. POLICY(IES)

A. The purchase of food or related items for birthdays, showers, weddings, and other personal events is not permitted by the University or HCI. The University also restricts the purchase of floral arrangements and similar items for employees and their immediate family members except in the case of funeral or condolence arrangements. HCI extends this exception to a serious illness or hospitalization if floral arrangements are requested via the normal purchasing process as outlined in HCI Financial Policy 5.06 – Purchasing.

B. Any gift to an employee exceeding a de minimus amount will be reported to the University Payroll Office and taxed as in-kind compensation in accordance with IRS regulations (IRC Section 132). Gift certificates and any other cash-value gifts will be reported and taxed as compensation regardless of the dollar amount in accordance with IRS regulations (IRC Section 132). This includes cash awards for contest winners.

1. Exception: IRC section 74 provides that non-wage awards can be made to an employee as an employee achievement award. An employee achievement award is tangible personal property. Under this section, a gift certificate can be used provided it is non-negotiable and only confers the right to receive tangible personal property.
An employee achievement award must meet the following requirements: (1) it is given for length of service or safety achievement, (2) it is awarded as part of a meaningful presentation, and (3) it is awarded under conditions and circumstances that do not create a significant likelihood of disguised pay. The value of the award cannot be more than $1,600 per year per employee under a qualified employee achievement plan. (The University has a qualified employee achievement plan.) A length of service award cannot be given more often than in five-year intervals. A safety achievement award cannot be given to a manager, administrator, clerical employee, or other professional employee. Also, excluding these categories, not more than 10% of the remaining employees can receive a safety achievement award. See Tax Services, Employee Awards for additional information.

C. Years-of-service awards will be provided to employees in accordance with university policy and by the University of Utah. HCI's Human Resources Department will budget for the years-of-service award granted by the University.

V. PROCEDURE(S)

A. When an event occurs that may necessitate the need for a gift or flowers to be given to an HCI employee or an employee's family member, the HCI Human Resources Department should be notified.

B. All approvals must be documented and include a signature or approval via the normal purchasing process as outlined in HCI Financial Policy 5.06 – Purchasing.

C. The purchase of flowers or gifts must be submitted through the normal purchasing process as outlined in HCI Financial Policy 5.06 – Purchasing and designated as such to ensure proper accounting and approval.

D. The HCI Finance Department will review and establish, in accordance with IRS guidelines and in conjunction with the University Tax Services Department, the de minimus value, which is currently $75.

E. The HCI Payroll Reporter will report gifts that exceed the de minimus value as taxable income to the University Payroll Department.

   1. Exception: Employee achievement awards and safety achievement awards described in section IV.B.1 above.

F. Upon approval from Senior Leadership, additional compensation may be provided to the employee to pay the cost of the additional income taxes resulting from the gift.
I. DESCRIPTION

This policy has been retired and is no longer active.
I. DESCRIPTION

Establishes Huntsman Cancer Institute (HCI) guidelines for disbursing residual funds in pharmaceutical-sponsored Clinical Trial accounts at the time of account closeout. These guidelines and procedures have been endorsed by the HCI Clinical Research Executive Committee.

Since 1999, HCI has provided considerable financial support to develop and maintain its Clinical Trials Office (CTO). CTO staff assists with protocol review, IRB submissions and regulatory compliance, clinical patient coordination, data management, contract negotiation, and budget development and management. Projects are charged directly for these efforts according to the budget developed at the project’s outset. Residual funds are often the result of effective budget development and management, and HCI hopes to recapture a modest amount of these excess funds to help support the clinical research groups, including support for investigator-initiated clinical trials.

Despite sound budgeting practices, clinical trials are occasionally over budget. HCI and the investigators bear the financial liability associated with completion of these trials, as well as the responsibility for long-term follow-up or audit, even if the investigator is no longer with HCI.

II. APPLIES TO

A. HCI Clinical Investigators

B. HCI Clinical Trials Office (CTO)

C. HCI Finance Department

D. All pharmaceutical trials conducted in HCI facilities (laboratory or clinical)

III. DEFINITIONS

A. Residual funds are defined as funds remaining in a project after all expenses have been charged (including investigator effort, coordination and data management, administrative support, regulatory effort, patient care cost, pharmacy fees, and other project costs).
B. Deficit funds are defined as deficits in a project after all expenses have been charged (including investigator effort, coordination and data management, administrative support, regulatory effort, patient care cost, pharmacy fees, and other project costs).

IV. POLICY(IES)

A. It is understood that budget excesses and deficits will occur with clinical trials. HCI does not condone inflated budgets to create excesses for personal or programmatic benefit. The budget submitted for a clinical trial should be based on justifiable expenses. Budgets should not include any intentionally programmed excess for activities that are not transparent to the sponsor. Ancillary laboratory-based research activities funded by a sponsor should be specified and budgeted.

B. This policy is in effect for new projects established after July 1, 2004. Residual funds in accounts established before that time will be disbursed according to agreement between the investigator and his or her department.

V. PROCEDURE

A. At project completion, HCI CTO staff will review the project activity and work with the principal investigator and clinical trial research group’s program manager to ensure that all project costs have been appropriately charged and posted.

B. HCI CTO staff will review the investigator’s clinical trial project history to determine whether it is necessary to cover any prior or impending deficits. If historical or impeding deficits exist, the residual funds from the project will first be applied to those deficits. Residual funds will then be disbursed as follows:

1. One-third to the principal investigator of the project.

2. One-third to the investigator’s Clinical Trial Research Group (CTRG) to be utilized for enhancing the group’s research activities.

3. One-third to HCI centrally-held funds.

C. Disbursement details will be made as follows:

**Disbursements to principal investigator (PI):**
Funds will be deposited to an investigator-held clinical trial residual fund with indefinite carry forward. This is utilized for research associated expenditures and controlled by the investigator.

**Disbursements to Clinical Trial Research Groups (CTRG):**
Clinical trials are required to name a single physician as the principal investigator of the trial. The PI of the trial is ultimately responsible for all aspects of the trial. However, in practice, the successful completion of a trial may involve sub-investigators, including clinicians or basic scientists, who enroll patients, oversee their care while on trial, and work on translational research aspects of the trial.
Disbursement of residual funds to the Clinical Trial Research Group (CTRG) allows HCI to acknowledge and reward the team members who contributed to the trial.

A Clinical Trial Research Group-held clinical trial residual fund will be created for each clinical trial research group. The designated Physician Leader(s) within the CTO for each of the clinical trial research groups will govern the funds allocated to the program based on recommendations from its members. These funds should be used for enhancing the clinical research activities of the clinical trial research group. The CTRGs are encouraged to use their funds expeditiously to promote their clinical research agendas. Final approval of funds is determined by the Senior Director for Clinical Research and the CTO medical director.

**Disbursements to HCI:**
HCI will use its portion of residual funds to support the mission of the cancer institute as directed by priorities of HCI Senior Leadership.

D. In the event that a PI leaves HCI, the CTO will determine the status of each clinical trial that this investigator serves as PI for when the said Investigator leaves the institution. The disbursements will be made accordingly:

**Trial is open to accrual:**
Residuals would be disbursed as documented in this SOP with the new PI receiving one-third of the disbursement at project completion.

**Trial is closed to accrual, but there are still patients receiving active treatment:**
Residuals would be disbursed as documented in this SOP with the new PI receiving one-third of the disbursement at project completion.

**Trial is closed to accrual, and no patients receiving active treatment:**
The new PI in this case is assisting with project closeout procedures and therefore the residuals will be disbursed 50% to the Clinical Trial Research Group and 50% to HCI centrally-held funds.

E. If a project closes with deficit funds, the deficits will be covered in the same manner as residual funds as documented in this SOP.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Policy Number: 5.14

I. DESCRIPTION

This policy has been retired and is no longer active.
I. DESCRIPTION

Establishes policies and procedures for the purchase and justification of printer acquisition.

II. APPLIES TO

A. HCI computer and printer users

III. DEFINITIONS

A. Confidential information refers to data that should not be shared with co-workers who may have access to a public printer. This includes data related to Human Resources, payroll or confidential project data. This does not include patient data unless the printer is generally available to the public or other non-covered entities.

B. Sensitive information refers to data that may be upsetting or inappropriate for the public printers. This may include, but is not limited to, medical images.

C. Restricted data is defined by the University Privacy office and includes, but it not limited to, HIPAA and other regulatory restricted data.

IV. POLICY(IES)

A. When purchasing a printer, the user should consider that HCI is interested in properly managing and reducing the following:

1. Costs – including equipment acquisition, operational and supply costs such as toner, and support costs including labor
2. Energy consumption – electricity, heating, and cooling
3. Waste – paper, ink or toner, and equipment

B. HCI wishes to provide a high level of productivity while using resources in the most cost-effective manner.

C. According to guidelines developed by manufacturers and IT management groups, user to asset ratios are generally between 5:1 and 12:1 for printers, copiers, and fax machine/scanners.

D. Printers can generate significant costs beyond their initial purchase, including but not limited to waste and support costs.

E. Individual desktop printers should be used only when necessary for the following reasons:

1. Protect restricted, confidential, or sensitive information
2. Provide access for disabled users
3. Handle high volume
4. Maintain adequate workflow based on job requirements
F. To qualify for purchase approval of a printer designated for one person’s use, the user should be required to print confidential or sensitive information regularly and often as part of job duties.

V. PROCEDURE

A. When considering purchase of or budgeting a printer, the lab investigator, departmental manager, or senior leader should first consider the following questions:

1. Is this upgraded or new printer necessary and prudent?
2. Is the requested printer appropriate in function and capacity for the necessary work?

B. To request a printer purchase, complete a computer support request through the University “ServiceNow” website. From the Service Catalog, select “Computer & Print” and then select “Huntsman Service Request.” The HCI Computing and Technology Group will process the computer support request and initiate a related requisition in UShop.
This policy has been retired and is no longer active.
I. DESCRIPTION

To specify policies and procedures for Additional Compensation and Bonus/Incentive payment limitations for funds administered by Huntsman Cancer Institute and for Huntsman Cancer Institute employees.

References:
Policy 5-403: Additional Compensation and Overload Policies
Policy 5-401: Staff Compensation
Staff Compensation Procedures
Handbook for Research & Sponsored Activity

II. APPLIES TO

A. Huntsman Cancer Institute (HCI) Faculty and Staff

III. DEFINITIONS

A. Additional Compensation – Payment for services rendered by an exempt, full time, employee in addition to base salary payable for the normal working activity contemplated by the terms of the employee’s appointment.

B. Bonus/Incentive Compensation – Payment as part of a formalized program or agreement based on predetermined goals or achievements.

C. Sponsored research contract or grant – A contractual arrangement with a federal, state, private, or other non-University agency under which funds are made available and are administered by the University for specific research or training project or program.

IV. POLICY(IES)

A. Additional Compensation

1. Additional compensation at HCI is uncommon and is not appropriate for compensating exempt HCI Faculty or Staff for working the necessary hours to complete the job’s normal expectations. Payment via additional compensation should be considered only in those unusual cases in which it is not appropriate to process the payment through initiation of, or change to, the ePAF form.

2. Additional compensation payment is used when an exempt employee’s workload has significantly deviated from the job’s normal expectations. Examples of significant deviations include:

   a) Long-term special projects
b) Assigned work in another department

c) Performance of a specific function that is significantly different from the position for which the employee was originally hired.

3. The following limitations and conditions must also be satisfied in determining the appropriateness of additional compensation both in cases where HCI is paying compensation and in cases where HCI is authorizing an employee’s effort for work in another department:

a) The agreed services are not within the scope of a normal working assignment as described in the examples above.

b) The total additional compensation shall be payable by a single check in an amount fixed by a written agreement in advance and not directly related to the time required for completion of services.

c) If the employee is a 1.0 FTE and any portion of the total compensation is to be paid from a sponsored research contract or grant, the additional compensation must be approved by the Office of Sponsored Projects (OSP). HCI Research Administration must assist in determining eligibility and communicating with OSP.

B. Bonus/Incentive Compensation

1. Bonus/Incentive compensation at HCI is uncommon. Under special circumstances, bonus or incentive compensation may be considered to encourage employees to exceed normal job expectations in support of departmental and institutional goals.

a) If the employee is a 1.0 FTE and any portion of bonus/incentive payment is to be paid from a sponsored research contract or grant, the additional compensation must be approved by the Office of Sponsored Projects (OSP). HCI Research Administration must assist in determining eligibility and communicating with OSP.

V. PROCEDURE(S)

A. Additional Compensation

1. Any request for additional compensation must be approved before beginning the additional compensation assignment. The HCI Human Resources (HR) Department will determine if the assignment and all the details of the request are appropriate. If HCI HR determines that additional compensation is appropriate, the request will be forwarded to the HCI Talent Officer for approval or denial.

2. If the additional compensation request is approved, the Additional Compensation Form will be prepared by the HCI Payroll Accountant who will also collect all backup documentation and all the necessary signatures. Only the HCI Talent Officer or designated alternate can provide the Chair/Department Head approval signature.

a) The approval of the HCI Talent Officer and the Cognizant VP for HCI are required if the additional compensation exceeds $2,500. If applicable, the HCI Payroll Accountant will coordinate this approval.

b) If the Additional Compensation Form requires the signature of OSP, which is always the case if the employee is a 1.0 FTE and any portion of their total compensation is paid from a sponsored research contract or grant, HCI HR will refer the requestor to HCI Research Administration. HCI Research Administration will work with the
requestor and OSP to obtain approval. OSP must provide written approval of the request before the HCI Talent Officer will review and approve.

c) The employee receiving additional compensation will be informed of the approval only after the initial request is approved and the Additional Compensation Form is signed by the appropriate parties.

3. In cases where an HCI employee is receiving additional compensation from another University of Utah department, that department will be responsible for completing all paperwork and receiving all the necessary approvals. Only the HCI Talent Officer or designated alternate can provide the Chair/Department Head approval signature. The requestor must always coordinate with HCI HR to obtain the signature of the HCI Talent Officer.

4. For exempt employees who are less than a 1.0 FTE and who have an additional compensation request approved by HCI HR and the HCI Talent Officer, a one-time ePAF will be created, by HCI HR in place of the additional compensation form. The approval of the Cognizant VP for HCI will be required if the additional compensation exceeds $2,500.

B. Bonus/Incentive Compensation

1. Any request for bonus/incentive compensation must be preapproved by HCI HR to determine if the assignment and all the details of the request are appropriate. If HCI HR determines that bonus/incentive compensation is appropriate, the request will be forwarded to the HCI Talent Officer for approval or denial.

2. If the bonus/incentive request is approved, the Bonus Pay Form will be prepared by the HCI Payroll Accountant who will also collect all backup documentation and all the necessary signatures. Only the HCI Talent Officer or designated alternate can provide the Chair/Department Head approval signature.

   a) The approval of the HCI Talent Officer and the Cognizant VP for HCI are required if the bonus pay exceeds $2,500. If applicable, the HCI Payroll Accountant will coordinate this approval.

   b) If the Bonus Form requires the signature of OSP, which is always the case if the employee is a 1.0 FTE and any portion of their total compensation is paid from a sponsored research contract or grant, HCI HR will refer the requestor to HCI Research Administration. HCI Research Administration will work with the requestor and OSP to obtain approval. OSP must provide written approval of the request before the HCI Talent Officer will review and approve.

   c) Existing employees receiving a bonus will be informed of the approval only after the initial request is approved and the Bonus Form is signed by the appropriate parties.

VI. FORMS

A. Additional Compensation Form
B. Bonus Pay Form
Huntsman Cancer Institute
Policies and Procedures
Supplier Shows and Visiting Guests from Outside HCI
Department Policy Number: 5.18

I. DESCRIPTION

To set forth rules and regulations governing the visits of outside supplier and other guests who have an interest in doing business with Huntsman Cancer Institute (HCI).

II. APPLIES TO

A. Suppliers
B. Outside guests and speakers with an interest in engaging in business with HCI
C. HCI employees

III. DEFINITIONS

A. Supplier shows and visiting guests refer to people, businesses, or organizations with an interest in conducting business with HCI by showcasing their products through either lectures or booths that promote their products or services.
B. Gifts refer to food or any tangible product with a value that exceeds $1.00.

IV. POLICY(IES)

A. HCI welcomes outside visitors who sell products and services which may be helpful to the research of HCI faculty and staff. This includes supplier shows organized by either HCI or third parties, individuals or vendors wishing to showcase their products, or guest speakers with a commercial interest in doing business with HCI.

B. All suppliers are required to have an appointment with an HCI contact. “Cold calling” is prohibited. Suppliers without an appointment will be turned away or given the opportunity to call and make an appointment.

C. Visitors may not give gifts to any HCI employee. This includes meals, gift cards, money, or anything of pecuniary value. However, vendors may provide nominal refreshments at supplier fairs if catered by The Point Restaurant. Outside food is not allowed under any circumstances.

D. Suppliers may provide promotional or educational products such as pens, notepads, or other small items which typically have a very low value (under $1.00). Gift cards are not allowed regardless of the amount. Promotional or educational items must be approved by the Purchasing Manager before the outside supplier visit.

E. Publicity for supplier shows and guest speakers with a commercial interest in doing business with HCI must be approved by the Purchasing Manager. Printed announcements will be posted on HCI bulletin boards and in break rooms pursuant to HCI Policy 3.08. Mass e-mails may also be appropriate when sent by the Purchasing Manager.

F. Suppliers and guests with an interest in doing business with HCI must pay a room rental fee as determined by the HCI Public Affairs Department.
G. Suppliers and industry representatives are prohibited from sponsoring meetings or providing gifts or other benefits for individual labs, clinics, or departments.

H. HCI Employees may not accept individual rewards or gifts for buying products from suppliers.

V. PROCEDURE

A. Suppliers and guests must have prior approval from the Purchasing Manager before events such as supplier shows or speaking engagements with an interest in selling products or services to HCI.

B. New suppliers without a previous business relationship with HCI must have an existing HCI employee as a sponsor for the visit. Meeting room rental and other visit arrangements will not be scheduled without an employee sponsor.
   1. Room rentals are scheduled by the Purchasing Manager through of the General Admin Executive Secretary.
   2. The rental information is submitted to the Nutrition Care Manager at The Point Restaurant, who prepares the billing for the room rental and any catering services required.

C. Suppliers and guests with approval to visit HCI will pay the current rental rate for meeting space available at HCI based on room size and time rented. If visiting guests wish to provide food at their events, catering must be arranged through The Point Restaurant. Visiting guests must pay all associated costs.
Huntsman Cancer Institute
Policies and Procedures
Equipment Transfer Policy
Financial Policy Number: 5.19

I. DESCRIPTION

Establishes policies and procedures governing the transfer of property to another institution.

References:

University of Utah Policy 3-040: Property Accounting

II. APPLIES TO

A. HCI Faculty and Staff

III. DEFINITIONS

A. Property: Equipment, material, and supplies purchased with any funds administered by the university, or bequeathed or contributed to the university.

B. HCI / University Property: That property to which title is vested in the university, whether purchased with university funds or acquired by bequest or gift.

C. Title: Ownership of property established by either the university or a granting agency on a project.

IV. POLICY(IES)

A. When HCI faculty or staff transfer to another institution and the awarding agency transfers related project(s) to the new institution or awards a new contract or grant at the new institution under which the original project will be continued, HCI / University usually retain all grant-acquired equipment to which it has obtained title. However, if the university has no need for the equipment, said equipment is critical to the project and transfer of the property will relieve the granting agency from purchasing duplicate equipment, the cognizant HCI Senior Leader may authorize transfer of the equipment to the new institution.

When property is obtained for use on multiple grants, HCI / University may consider property eligible for transfer only if it was originally purchased from the grant being transferred and it derives the majority of its use from the grant.

B. When property does not qualify for transfer under IV.A. above, HCI / University property may be transferred to another institution only if the following three criteria are met:

1. HCI / University have no need for the equipment. This determination shall be made by the cognizant Senior Leader and the HCI Senior Finance Officer.

2. The new institution must agree to purchase the equipment at a fair market value established by University Surplus and Salvage.

3. The Vice President in the Office of the President must also approve the transfer.
C. Property acquired under grants or contracts from agencies which retain title to or reserve the right to transfer property will be transferred when the awarding agency provides instructions for the transfer to HCI / University of Utah.

V. PROCEDURE(S)

A. Based on a master list provided by the HCI Purchasing Manager, the faculty or staff member identifies any equipment items requested for transfer.

B. In cooperation with the HCI Purchasing Manager, the faculty or staff member requesting a property transfer obtains written approval from the cognizant Senior Leader and the HCI Senior Finance Officer, stating that the equipment is no longer useful to HCI or that the granting agency retained title.

C. After Senior Leadership approval is obtained, the HCI Purchasing Manager sends the property list to Property Accounting for verification that the University has title and can legally transfer the equipment upon approval from the Vice President in the Office of the President.

D. After the above steps are completed, the researcher will work with the HCI Purchasing Manager to prepare the necessary property transfer forms.

E. Upon completion of the property transfer forms, the HCI Purchasing Manager sends the following information to the Vice President in the Office of the President for review and approval/signature.
   1. Approval memo from HCI signed by HCI cognizant VP, cognizant Senior Director and HCI Senior Finance Officer.
   2. Equipment list.
   3. Response from Property Accounting stating that the University has title to the equipment.
   4. Property transfer forms.

F. After receiving the signed paperwork back from the Office of the President, send a copy of the signed paperwork to Property Accounting.

G. Retain an electronic copy of the signed paperwork on the shared drive.

H. After the equipment is transferred, the HCI Inventory Clerk will update the asset management system to reflect the transfer and mark the transferred asset as retired.
I. DESCRIPTION
Alcoholic beverages will not be consumed or stored on Huntsman Cancer Institute (HCI) property.

II. APPLIES TO
A. All who enter HCI buildings.

III. DEFINITIONS
A. All nonmedical beverages containing alcohol are considered alcoholic beverages.

IV. POLICY(IES)
A. HCI does not permit the consumption or storage of alcoholic beverages on HCI property. Utah state law prohibits the consumption or storage of alcohol on state property.
B. Absolutely no alcohol may be served at HCI without approval of the University of Utah President’s office. Even with approval, the only space where alcohol service is allowed is The Point.
I. DESCRIPTION

Protect Huntsman Cancer Institute (HCI) rights to discoveries generated by HCI investigators by ensuring that discoveries are properly recorded, acknowledged, and commercialized.

II. APPLIES TO

A. All HCI Investigators
B. HCI patient care physicians
C. Other investigators funded by Huntsman Cancer Foundation (HCF)

III. DEFINITIONS

IV. POLICY(IES)

A. All discoveries with patent or technology development potential must be disclosed through proper channels and funding sources acknowledged appropriately.

V. PROCEDURES

A. Investigators must notify the cognizant program leader or senior director of discoveries with patent or technology development potential.

B. An Invention Disclosure form must be prepared and submitted for review and approval to the Senior Director for Translational Research.
   1. The disclosure must acknowledge any support that was provided by HCF.

C. Upon approval, the Senior Director for Translational Research will forward the disclosure to the University of Utah Technology Transfer Office.

D. The Principal Investigator is responsible to provide a fully executed copy of the disclosure to the Senior Director for Translational Research.
Huntsman Cancer Institute

Policies and Procedures

Manuscripts

General Policy Number: 6.3

I. DESCRIPTION

Establishes policies and procedures to ensure appropriate acknowledgement of funding and other resources in submitted manuscripts, appropriate publicity for research findings, and an accurate record of institute publications.

II. APPLIES TO

A. HCI Investigators
B. Faculty receiving support from HCI

III. DEFINITIONS

A. Support from HCI may include space or infrastructure, use of HCI shared resources, full or partial salary support for faculty or lab members, pilot project funds, or any other financial contribution to the faculty member.

IV. POLICY(IES)

A. Manuscripts describing research conducted at HCI or by HCI investigators, or research that has been supported by HCI, should include an acknowledgement of support provided by Huntsman Cancer Institute or Huntsman Cancer Foundation.

B. Acknowledgement of grant or contract support (including grant or contract number) should also appear in the manuscript. This includes acknowledgement of core facilities supported by the Cancer Center Support Grant (NIH P30 CA42014) or Huntsman Cancer Institute.

V. PROCEDURES

A. Prior to submission for publication, investigators should notify the cognizant senior leader and the University of Utah Center for Technology and Venture Commercialization of any research findings involving technology or patent issues.

B. After acceptance but prior to publication, investigators should notify the HCI Public Affairs Office of any research findings for which publicity may be warranted (see policy 3.3 Communications and Public Affairs - Media Relations).

C. Upon publication, the investigators should provide the citation to Research Administration via their administrative assistants so the publications database and the faculty member’s electronic curriculum vitae can be updated.
HUNTSMAN CANCER INSTITUTE
Policies and Procedures
Policy Number: 6.4

I. DESCRIPTION

This policy has been retired and is no longer active.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Authorization to View E-mail
General Policy Number: 6.5

I. DESCRIPTION

Specifies authorized viewers of the content of e-mails addressed to individuals other than themselves

II. APPLIES TO

A. All Huntsman Cancer Institute (HCI) e-mail account holders

III. DEFINITIONS

A. Account holder—Any individual with an HCI e-mail account, including staff, faculty, students, trainees, volunteers, vendors, or temporary staff

B. Manager—A person who directly supervises an account holder

C. Contact—A person tasked as the point of contact for certain functions within the department

IV. POLICY(IES)

A. In certain cases, access to account holder e-mail by persons other than the account holder may be granted with authorization from HCI Human Resources (HR).

Reference University of Utah Policies:
Policy 4-001 University Institutional Data Management
http://www.admin.utah.edu/ppmanual/1/1-12.html

Policy 4-002 Information Resources Policy
http://www.admin.utah.edu/ppmanual/1/1-15.html

Policy 4-003 World Wide Web Resources Policy
http://www.admin.utah.edu/ppmanual/1/1-16.html

V. PROCEDURES

A. Occasions may arise in which access to an unavailable account holder’s e-mail is needed.

B. A manager should contact HCI HR via e-mail with the following information:
   1. The reason access is warranted. The following possible reasons are included as examples:
      a) An account holder who is the department contact is on vacation, out sick, or for any other reason does not have access to their HCI e-mail account, and a specific e-mail is needed.
      b) There is concern that University or HCI policy has been violated.
      c) An account holder who was a department contact has terminated HCI employment.
   2. The name of the account holder
3. The sender, subject, or date of the e-mail in question

C. If permission is authorized, HCI HR will contact HCI Computing and Technologies Group (CATG) and provide the following information:

1. Name of the account holder whose e-mail requires access
2. The sender, subject, and date of the e-mail required
3. The person to whom the e-mail will be forwarded

D. HCI CATG will forward, when possible, the e-mail in question.

E. Except in rare circumstances, full access to an e-mail account will not be granted.
HUNTSMAN CANCER INSTITUTE
Policies and Procedures
Policy Number: 6.6

I. DESCRIPTION

This policy has been retired and is no longer active.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
HCI E-mail Deactivation/Continuance
General Policy Number: 6.7

I. DESCRIPTION
Establishes policies and procedures for HCI e-mail deactivation/continuance

II. APPLIES TO
A. HCI e-mail customers

III. DEFINITIONS
A. HCI e-mail refers to all e-mail accounts managed and hosted with the HCI e-mail server system. Generally, these accounts can be identified by the ability to receive e-mail at username@hci.utah.edu.

IV. POLICY(IES)
A. Normally, when HCI e-mail customers terminate their relationship with HCI, their e-mail accounts are terminated as well. However, occasionally it is important to provide ongoing contact reference for academic or professional reasons. HCI Computing and Technology Group (CATG) provides two options to support this need.

1. Keep e-mail account active and accessible. This option has the highest level of ongoing costs – storage, backups, account maintenance, and client support. To allow the continued use of HCI's resources, the approval of a department manager is required for the first month, after which the approval of a senior leader is required.

2. Auto-reply. With approval by a lab investigator, departmental manager, or senior leader, for a default period of six months, a message can be returned to the sender indicating the e-mail box is no longer active.

B. CATG cannot guarantee the delivery of auto-reply or auto-forward messages. A reasonable effort will be made to assist in troubleshooting delivery or other performance issues.

C. Automatic forwarding of HCI e-mail to another user or an external account is not allowed due to regulatory and security concerns.

V. PROCEDURES
A. Users should communicate their need to their lab investigator or manager upon separation. During the exit interview with HR, the user will confirm to the HR representative that they have been approved for a continuance of their e-mail account. HR will approve the e-mail continuance via standard separation procedures. The continuance request should not be coordinated through the CATG Help Desk.
I. DESCRIPTION

This policy has been retired and is no longer active.
Huntsman Cancer Institute
Policies and Procedures
Policy Number: 6.9

I. DESCRIPTION

This policy is currently under revision.
I. DESCRIPTION

To establish regular meetings for each Clinical Trial Research Group (CTRG) to review their current clinical trial portfolio, clinical trial activity, eligible and active patients on trial, and trial priorities with the goal of increasing clinical trial availability for our patients. Each CTRG will review both clinical and translational research projects that are proposed and ongoing, including investigator-initiated trials, and determine the priorities of the group.

II. APPLIES TO

A. All HCI investigators and clinical research staff.

III. DEFINITIONS

A. A clinical trial research group (CTRG) is comprised of but not limited to: a team of cancer specialists such as medical oncologists, hematologists, radiation oncologists, surgical oncologists, radiologists, pathologists, advanced practice clinicians, nurses, basic science researchers, clinical trial program managers and coordinators, and administrative staff with a particular disease focus. This team works cooperatively to ensure patients have the opportunity to take part in a clinical trial and benefit from the combined expertise of specialists while enrolled in the trial.

B. CTRG meetings are separate and distinct from the Clinical Care Conference/Treatment Planning Conferences (TPC). CTRG meetings are designed to promote development of investigator-initiated trials, review current trial portfolios, identify portfolio gaps, and review accrual trends and to seek new translational research opportunities.

C. CTRG meetings include but are not limited to the review of: the group’s trial portfolio, trial accrual rates, patient response rates, patient specific adverse events, cohort activations and suspensions, trial deviations, trial amendments, re-consent requirements based on increased risk or change in trial conduct.

D. CTRG meetings also include review of new studies to determine interest from the team and feasibility of conducting and accrual to the trial within the current trial portfolio.

IV. POLICY(IES)

A. Each CTRG will hold regularly scheduled meetings at least quarterly, but preferably at monthly intervals, to review their current clinical trial program and prioritize new studies. The group will: ensure no competing protocols are open, evaluate accrual of patients on open trials, close trials which do not meet minimum requirements for accruals or those with limited physician support, and investigate translational research opportunities for investigator initiated trials.

B. Each CTRG will be led by the Physician Leaders (PL), Clinical Trials Office (CTO) Program Manager, and key faculty engaged in clinical research. Participants in the CTRG meetings will include members of the Multidisciplinary Disease Group (MDG) and Disease Oriented...
Team (DOT) members, CTO research coordinators, and other faculty and medical professionals interested in disease-specific clinical research, may be participants.

V. PROCEDURES

A. The CTRG Physician Leader will ensure that meetings are held at regular intervals consistent with monthly or at least quarterly reviews.

B. The CTO Program Manager or representative will distribute and maintain the agenda, list of attendees, and the minutes of each meeting.

C. Review of proposed clinical trials require presentation and discussion from the proposed principal investigator (PI), as well as assessment of target accrual and appropriation within the disease portfolio, estimated number of eligible patients annually, status of competing trials, and priority of said trial for the group.

D. Review of existing clinical trials require presentation from the PI or Physician Leader, including accrual data (annual, total, and target) and any trial updates.
Huntsman Cancer Institute
Policies and Procedures
HCI Policies and Procedures
General Policy Number: 6.11

I. DESCRIPTION
Establishes process to create, revise, or retire policies from the Huntsman Cancer Institute (HCI) Policies and Procedures manual.

II. APPLIES TO
A. HCI department heads and senior leadership
B. HCI Human Resources Department
C. HCI Administration

III. DEFINITIONS

IV. POLICY(IES)
A. HCI Policies and Procedures (hereby known as “HCI P&Ps”) are general statements governing the operations of Huntsman Cancer Institute.
B. HCI P&Ps must be observed by all HCI staff, faculty, volunteers, and others commonly doing work at or for HCI.
C. HCI P&Ps must be consistent with University of Utah (U of U) policies set forth in the U of U Regulations Library. (See Policy 1-001 of the U of U Regulations Library for details.)
   1. HCI P&Ps may be more restrictive than corresponding University Regulations, but they may not be less restrictive.
   2. HCI P&Ps may not be inconsistent with the intent and purpose of any University Regulation.
D. Before a new P&P can be routed for approval, it must be initiated by an HCI department head and be recommended for approval by the senior director over the functional area in question.
E. Before final approval is sought, all new or heavily revised HCI P&Ps must be routed through the HCI Human Resources Department (HR), the HCI Communications Department, and the senior director over the functional area to which the P&P relates most closely.
   1. Final approval of an HCI P&P requires the signatures of the HCI Chief Transformation Officer, HCI Senior Director of Clinical Affairs, HCI Executive Director of the Comprehensive Cancer Center, and HCI Chief Executive Officer.

V. PROCEDURES
A. The process for creating a new policy is as follows:
   1. Only HCI personnel at the department manager level or higher may initiate HCI P&Ps.
2. Managers may obtain the outline format for policies from HCI HR.
3. HCI HR Office will ensure the policy is properly formatted.
4. HCI HR Office submits the policy(ies) to the signatories noted above for approval, attaching a memo explaining the intent of the policy(ies) being approved.
5. When all necessary approvals and signatures have been obtained, HCI HR staff convert the policy to PDF format and post it to the HCI Pulse website and HCI recruitment website.
6. The new or revised policy is then also circulated as appropriate via HCI News.
7. The final, signed copy of the policy is housed in the master Policies and Procedures binder, kept by HCI HR as well as filed electronically.

B. The process for updating a current policy is as follows:
   1. The manager requests a MS Word version of the policy from HCI HR.
   2. The manager uses the “Track Changes” function in MS Word to make any proposed edits.
   3. The manager sends the edited policy to HCI HR and copies the appropriate Senior Director.
   4. Steps 4 through 7 from section A are repeated.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures

HCI Telecommuting

General Policy Number: 6.12

I. DESCRIPTION

Establishes policies and procedures for HCI telecommuting arrangements.

II. APPLIES TO

A. HCI staff who meet the criteria for a telecommuter

B. HCI managers who employ someone who telecommutes

III. DEFINITIONS

A. Telecommuter is a person who meets all the following criteria:
   1. Works from home full time, as required or requested by HCI
   2. Holds a position that can be done from home with no deterioration of performance or productivity
   3. Is a self-starter who does not require constant supervision
   4. Has suitable quiet space at home, dedicated to work with few interruptions or distractions from domestic situations

B. Remote Worker is a person who works from home part-time, usually as a convenience but may include job or space sharing staff.

IV. POLICY(IES)

A. Work Environment
   1. Employee must have a dedicated work space for home office.
   2. HCI will provide a computer [desktop or laptop] with a specific configuration and security protections.
      A. Personally owned computers will not be acceptable for ‘local to the machine’ work due to potential liability to HCI in maintaining security and regulatory expectations. In some cases, a personal computer can be used only if an approved Remote Desktop application is used to access a virtual session hosted at HCI. The employee must certify they will keep the personal system updated in a timely manner. Any support for the personal computer is the responsibility of the employee and not CATG.
   3. The work computer will not be used by anyone other than the employee.
   4. The work environment must meet basic ergonomic standards, or a waiver must be signed by the employee.

B. Telecommuter Responsibilities
   1. Telecommuter is required to obtain and maintain a dedicated broadband connection. Telecommuter will also be responsible for working with the broadband provider in the event of a service issue.
2. Telecommuter will be responsible for surveying and certifying the environment for the home office can support a computer (see section V.G. below).

3. Telecommuter will sign a telecommuter agreement detailing expectations, stipend amount, agreed working hours, and performance metrics associated with the position.

4. Telecommuter will not modify the computer for personal or work use. Any changes must be coordinated with the HCI Computing and Technology Group (CATG).

5. Telecommuter will immediately notify his or her manager and CATG if there is a problem with the equipment provided.

6. Telecommuter will be responsible for transporting the computer in the event service is required. CATG will not provide on-site service for repairs or troubleshooting.

C. HCI Responsibilities

1. The employee’s department may provide a stipend for the telecommuter if the manager determines it appropriate. The amount will be determined by the HCI Human Resources (HR) Manager. The stipend will typically be used to reimburse the employee for an appropriate portion of the employee’s broadband charges. Since most employees would normally have broadband anyway and the data share of HCI work is relatively small compared to other services used at home, the stipend amount should consider those factors.

2. HCI will provide a space for the telecommuter when he or she is required to work at an HCI location. HCI will also provide a laptop or other computing device for the telecommuter to use at the HCI location.

3. Telecommuter’s department will be responsible for the cost of the stipend, the computer, and any supporting equipment required for the home office other than the broadband/network equipment provided by the employee.

V. PROCEDURES

A. Manager identifies candidate employee for telecommuting or employee approaches manager regarding the desire to telecommute.

B. Manager seeks written approval from cognizant Senior Leader.

C. When approval is given, request is submitted to HCI HR.

D. HCI HR will help determine if the prospective telecommuter will be eligible to receive a stipend.
   1. Stipends for telecommuting are given on a case-by-case basis and must be approved by HCI HR, the manager, the cognizant Senior Leader, and the Director of Finance and Administration.

E. HR prepares Telecommuter Agreement, which addresses the following:
   1. Effective dates of the arrangement
   2. Stipend amount, if applicable
   3. Requirements and responsibilities relate to the arrangement
   4. Any forms which need to be completed, including computer equipment forms

F. After Telecommuter Agreement is approved by the manager and Senior Leader, HR will e-mail a copy of the agreement to the manager, Senior Leader, CATG department, Senior Director of Finance and Administration, and the telecommuter.
G. CATG will contact the telecommuting employee to gather the following information about the telecommuting location:

1. Address
2. Environment (power, Internet access, and other factors). CATG will provide a checklist which the telecommuter will be responsible to complete and sign.
3. Broadband configuration, if broadband access is already installed
4. Confirmation from telecommuter’s manager whether an existing computer will be used or a new system is required.

H. CATG will instruct and provide basic document on computer setup to telecommuter. Telecommuter is responsible for actual installation at home office.

I. Once computer is set up, employee will contact CATG during normal working hours to test and receive approval for configuration.

J. It is the responsibility of the employee’s home department to routinely review the telecommuting arrangement and address issues.

K. CATG will provide to the manager, upon request, details regarding logons, connection hours, or support costs regarding any telecommuter.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Policy Number: 6.13

I. DESCRIPTION

This policy has been retired and is no longer active.
I. DESCRIPTION

This policy has been retired and is no longer active.
Huntsman Cancer Institute
Policies and Procedures
Clinical Research Executive Committee (CREC)
Standard Operating Procedures
General Policy Number: 6.15

I. DESCRIPTION

The NIH defines a clinical trial as “A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes. An Intervention is defined as a manipulation of the subjects or subject’s environment for the purpose of modifying one or more health-related biomedical or behavioral processes and/or endpoints”. The Clinical Research Executive Committee, composed of Huntsman Cancer Institute (HCI) senior clinical research leaders, oversees and directs HCI’s clinical research, including setting policy for the Protocol Review and Monitoring Committee and Data and Safety Monitoring Committee. It also establishes priorities for the Clinical Trials Office and Population Science Trials Office, reviews general accrual and resource allocation issues, and facilitates integration of research into the HCI multidisciplinary clinics. This committee reviews minority recruitment efforts and assists in the development of future plans to enhance patient accrual.

II. APPLIES TO

A. This policy and procedure applies to all programs conducting clinical research through Huntsman Cancer Institute.

B. The policy and procedure applies to all faculty and staff involved in any task associated with the conducting of clinical research through Huntsman Cancer Institute.

III. DEFINITIONS

A. CREC: Clinical Research Executive Committee
B. CTO: Clinical Trials Office
C. CTRG: Clinical Trial Research Group
D. DSMC: Data and Safety Monitoring Committee
E. HCI: Huntsman Cancer Institute
F. IPDC: Institutional Protocol Development Committee
G. PRMC: Protocol Review and Monitoring Committee
H. FAR: Feasibility Administrative Review Committee
I. PSTO: Population Science Trials Office
J. RTRC: Research Trial Review Committee

IV. COMMITTEE GUIDELINE(S)

A. Oversee and direct all clinical research conducted at HCI.

B. Establish policy for HCI Review Committees.
1. Protocol Review and Monitoring Committee
2. Data and Safety Monitoring Committee
3. Institutional Protocol Development Committee
4. Feasibility Administrative Review Committee
5. Population Science Faculty Advisory Committee
6. Research Trial Review Committee

C. Establish priorities for HCI’s Clinical Trials Office.
D. Review clinical trial accrual for CTO
E. Recommend resource allocation to Director.
F. Monitor minority recruitment and enrollment efforts.
G. Monitor community engagement and outreach efforts

V. PROCEDURE

A. Voting Membership
   1. CREC Chair - Senior Director of Clinical Research, HCI
   2. CREC Vice-Chair – Interim Senior Director of Clinical Affairs, HCI
   3. Clinical Trials Office Medical Director, HCI
   4. Executive Director of Operations, HCI
   5. Executive Director, Huntsman Cancer Hospital
   6. Chair, Protocol Review and Monitoring Committee, HCI
   7. Chair, Data and Safety Monitoring Committee, HCI
   8. Director of Cancer Health Equity, HCI
   9. Senior Director of Population Sciences, HCI
   10. Director, Center for Investigational Therapeutics, HCI
   11. Pathology Representative
   12. Imaging Representative
   13. Basic Science Representative
   14. Pediatric Research Representative
   15. Minority Outreach Director, Patient and Public Education, HCI

B. Non-Voting Membership
   1. Director of Operations, Clinical Trials Office, HCI
   2. Director, Research Administration, HCI
   3. Director of Operations, Research Compliance, HCI
   4. Director, Scientific Writing and Institutional Data Office, HCI
   5. Clinical Research Administrative Director
6. CREC Secretary

C. Membership Terms

1. Voting membership consists of two types of membership:
   a. Membership due to a formal position held at the institution: These members have an indefinite term on the CREC.
   b. Membership due to representation of a broad group: Section V.A. #10, 11, 12, 13). These members are asked to serve one-year terms

D. Meetings

1. The committee meets monthly.
2. The meeting is closed and confidential. Meeting attendance is confined to official members of the CREC.
3. One of the Co-Chairs will conduct the meeting. In the absence of both Co-Chairs, a Co-Chair will appoint a member to conduct the meeting.
4. A quorum must be present in order to conduct a vote, excluding approval of the minutes.
5. Quorum is defined at one more than half the voting members.
6. In the event guests are invited to present to the Committee, their presence at the meeting shall be limited to the time devoted to the topic they are addressing.
7. Meeting minutes are confidential and will not be distributed outside the committee unless approved by the Co-Chairs.
8. CREC voting members who have a conflict of interest in a given matter will be excused from voting and discussion.
Huntsman Cancer Institute

Policies and Procedures

HCI Rare Disease Policy
Protocol Review and Monitoring Committee
Policy Number: 6.16

I. DESCRIPTION

Huntsman Cancer Institute (HCI) supports clinical research involving patients with rare disease processes. This policy is based on National Cancer Institute (NCI) recommendations or defining rare disease.

II. APPLIES TO

Interventional treatment trials under review of the Protocol Review and Monitoring Committee (PRMC).

III. DEFINITIONS

Rare Diseases are defined as a cancer with an incidence of ≤ three newly diagnosed cancers per 100,000 persons per year.

IV. POLICY(IES)

A. HCI supports clinical research involving patients with rare disease processes. Rare diseases, including biomarker- and molecular-derived subsets, are defined as cancers with an incidence of ≤ three newly diagnosed cancers per 100,000 persons per year (≤ 3/100,000 per year). HCI particularly encourages trials for rare diseases through the National Clinical Trials Network (NCTN) and established consortiums to answer critical scientific questions that match our cancer population.

V. PROCEDURE

A. Trial submission to the PRMC:
B. Trial Assessment to determine whether it meets Policy IV. Above.
   1. PRMC progress reviews first year and at two-year intervals thereafter. The progress goal is one patient the first year and an average of one patient per year thereafter.
   2. Trials identified in HCI Clinical Trials Management System (OnCore.)
I. DESCRIPTION

At the recommendation of the National Cancer Institute (NCI), the focus of the Huntsman Cancer Institute (HCI) Clinical Trials Office (CTO) is to oversee, manage, and coordinate research protocols that have cancer-focused treatment interventions. To ensure expertise and consistency in clinical trial support, all interventional treatment trials with a cancer focus should be managed by the HCI CTO. This includes treatment trials with an FDA Investigational New Drug Application (IND) held by a sponsor or sponsor-investigator at HCI.

II. APPLIES TO

A. Interventional treatment trials with a cancer focus
B. All faculty conducting clinical research at the University of Utah or its satellite sites

III. DEFINITIONS

**Interventional treatment trial**: A clinical trial in which “individuals are assigned prospectively by an investigator based on a protocol to receive specific interventions. The assignment of intervention may or may not be random. The participants are followed and biomedical and/or health outcomes are assessed,” as stated by the NCI.

**Treatment**: A “protocol designed to evaluate one or more interventions for treating a disease, syndrome, or condition,” as stated by the NCI.

**CTRG**: A Clinical Trials Research Group (CTRG) is part of an HCI Disease Center and comprised of a team of cancer specialists such as oncologist, radiologist, pathologists, surgeon, nurse, nutritionist, pain medicine specialist, genetic counselor, educator, and laboratory researcher. This team works cooperatively to ensure patients benefit from the combined expertise of specialists.

**FAR**: Feasibility Administrative Review (FAR) Committee reviews and evaluates new studies by the CTO, based upon the study’s feasibility and priority at HCI. The Clinical Research Executive Committee (CREC) empowers this committee to approve or deny access to CTO resources based upon evaluation of each protocol according to objective criteria.

**PRMC**: Protocol Review and Monitoring Committee (PRMC) is the NCI-mandated scientific review committee. It is charged with reviewing all clinical trials meeting NCI review criteria for scientific merit.

IV. POLICY(IES)

A. The HCI CTO oversees and coordinates all cancer-related
B. interventional treatment trials, including expanded access program (EAP) trials, Compassionate Use/Single-Patient IND, Emergency Use IND treatments.

C. The CREC must approve any exceptions to this policy.

V. PROCEDURE

A. A principal investigator (PI) or study team submits an interventional treatment trial protocol for evaluation to the appropriate MDG. The MDG assigns a priority score.

B. The CTO FAR Committee then reviews and evaluates the protocol.

C. If the FAR Committee approves the protocol, it moves on to the PRMC and the Institutional Review Board (IRB) for review.

D. In some cases, a PI or study team may submit an interventional treatment trial protocol directly to the PRMC through the IRB electronic system (ERICA), bypassing MDG scoring and CTO FAR. When this occurs, the protocol will be pulled or suspended from PRMC review until the MDG and FAR can complete their reviews or until CREC approves the study to run external to the HCI CTO.

E. PIs or study teams must request any exceptions to the above in writing to CREC. The CREC must approve the exception before IRB/PRMC submission.
I. DESCRIPTION

Defines Huntsman Cancer Institute (HCI) policies for staff, faculty, and volunteers concerning the use of institutional resources for building and maintaining research database systems.

II. APPLIES TO

A. HCI research and cancer hospital employees
B. Faculty
C. Volunteers

III. DEFINITIONS

IV. POLICY(IES)

A. General

1. Users will refer to University of Utah (U of U) Policy 4-001 regarding principles of management, security, and access to maintain the value and guarantee effective use of institutional data and information.

2. Users will refer to U of U Policy 4-004 regarding compliance with information security policies.

3. HCI makes research database systems available for the use of HCI and U of U faculty, staff, and others. U of U Information Resources Policy 4-002 states these resources are intended for educational purposes and the legitimate business of the University in a manner consistent with the public trust. Appropriate use of the resources includes instruction, independent study, continuing education, authorized research, independent research, and the official work of the offices, departments, and recognized student and campus organizations of the University.

4. Inappropriate uses include interfering with the work of others, wasting resources, using resources for personal use, and any activities that include the violation of state or federal laws and University policies and procedures.

5. HCI provides research database resources that faculty, staff, students, and others need to accomplish their jobs. Using other methods to capture valuable research data increases vulnerability to misuse, loss, and lack of integration. HCI’s Senior Leadership and Executive Director expect that all related research information will be housed and managed in institutionally supported database systems, including these:
   - OnCore Clinical Trials Management
   - itBioPath Specimen Management
   - Clinical Cancer Research (CCR)
6. Use of institutionally approved research data systems affords many benefits to HCI leadership:
   - Stewardship of University information assets
   - Authenticated access in compliance with University, HIPAA, IRB, CCIC, and RGE standards
   - Automated tracking (audits) of patient data usage, as required for University HITECH compliance
   - Data housing on secure servers with up-to-date surveillance for malicious attacks
   - Timely and secure backups with provisions for recovery of deleted data
   - Efficient and effective management of data entry staff resources for all cancer oncology domains, minimizing or eliminating redundant data entry labor
   - Facilitation and support of data integration projects, including Electronic Data Warehouse, UPDB, U of U Health Sciences Center Tumor Registry, and other resources.
   - Multi-user support for day-to-day data collection operations, including secured remote access and troubleshooting support
   - Prevention of duplicate Shared Resources software engineering efforts to upload, normalize, and assure the quality of data

B. Individual Responsibilities

1. Individual use of institutionally supported databases must comply with state and federal laws and U of U policies and procedures, in particular Policy 3.7.

C. Enforcement and Sanctions

1. HCI may monitor use of non-institutional research database resources. Users may be asked to provide documentation regarding appropriate use of such databases.

2. Violation of this policy may result in the withdrawal of access and may subject the user to disciplinary action or academic sanctions, consistent with U of U policies and procedures. Users will also be asked to reimburse HCI for the use of resources.

APPROVALS

Mary Beckerle, PhD, CEO & Director ____________________________________________  Initials & Date
Brad Cairns, PhD, Senior Director of Basic Science ________________________________  Initials & Date
Scott S. Lloyd, MBA, CPA, Senior Director of Finance & Administration _____________  Initials & Date
John Sweetenham, MD, Senior Director of Clinical Affairs ___________________________  Initials & Date
This policy has been retired and is no longer active.
I. DESCRIPTION

Establish policies and procedures to hire new staff and recruit faculty members.

II. APPLIES TO

A. HCI supervisors, managers, and directors
B. HCI Human Resources Department
C. HCI Finance Department

III. DEFINITIONS

IV. POLICY(IES)

A. Prior to beginning recruitment of staff at any level within HCI, human resources, budgetary, and space availability approval must be obtained. The appropriate senior director or administrative director must approve the position before recruitment begins.

V. PROCEDURES

A. New and replacement lab, clinic, administrative, or other staff positions must be reviewed and approved by the appropriate senior leader, HCI Human Resources, and where necessary, Finance and Facilities.

1. Go to the HCI HR Service Desk to complete a request form for a New Position, Replacement of a current staff member, or Promotion of a staff member to higher graded position.

2. Once the form is submitted, it is routed for approval from HCI HR, HCI Finance, and if needed, from the HCI Space Committee and the cognizant Sr. Leader. The Sr. Leader only needs to approve if the position was unbudgeted or is substantially different from the budgeted position.

3. To post a new position, the following documents must also be provided to HCI Human Resources:
   a) A job description.
   b) A current organization chart which clearly shows where the new position fits within your group or department.
   c) A memo stating why the position is necessary.

4. Job description, memo, and organizational chart are not necessary for positions to replace departing employees.
NOTE: HCI Human Resources Department will notify you immediately when the position is approved and posted.

B. Every candidate must submit an application or resume through the University of Utah Human Resources Department online application process. Applications received through the University of Utah Human Resources office will be flagged if the applicant is a reduction in force (RIF) or a veteran. These applicants are entitled to an interview, if they are qualified for the position.

C. When you have selected a candidate, contact HCI Human Resources; that department will work with you to determine an appropriate salary. When a salary has been agreed upon, you may make a conditional offer of employment. The offer is contingent upon the candidate successfully passing a criminal background check and, if applicable, successfully passing a drug test.

1. The candidate should be instructed to contact HCI Human Resources immediately after the position is offered to make arrangements to sign a release authorizing the background check and to schedule the drug test, if applicable.

2. Drug Testing—within 48 hours of the conditional offer of employment, applicable prospective employees must take and pass a drug test.
I. DESCRIPTION
To define Huntsman Cancer Institute (HCI) standards and expectations regarding behavior.

II. APPLIES TO
A. HCI employees
B. Volunteers
C. Contract employees

III. DEFINITIONS
A. HCI property includes any supplies, equipment, or other items paid for by HCI, restaurant operator, or any grant or donated money under control of the University of Utah or HCI.
B. Theft, for the purpose of this policy, includes removing any HCI property from the premise without prior written approval.
C. Inappropriate language includes any words, gestures, images, or other forms of communication that would be considered derogatory or offensive to a reasonable person. This includes but is not limited to profanity or discriminatory comments or images.

IV. POLICY(IES)
A. HCI will not tolerate theft of HCI property.
B. Inappropriate language is prohibited within the HCI building or any other working venue.
C. It is the HCI policy to treat guests and employees with respect and courtesy at all times. Huntsman Cancer Institute expects employees to uphold a professional image when they represent HCI.
D. Failure to comply with this policy will result in disciplinary action up to and including termination of employment.

V. PROCEDURES
A. Inappropriate language and theft may be reported to the employee's immediate supervisor or the HCI Human Resources Department.
B. Supervisors are expected to take appropriate disciplinary action for any violation of the guidelines set forth above.
I. DESCRIPTION

This policy has been retired and is no longer active.
I. DESCRIPTION

Faculty recruitment efforts for potential intramural HCI investigators are initiated and conducted in a coordinated fashion with an academic (department/division or college) partner. Participants work together to recruit and retain the most highly qualified cancer-focused candidates, sharing financial responsibility as mutually agreed.

HCI frequently initiates search efforts for faculty who meet its strategic and programmatic needs. In these cases, HCI may approach a U of U department based on faculty search description and alignment with the department to seek recruitment partnership. Any potential appointee must be approved by the appropriate department's faculty and chair prior to a letter of offer, and in accordance with normal University policy.

In cases where faculty searches are initiated by a U of U department, the department chair must approach HCI for financial or space resources, in advance of initiating search. In such cancer-related faculty recruitment efforts, department chairs will collaborate with and secure approval of HCI’s CEO or Cancer Center Director, who will determine alignment with HCI’s programmatic needs and/or strategic recruitment plan. In all partnering faculty recruitment efforts, HCI’s CEO signs any letter of offer that commits Cancer Center resources to a recruitment package.

II. APPLIES TO

A. HCI senior leadership, program leaders and investigators

B. Partnering academic divisions and departments

III. DEFINITIONS

A joint search committee will be assembled – comprised of representatives from HCI, academic dept/division, and additional faculty whose research/clinical emphasis reflect the focus of the faculty search.

IV. GUIDELINE(S)

A. HCI’s CEO/senior leadership must approve initiation of all HCI investigator or physician recruitment.

B. A University of Utah department will participate in each recruitment. All investigators must have a faculty appointment.

C. The Investigator selection process must adhere to the procedures outlined below.

D. HCI’s CEO must approve the selection of all final recruits.

E. The University of Utah is an EEO/AA employer and encourages applications from women and minorities.
V. PROCEDURES

Offer letter and Faculty Support Agreement:
- HCI Senior Director and respective Division/Department Chief/Chair will work together to:
  1. Decide upon salary and appropriate research space, support and funding and/or clinical responsibilities.
  2. Forward offer details to HCI Recruitment Office for:
     a. Offer letter development and review, including incorporation of appropriate HCI verbiage and clarification of any outstanding issues.
     b. Faculty Support Agreement (FSA) development. This document delineates commitments for all departments/organizations contributing to the respective recruitment, and remains internal to HCI and partnering department.
  3. Confirm and approve final offer letter.
- Both HCI and U Health logos will be included on offer letters.
- Final offer letter will be processed for formal approval through Academic Affairs and the Senior Vice President of Health Sciences. No draft letter should be sent to candidates before commitments have been approved by all appropriate parties with qualification that letter is subject to appropriate University approvals.
- Upon formal University approvals, offer letter and FSA distributed for signatures. Order of signatures: Division Chief and HCI Senior Director, Department Chair and HCI Cancer Center Director and CEO.

Standard Financial Package:
Salary/Benefits – Laboratory-based Investigators:
- HCI may provide up to 25% of salary and benefits up to the current year NIH salary cap for Years 1-3. Salary increases for faculty recruit will be addressed as part of the annual budget process and will be determined jointly by Department and HCI.
- After 3-year startup period, salary is managed consistent with associated dept/division salary plan with goal that at least 50 percent of salary will be on grants with balance covered by the dept/division.

Salary – Clinical Investigators:
- HCI will provide salary guarantees up to 50 percent of total salary (benefits excluded), for Year 1: and, up to 25% of total salary (benefits excluded), for Year 2.
- After Year 2, salary is managed consistent with associated dept/division salary plan.

Research Start-up Package:
HCI will provide 50% of total agreed start-up package, including research funds and moving expenses. Start-up amount will be negotiated and agreed upon by HCI and dept/division.

Space:
Private faculty office and laboratory/bench space appropriate for research group may be provided at HCI. HCI Space assignments are reviewed on an annual basis in conjunction with the HCI budget process. Cancer-focused (> 50%) clinical faculty office space provided on limited basis, depending on clinical practice, %, and availability of space.
Administrative/Computer Support:

- Administrative support will be provided by both departments. Administrative support tied to academic activities will be provided by the dept/division, and administrative support associated with research activities, including grant submission and management, will be provided by HCI.
- HCl administrative support is provided via part-time administrative assistant that is shared by multiple investigators at no less than 0.10 FTE, with additional effort assigned based on pre-determined metrics in relation to respective HCI Investigators. As with space allocation and budgets, this administrative support will be reviewed on an annual basis for any needed adjustments.
- Computer support will be provided by HCI’s Computing and Technology Group.

Grants/Returned Overhead:

- On new and existing grants, funding attribution will be assigned to the academic department/division and returned overhead will be assigned to HCI. Extramural grants will be assigned an HCI org ID, and also be administered by HCI.
- All grants submitted by faculty member will identify the dept/division or college for purposes of NIH rankings.
- Per the Memorandum of Understanding between HCI and the Office of the Senior Vice President for Health Sciences, HCI will return 7.5% of in-directs derived from research project grants (excluding clinical trials and shared/core resource support) with an HCI-OrgID to the academic dept/division or college of the project principal investigator of record, to acknowledge the long range partnership and ongoing departmental salary support of the recruited faculty member. In-directs will be distributed one year later than they are received.

Faculty Reviews:

- Annual joint meeting of dept/division leader and HCI senior director with the faculty investigator to review progress, accomplishments, goals/plans and ensure alignment of all interests.
- RPT proceedings will occur in the School of Medicine (see School of Medicine RPT Guidelines).

Inventions/Fundraising:

- Investigators at HCI who are faculty members have the obligation to disclose inventions that they might make in the course of their research. The Huntsman Cancer Foundation has an agreement with the University of Utah governing the intellectual property rights to such inventions.
- Development efforts will be governed by the 2017 Huntsman Cancer Institute SMOU (see Paragraph 9). All cancer-related donations will be processed through the Huntsman Cancer Foundation before being distributed to the donor’s designee.
I. DESCRIPTION

This policy has been retired and is no longer active.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Policy Number: 7.7

I. DESCRIPTION

This policy has been retired and is no longer active.
I. DESCRIPTION

To identify the steps taken when an employee transfers to another University of Utah (U of U) department or terminates employment with Huntsman Cancer Institute (HCI).

II. APPLIES TO

A. HCI Employees.
B. HCI Supervisors.
C. HCI Human Resources Department

III. DEFINITIONS

A. Termination is the voluntary or involuntary action of ending employment with the University of Utah and/or HCI.

IV. POLICY(IES)

A. Employees will follow appropriate procedures to terminate employment and ensure proper execution of paperwork.
B. Employees are expected to notify the HCI Human Resources Department at least two weeks before transferring to another department or separating from HCI.

V. PROCEDURES

A. Once notified of the planned separation, HCI HR will invite the separating employee to an exit meeting.
B. At the exit meeting, the employee will meet with an HCI HR representative to complete an employee separation form and an exit survey. The following information will be obtained and materials will be recovered:
   1. Separation date
   2. Reason for separation
   3. Forwarding US mail address
   4. Keys, cell phone, pager, if applicable
   5. HCI equipment used at home, if applicable
   6. University identification card, unless employee is transferring within the UofU.
   7. Building access is deactivated, unless employee’s department wishes it to remain active for a certain time period.
8. Computer account and HCI e-mail is deactivated, unless employee’s department wishes it to remain active for a certain time period.
I. DESCRIPTION

This policy has been retired and is no longer active.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Policy Number: 7.10

I. DESCRIPTION

This policy has been retired and is no longer active.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures

Policy Number: 7.11

I. DESCRIPTION

This policy has been retired and is no longer active.
I. **DESCRIPTION**
   To establish a policy for out-of-cycle salary increases.

II. **APPLIES TO**
   A. HCI Employees

III. **DEFINITIONS**
   A. Out-of-cycle increase is one that happens outside HCI’s annual budget cycle and is instituted at a time other than the beginning of the fiscal year.

IV. **POLICY(IES)**
   A. As part of the annual budget cycle, the University and HCI consider issuing pay increases, taking into account merit and the availability of funds. If pay increases are warranted and budgeted, they are instituted and implemented on July 1st, the start of HCI’s fiscal year (*University of Utah Policy 5-401*).
   B. Salary increases tied to planned and *budgeted* reclassifications and/or promotions will be considered if accommodated and planned within the fiscal-year budget.
   C. Planned or unplanned promotions and/or reclassifications which are *not budgeted* may proceed, but any corresponding salary increase shall be deferred and considered in the next fiscal year.
   D. All other out-of-cycle pay increases are not allowed.
   E. Under extraordinary circumstances, Human Resources, together with the cognizant HCI senior leader, may examine employee retention issues related to *competitive* offers, critical market conditions, etc., for key personnel.
   F. Off-cycle salary adjustments shall not be used to reward performance.
   G. Merit adjustments are awarded only through the annual budget cycle.

V. **PROCEDURES**
   A. To request an out-of-cycle pay adjustment, the supervisor completes the Employee Change Request Form located on HCI Pulse and provides all necessary documentation.
   B. The supervisor obtains approval from the senior director for the employee’s functional area.
   C. The supervisor submits the form to HCI Human Resources Department for approval. If approved by HCI HR, HCI Finance, and the HCI Talent Officer, HCI HR will submit the request to the HCI Chief Executive Officer for approval.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Policy Number: 7.13

I. DESCRIPTION

This policy has been retired and is no longer active.
Huntsman Cancer Institute

Policies and Procedures

Stipends

Personnel Policy Number: 7.14

I. DESCRIPTION

Outlines procedures and responsibilities for all individuals and departments involved in the trainee stipend process.

II. APPLIES TO

A. HCI Human Resources
B. HCI Investigators
C. HCI Payroll Office
D. HCI Research Administration
E. Graduate Students
F. Postdoctoral Fellows

III. DEFINITIONS

A. EDR – Effort Distribution Reporting is a certification required for all employee/trainee personnel setup, including those being paid via stipends.

IV. POLICY(IES)

A. HCI Research Administration is responsible for all employee/trainee personnel setup for those being paid via stipends.

B. HCI Research Administration will serve as a central resource and point-of-contact within HCI for all trainee stipend issues, working directly with each entity as needed (per this guideline) to identify concerns and appropriate action to be taken.

V. PROCEDURES

A. HCI Research Administration will:

1. Work with postdoctoral trainees and the University Benefits Office to determine eligibility for benefits and to complete initial setup. (See HCI Payroll/Finance section for payment process.)

2. Maintain copies of fellowship/grant paperwork.

3. Track trainees on stipends to ensure salary adjustments occur in line with fellowship or grant guidelines.
   a) Proposed trainee salary adjustments will be reviewed with HCI Research Administration and the trainee’s Principal Investigator (PI) prior to implementation.

4. Coordinate with HCI Payroll Office on supplemental stipend payments.
a) Supplements must be paid via the accounts payable system per University of Utah Research Accounting guidelines.

5. End both the stipend and any supplemental payments to the stipend when the trainee separates from the University.

6. Ensure that a revised University of Utah “Application for Scholarship/Fellowship” form is filed if the trainee’s appointment ends early.

7. The lab/department administrative assistant will notify HCI HR and Research Administration immediately of any new trainee fellowship/stipend status and provide appropriate paperwork to HCI HR and Research Administration.

8. The administrative assistant must notify HCI HR immediately of any change in employment status for all employees and trainees.

9. Research Administration will monitor stipend accounts.

10. EDR adjustments may not be made against stipend accounts. Research Administration, in coordination with HCI Payroll, is responsible to ensure this does not occur.

B. HCI Payroll will:

1. Handle benefit payments for postdoctoral fellows on stipends depending on the type of award.
   a) HCI Research Administration will handle benefit payments for trainees on the T32 Cancer Training Grant.
   b) Benefit payments for graduate students on stipends are generally handled by the trainee’s academic department.
      (1) If students choose to purchase their own insurance, receipts must be submitted in order to be reimbursed.
      (2) The reimbursement amount is limited to the maximum amount that the University pays for coverage.

2. Contact the Benefits Department and request manual billing for postdoctoral trainee benefits.

3. Confirm the project/activity code with the postdoctoral trainee’s PI for payment of benefits.

4. On a monthly basis, submit a campus order to the Benefits Office for payment.

5. Work with Research Administration to ensure no EDR adjustments are made against stipend accounts.

C. The Principal Investigator is responsible:

1. To be aware of trainee funding and to ensure financial resources are in place to cover trainee salaries when fellowships end.

2. To budget for postdoctoral trainee health insurance premiums.
   a) It is University policy that all postdoctoral fellows who are .75 FTE or greater receive health insurance, regardless of funding source.
b) If a postdoc on fellowship has no other source of health insurance, the PI may require that the institutional allowance associated with the stipend be used for this purpose.

3. To provide funds to supplement stipends for graduate students whose annual stipend income is below the level established by the trainee’s graduate program.

D. The trainee is responsible:

1. To know his/her funding source and funding period and to verify accuracy of pay by signing the quarterly EDR.

2. To notify the PI, academic department and HCI Research Administration of the award and to provide copies to each.

3. To monitor his/her pay and discretionary funds accordingly.

E. The University’s Graduate Office will provide HCI copies of all documentation regarding trainee stipends managed in that office.
Huntsman Cancer Institute

Policies and Procedures

Postdoctoral Fellow Health Insurance
Personnel Policy Number: 7.15

I. DESCRIPTION

Huntsman Cancer Institute (HCI) policy regarding provision of health insurance for postdoctoral fellows.

II. APPLIES TO

A. Postdoctoral fellows (postdocs)

III. DEFINITIONS

A. Funding methods and sources for health insurance to postdocs may include:
   1. The university funds the salary, with the HCI portion paid through the funded account.
   2. An outside (or sponsoring) funding source funds a specified portion, with other HCI accounts making up the balance of the salary, including benefits per the university plan.
   3. An outside (or sponsoring) funding source is charged the portion specified with the University paying the balance of the salary.
   4. An outside (or sponsoring) funding source funds the entire amount.

B. A University journal entry records the accounting transaction for the original sale of goods and/or services between campus departments.

C. Full descriptions of the benefits per the university plan are located at: https://www.hr.utah.edu/benefits/index.php

IV. POLICY(IES)

A. All HCI postdocs who are 0.75 or greater full-time equivalent (30+ hours) and who are considered regular, permanent employees are eligible for the following benefits per the university plan:
   1. Health and dental insurance
   2. Life insurance
   3. Other optional benefits (flexible spending account and accidental death and dismemberment, long-term disability, and long-term care insurances)
   4. 15 vacation days per year

B. University policy states that all postdocs receive health insurance regardless of the funding source. Faculty members should budget accordingly, depending on the funding source.
V. PROCEDURES

A. To ensure proper payment of insurance benefits, each postdoc should notify the research team administrative assistant (AA) of their funding source.

1. If the university funds the salary, then the postdoc will be paid entirely through the university payroll system, and insurance participation will be handled via payroll deduction.

2. If an outside (or sponsoring) funding source and HCI accounts fund the salary, then the postdoc is paid through the university payroll system, and insurance participation is handled via payroll deduction.

3. If the outside (or sponsoring) funding source funds a portion of the salary, then the postdoc will be paid from accounts payable for this portion. The postdoc is then paid through the university payroll system for the balance of their salary, including insurance participation.

4. If the outside (or sponsoring) funding source pays the entire salary (accounts payable), then for accounting purposes the postdoc will be placed on leave of absence in the University system.
   a) HCI will ensure the insurance premium is paid by a university journal entry.
   b) The postdoc may make arrangements with the Employee Services Center for personal payment of additional amounts, if necessary, to maintain full insurance and retirement benefits.

B. The AA will inform the Research Administration Office (RAO) of the funding method. The RAO will coordinate with HCI Accounting or the University’s Office of Sponsored Projects to set up the method of payment.

C. The RAO will inform HCI Human Resources of the funding method for the postdoc and will provide documentation.

D. Because funding source(s) often change, the postdoc will be responsible for informing the AA of current funding by providing written accounting of the funding and any changes or updates. The AA in turn will notify the RAO, HCI Payroll, and HCI Human Resources offices.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Policy Number: 7.16

I. DESCRIPTION

This policy has been retired and is no longer active.
Huntsman Cancer Institute

Policies and Procedures

Employee Reference Checks

Personnel Policy Number: 7.17

I. DESCRIPTION

Gives direction on how to handle requests for employee reference checks and employment verifications.

II. APPLIES TO

A. HCI employees
B. HCI Human Resources Department

III. DEFINITIONS

A. Employee reference check – An internal or external inquiry regarding a current or former employee’s work performance.
B. Employment verification – An external inquiry regarding a current or former employee’s employment details. May include dates of employment, salary, job title, and other pertinent information.
C. External requests – Requests that come from outside the University of Utah.

IV. POLICY(IES)

A. HCI employees and managers should refer all external requests for employee references or employment verifications to the U of U Human Resources department. This policy does not apply in the situation where a current HCI employee has previously agreed to act as a reference or give a recommendation for a former employee.

B. For employment references from within the University of Utah, the employee’s manager at HCI or HCI Human Resources may respond.

V. PROCEDURES

A. If an HCI employee is contacted by an external source requesting a reference check or employment verification, he or she should refer the person to the U of U Human Resources department.

B. If another U of U department contacts an HCI manager regarding a current or former employee’s work performance as part of a reference check for a new position at the U of U, the manager should respond honestly to the reference check questions with either positive or negative assessments as appropriate.
I. DESCRIPTION

This policy has been retired and is no longer active.
I. DESCRIPTION

This policy has been retired and is no longer active.
Huntsman Cancer Institute

Policies and Procedures

Graduate Student Health Insurance
Personnel Policy Number: 7.20

I. DESCRIPTION

Establishes policies for payment of student health insurance for research graduate students employed by HCI.

II. APPLIES TO

A. HCI Finance Department
B. HCI Investigators and Administrators
C. Graduate Research Assistants and Graduate Assistants

III. DEFINITIONS

A. Student health insurance is medical insurance provided by the University of Utah at a special rate for any registered University of Utah student.

IV. POLICY(IES)

A. Graduate Research Assistants and Graduate Assistants will be paid a base salary through the University of Utah payroll system at the rate recommended by the department of the Senior Vice President for Health Sciences or the graduate student’s academic department.

B. If the graduate student’s academic department does not provide reimbursement for health insurance, HCI will reimburse the student for an amount that does not exceed the single coverage annual rate for student health insurance.

C. The funding source for graduate student insurance will be determined by the respective HCI investigator.

V. PROCEDURE

A. HCI will reimburse graduate students for the cost of purchasing student health insurance. To obtain reimbursement, students must:
   1. Prepare an internal HCI Payment Request Form.
   2. Obtain appropriate approvals.
   3. Submit internal HCI Payment Request Form with supporting documentation to the HCI Finance Department. Supporting documentation must include a receipt indicating that student health insurance was purchased.