Huntsman Cancer Institute

Policies and Procedures
Donor Recognition/Gift Acknowledgment
Development Office Policy Number: 3.1

I. DESCRIPTION
The following policies and procedures for the Huntsman Cancer Institute/Foundation (HCI/HCF) Development Office are formulated in conjunction with the University of Utah Development Office: Development Standards and Procedures, University of Utah. All cancer fundraising will be conducted by HCF or its designee. The University of Utah 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, Huntsman Cancer Hospital, and/or Huntsman Cancer Foundation (HCF), and The University of Utah References in this policy to Huntsman Cancer Institute include employees working either at the research building, the hospital, and/or any off-site location.

III. DEFINITIONS

IV. POLICY(S)
A. HCF will acknowledge all gifts and recognize all donors according to approved policies.

V. PROCEDURES
A. Gift Recording and Acknowledgment
   1. For gifts directed to Huntsman Cancer Institute and Huntsman Cancer Hospital:
      a) All contributions are processed through the HCF/HCI donor database to ensure proper record-keeping and acknowledgment.
      b) Upon receiving a donation made payable to HCI, HCF personnel complete a Gift Deposit Form and forward it to the University of Utah central development office for deposit with the method of payment (cash, check, or credit card) and copies of any associated correspondence attached.
      c) Either HCI (prepared by the Gift Processing department at HCF) or the University of Utah central development office will acknowledge all donations made payable to HCI.
      d) HCF maintains a record of all HCI gifts in the donor database
   2. For gifts directed to Huntsman Cancer Foundation (HCF):
      a) HCF deposits all contributions made to HCF.
b) HCF sends acknowledgment, signed by the Foundation Executive Director to the donor.

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

B. Donor Recognition

1. Donor Scrolls

a) All donors who contribute cumulative amounts between $2,500-$9,999 receive public acknowledgment in the Annual Giving donor scrolls, located in the HCI research building. 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

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

   (1) Personal “thank you” correspondence
   (2) Direct mail solicitations
(3) Holiday/year-end appeal
(4) Holiday card

c) Upon approval of the Development Office Strategic Plan, additional policies and procedures will be defined.
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.
Huntsman Cancer Institute

Policies and Procedures
Public Affairs Office – Media Relations
Administrative Policy Number: 3.3

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 Office 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 Office (801-587-7639) before publication of a scientific report or presentation of a report at a scientific meeting.
   1. For best results, notify the Public Affairs Office at least three weeks in advance of the embargo date.
   2. Public Affairs, in conjunction with senior leadership, will determine whether information is of interest to the news media.
B. Consult the Public Affairs Office 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.
C. In cases where unanticipated interviews resulting from professional presentations, programs, or speeches outside HCI cannot be cleared in advance, notify the Public Affairs Office immediately afterward.
D. Faculty and staff should contact the Public Affairs Office well in advance to discuss publicity or promotion for potentially newsworthy events, including symposia, conferences, awards, retirements, hiring, promotions, and other events. Large and complex events may require several months of advance preparation to obtain proper media coverage.
E. The Public Affairs Office approves and releases to the media all written news announcements and broadcast spots.
F. 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. HCI departments, programs, labs, and groups are discouraged from setting up separate public social networking pages or accounts without first consulting the Communications and Public Affairs Offices. In many cases, it is most appropriate to have the Communications and Public Affairs team assist in posting information about particular departments, programs, labs, and groups on the established forums that represent HCI as a whole.

G. The Public Affairs Office 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.

H. When participating in a media interview, all faculty and staff should identify themselves using their HCI affiliation (e.g., HCI Investigator or Director of HCI program). The University of Utah identity should be used only in addition to the HCI name (i.e., Huntsman Cancer Institute at the University of Utah).

I. 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 Office. A representative of the Public Affairs Office should be in attendance. Participants may be required to sign consents or waivers. 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).

J. The Public Affairs Office must approve interior photography, including videotaping, of HCI research or cancer hospital buildings.

K. Whenever possible, a representative from the Public Affairs Office 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 1 to 1½ days annually; Members may occasionally also be asked to review materials or consult via telephone.

B. The EAB will report its findings, through the CEO & Director, 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 & Director.

F. EAB members with scientific and/or clinical expertise will receive annual compensation of $5,000 plus travel expenses, generally paid following the annual meeting. EAB members with administrative expertise will receive annual compensation of $2,500 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.
Huntsman Cancer Institute

Policies and Procedures
Communications Office – Stationery and Business Cards
Administrative Policy Number: 3.5

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.
Huntsman Cancer Institute

Policies and Procedures
Internal Advisory Board – Cancer Center Support Grant
Administrative Policy Number: 3.6

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) 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. Huntsman Cancer Institute 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 eight members, with HCI’s CEO/Director serving as chair.

B. Members serve for three years, with two members rotating off the board each year. The senior vice president for health sciences is a standing member of this board.

C. HCI’s CEO/Director solicits recommendations for IAB membership from the Research Leadership Council and existing IAB members. Senior leadership reviews recommended candidates before approving appointments to the Board.

D. The CEO/Director issues a letter inviting each candidate to participate.

E. 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.

F. CCSG administration provides IAB members with Research Leadership Council meeting minutes.
I. DESCRIPTION

To define Huntsman Cancer Institute (HCI) policies for staff, students, and faculty concerning the use of printing resources.

II. APPLIES TO

A. HCI/HCH employees and faculty
B. Students and trainees
C. Volunteers

III. DEFINITIONS

A. Printing resources include, but are not limited to, any output device that produces documents on paper, film, photos, or large-format plots and posters.

IV. POLICY(IES)

A. General

1. Users will refer to University of Utah Rule 3-100E regarding acceptable use of computing resources. This policy provides specific details concerning print resources at HCI.

2. Huntsman Cancer Institute makes printing resources available for the use of University students, faculty, staff, and others. The University of Utah Information Resources Policy 4-002 states that these resources are intended to be used 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.

3. 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.

4. Huntsman Cancer Institute intends to provide everything faculty, staff, students, and others need to accomplish their job at the primary work location. Working from home is a convenience of the employee. Consequently, users are expected to be responsible for their home work environment when they choose to work remotely. Therefore, Huntsman Cancer Institute will not approve the purchase of printers, computers, or other peripheral equipment for work at home unless it is required as a function of an employee’s job duties. In addition, support for user purchased equipment is the responsibility of the user.

B. Individual Responsibilities

1. Use must be in compliance with state and federal laws and University of Utah policies and procedures.
2. Individuals should use University Print and Copy Services, commercial print services, or their personally owned equipment and materials for personal needs.

C. Enforcement and Sanctions

1. Huntsman Cancer Institute may monitor use of certain printing and output devices. Users may be asked to provide documentation regarding appropriate use of such devices.

2. Violation of the provisions of this policy may result in the withdrawal of access and may subject the user to disciplinary action or academic sanctions consistent with University policies and procedures. Users will also be asked to reimburse HCI for the use of resources.
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 Director of Hospitality 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. All items must be laminated or placed in a plastic cover.

E. Vendor/product show notices must be approved/posted by purchasing department.

F. 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 Office – Logos
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. With permission from and working with leadership at the University of Utah and the office of the Sr. VP of Health Sciences, HCI developed a unique logo that presents a cohesive cancer research and patient care identity while reinforcing HCI’s relationship with the University of Utah and University of Utah Health Care. See the HCI Templates and Brand Assets page for more information.

IV. POLICY(IES)

A. HCI is the “parent organization” comprising research laboratories, educational and outreach programs, outpatient clinics, and the Cancer Hospital. The HCI logo is used on all print materials, websites, lab coats/white coats, and customized promotional products (see Procedures below).
B. The logo may appear in a stacked (vertical) or long (horizontal) version. No other approaches are permitted; the size and relationship of the elements in the logo cannot be changed. See the HCI Templates and Brand Assets page for specific details, including color specifications and size requirements.
C. The Communications Office or the Public Affairs Office must approve any second party’s use of the HCI logo in any manner as well as all situations in which the HCI logo appears with another logo.
D. Special logos for departments or programs within HCI are not allowed. Requests for exceptions to this policy must be submitted to the Communications Office and approved by HCI leadership.

V. PROCEDURES

A. When a logo is needed for a print or electronic purpose such as a PowerPoint presentation, submit a Request for Communications on HCI’s internal website. If a requester does not have access to the internal website, send an e-mail to webmaster@hci.utah.edu.
B. Research lab coat orders are placed through HCI’s Lab Support Services Facility. Call 5-0306. Clinical white coat orders are placed through the University of Utah Health Sciences store. See UofU Health Lab Coat Guidelines.

C. 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. Products are placed in one of two ways:

1. HCI research departments (with 01 account numbers) work with HCI’s Purchasing Department. Call 5-1713. Note that orders over $5,000 require three competitive bids. Communications will work with Purchasing to approve proofs as necessary.

2. HCI cancer hospital clinics and departments (with 02 account numbers) work with the University of Utah Hospital Purchasing Department. Call 7-6642. Note that orders over $1,000 require three competitive bids. Communications will work with Purchasing to approve proofs as necessary.

D. Promotional product orders using the HCI logo must follow specifications indicated in HCI Templates and Brand Assets page.

E. If specific artwork is needed, enter a Request for Communications on HCI’s internal website. Communications must approve proofs of customized promotional products before they are produced.
I. DESCRIPTION

This policy establishes protocol for creating and approving all print and electronic 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

A. Materials include brochures, newsletters, flyers, postcards, bookmarks, banners, posters, advertisements, factsheets, folders, notebooks, booklets, and invitations—whether paper-based or electronic.

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

C. Materials do not include promotional products. Those are ordered through HCI’s Purchasing Department (research) or University of Utah Hospital’s Purchasing Department (cancer hospital). See the Logos Policy 3.9.

IV. POLICY(IES)

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

B. All Communications Office 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, the HCI clinic or department should submit a Request for Communications on HCI’s internal website.

B. The project will be assigned to a member of the Communications team and produced following HCI’s style guides and standards. (View HCI Templates and Brand Assets page.) As necessary, the Communications team will coordinate Patient Education Committee approval and healthy literacy review of patient education materials.
HUNTSMAN CANCER INSTITUTE

Policy and Procedures
Building Policies – Elevators
Facilities Policy Number: 4.1

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

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 elevator.
F. Violations should be reported to the facilities group via the Facilities Request page.

II. PROCEDURES

A. Procedure for stopped elevators:
   1. The dispatcher will contact HCI security office. The security officer will notify HCI Facilities or, if they are not available, Hospital Facilities.
   2. Security should also:
      a) Contact Otis elevator service.
      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

To promote the safety of HCI building occupants by defining evacuation procedures for emergency circumstances.

II. APPLIES TO

A. HCI Building Occupants

III. DEFINITIONS

A. Evacuation – to leave the building and assemble in a specified area suitable to the situation.

IV. POLICY(IES)

A. Occupants are required to comply with all relevant city, county, and state codes or other regulations in the jurisdiction of the fire marshal.
B. Occupants are required to leave the building and assemble in a specified area upon notification of fire or other emergency.
C. All laboratory doors and corridor doors are to remain closed at all times.
D. Doors equipped with automatic closures must not be propped open.

V. PROCEDURES

A. In the event of an emergency requiring evacuation of Huntsman Cancer Institute building, a message will be broadcast over the public address system and lights will flash on all floors.
B. The elevator fire shields will drop and the fire doors will close automatically when the alarm sounds.
C. If the announcement indicates the need to evacuate the building, follow these exit procedures:
   1. Proceed immediately to the closest stairway (do not use the internal stairwell on levels 3, 4, and 5).
   2. If you are at the north end of the building, use the north stairway to the first floor and exit the building via the walkway.
   3. If you are at the south end of the building, use the south stairway to the lower level (basement) and exit through the receiving dock tunnel.
   4. If you are in the west wing of the building, use the west stairway to the first floor and exit the building via walkways.
   5. Do not use the elevators or central stairway unless authorized by a fire official.
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 Hospital (ext. 7-4085). Other custodial issues should be entered via a Facilities Request on the HCI internal 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 the HCI buildings

III. DEFINITIONS

A. HCI badge—displays the HCI logo, the bearer’s name, photograph, employee identification number, and level of access to locations in the HCI buildings.

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, based on approved policies, which indicates the security clearance level shown on the HCI badge. A colored stripe on the badge denotes the approved security clearance, as shown in the table below.

<table>
<thead>
<tr>
<th>Color</th>
<th>Access Permissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>Surgical (including pre- and post-surgery)</td>
</tr>
<tr>
<td>Black</td>
<td>Full Access</td>
</tr>
<tr>
<td>Orange</td>
<td>Visitor</td>
</tr>
<tr>
<td>No color</td>
<td>No special access</td>
</tr>
</tbody>
</table>

C. Employees must present an approved HCI ID form to the University Hospital UCARD Office to obtain the ID badge.
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 HCI Facilities and Operations Department.
I. **DESCRIPTION**

Individuals are provided access to the HCI building during nonbusiness hours via the C*CURE proximity card reader system.

II. **APPLIES TO**

A. HCI employees  
B. Volunteers  
C. Vendors  
D. Others authorized by managers, supervisors, or directors to obtain access to the HCI building during nonbusiness hours.

III. **DEFINITIONS**

A. C*CURE is a computerized proximity card reader security system that controls access to HCI external doors and other secured areas. This system reads coded signals from a University identification card to determine access authorization.

IV. **POLICY(IES)**

A. After-hours access to HCI buildings will be granted via the C*CURE system as deemed appropriate by HCI managers, supervisors, or directors.

V. **PROCEDURES**

A. Authorized individuals are required to complete an access request form.  
B. The form is reviewed and access is programmed by HCI Administration.  
C. Access is deactivated upon an employee’s termination or request of the HCI Human Resource Department.
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.

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 executive director 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 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.
      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 esthetics. All such changes must be coordinated through HCI’s Facilities Department (see 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.

C. Upon termination of 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 and the Senior Director of Finance and Administration will track building space assignments and provide associated reports to the Space Committee and to State and University entities as needed.

E. The Space Committee is chaired by the HCI Senior Director of Finance and Administration. The committee is composed of the Senior Director of Population Sciences, the Senior Director of Basic Science, Chief Operating Officer of the HCI Cancer Hospital, Director of Research Administration, and Director of HCI Facilities and Operations. All HCI and Cancer Hospital space assignments are handled jointly as a function of the space committee.

F. Program leaders, division chiefs, and administrative department heads are not authorized to reassign space from one HCI component to another or from one office to another within their assigned space.

G. 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 Senior Director of Finance and Administration.

H. Space within the HCI complex will be provided only to personnel hired under HCI hiring and recruitment processes. Space will not be provided for employees hired by other University departments.

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, or department head for approval, who then forwards the request to the responsible Senior Director.
C. The responsible Senior Director prepared 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. 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 Senior Director of Finance and Administration incorporate changes into the space management master plan, and the HCI Facilities Department coordinates 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 security officer 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. The office or lab may give the security officer verbal authorization for the visitor to proceed unescorted to the location. The security officer will note the name of the person giving authorization on the visitor log.
F. Guests visiting the restaurants need not sign in and may proceed directly to the sixth floor.

G. 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.

H. 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.

I. Employees must wear HCI identification badges whenever they are in the building.

J. Staff working off-hour shifts must use their HCI ID cards (C*CURE) to access the building and work areas.

K. HCI ID cards must be programmed through HCI Administration for access to the C*CURE system doors and elevators.

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

M. First floor main entrance and parking tunnel doors of the HCI Research building 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.

N. Whenever the main entrance doors are unlocked, a security officer will be on duty at the reception desk.

O. All exterior doors other than the three main entrance doors will remain locked at all times.

P. Exterior doors of the north, south, and west stairwells will remain locked at all times.

Q. Access throughout the building via the elevators will be restricted based on operational needs.

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

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

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

U. Security officers maintain the logbook, which is kept at the reception/security desk.

V. 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.

W. Any suspicious or unattended packages, bags, or backpacks should be reported to HCI Security.
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.
Huntsman Cancer Institute
Policies and Procedures

HCI Facility Rental
Facilities Policy Number: 4.10

I. Description
Establishes a policy for 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 The Point, the HCI Auditorium, the Learning Conference Room, and any other rented space within HCI buildings.
B. Campus user refers to any non-HCI, University of Utah organization requesting use of HCI facilities and The Point catering services.
C. Off-campus user refers to any user based off campus and not affiliated with the University of Utah requesting use of HCI facilities and The Point catering services.
D. Cancer research and/or care group refers to any organization affiliated with HCI or any organization whose event relates to the care of cancer patients or involves cancer research.
E. The term rental may or may not imply that a fee is charged to the user.

IV. Policy(ies)
A. Huntsman Cancer Institute will allow use of HCI facilities to responsible organizations for a fee. The fee may be discounted or waived for cancer-related events or organizations, or for health sciences faculty or certain events approved by Senior Leadership. 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 in the HCI terrace. Any organization requesting rental of HCI facilities must arrange off-site parking.
C. The fee for campus users will be determined based on the nature and duration of the event, resources required, and whether participants are required to pay a fee to attend.
D. Rental of HCI facilities must be coordinated through the individual designated by Senior Leadership to approve and schedule auditorium use. Users must pay for the use of HCI facilities according to the fee schedule approved by HCI Senior Leadership.
   1. Those requesting use of HCI facilities must provide a one-paragraph description of the event, detailing participants and purpose.
   2. Requests for recurring meetings and classroom space cannot be accommodated.
E. HCI employees requesting use of HCI facilities for personal functions must follow procedures outlined herein for outside groups.
V. PROCEDURES

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

B. The events coordinator will be responsible for updating the HCI events calendar, notifying the security corporal to ensure appropriate security is available for the event, and notifying the Computing and Technology Group (CATG) for any audiovisual support needed for the event.

C. HCI CATG will be responsible to ensure audiovisual support is available for the event. If the CATG cannot provide the required audiovisual support, the events coordinator will notify the renter that additional audiovisual support must be arranged externally.

D. All organizations renting HCI facilities will be responsible for any cost to repair damages resulting from the event (including replacement of damaged fixtures and/or furnishings).

E. The fee schedule will be maintained to ensure minimal cost recovery for use and maintenance of HCI facilities, including the costs of operation and upkeep of audiovisual equipment, security, and repair and replacement.

F. 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.

G. Facilities will be notified of event in order to coordinate housekeeping services.
Huntsman Cancer Institute

Policies and Procedures
Bicycles, Skateboards, Scooters, and Roller Skates
Facilities Policy Number: 4.11

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 ramp, 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. 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.
Huntsman Cancer Institute
Policies and Procedures
Research Sharps Disposal
Facilities Policy Number: 4.12

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.
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 Associate Director of Finance
   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 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 University budget application (SAP BPC) and 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 or Administrator 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 being 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 and Administrators, where the effort should be distributed going forward. Communications with HCI Investigators and Administrators are retained by the HCI Payroll Reporter.
   B. When a change in distribution is needed, an email is sent by the HCI Investigator or Administrator to the HCI Payroll Reporter. The HCI Payroll Reporter then fills out the
appropriate form (Salary Distribution Change Form) and submits it to the HCI Associate Director of Finance for approval. 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 and the HCI Associate Director of Finance have the responsibility to verify that the new chartfield is valid.

C. The HCI Payroll Reporter will make the appropriate changes on the PAN form through the PeopleSoft PAN Distributions 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.
Huntsman Cancer Institute

Policies and Procedures

Departmental Budgeting

Financial Policy Number: 5.2

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. SAP BPC 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 with 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 SAP BPC 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 will include an evaluation of budget conformity.

V. PROCEDURE(S)

A. During January, salary and FTE changes are requested via SAP BPC for existing employees assigned to an HCI home department. 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. By late January, HCI Human Resources will approve or adjust salary and FTE levels via SAP BPC.

B. Between late January and early March, all labs, departments, programs, and initiatives represented by an HCI org ID will prepare the remaining components of their budget via SAP BPC:
   1. Salary distribution for existing employees assigned to an HCI home department.
   2. Salary, benefits, FTE, and salary distribution 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.
   6. Supplementary schedules as requested by HCI Senior Leadership.

C. Between mid-February and late March, the HCI Finance Department will review all budgets for accuracy and completeness via SAP BPC.

D. Between late March and early April, 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 April, the HCI Finance Department will prepare a formal budget submission for the Office of the Senior Vice President of Health Sciences (OSVPHS). HCI Senior Leadership will review the budget submission with OSVPHS.

F. Prior to the start of the new fiscal year, OSVPHS 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 SAP BPC.
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 nonclinical trial grants or contracts.

IV. POLICY(IES)

A. All applications for extramural funding must be submitted to the HCI Research Administration office for review, and all applications must receive final approval by the appropriate Senior Leader or Associate Director over Research Administration.

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, the proposal (new or renewal), including the Document Summary Sheet (DSS), is completed and sent to OSP for review 5 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 Document Summary Sheet should 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 the Office of Sponsored Projects and Grants & Contracts Accounting 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 overexpenditure. The Investigator has the responsibility to pay for these overexpenditures from his/her own funding sources. The HCI Finance Department or the HCI Research Administration 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.
Huntsman Cancer Institute

Policies and Procedures

Financial Reporting
Financial Policy Number: 5.4

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. Due to compensating internal controls, HCI Responsible Persons are specifically exempted from the University EOR (Evidence of Review) requirement to electronically document their review and approval of monthly University Management Reports.
V. PROCEDURE(S)

A. On a monthly basis, the HCI Finance Department prepares a financial reporting package and distributes it to each Investigator or manager responsible for one or more chartfields. The individual reports are comprised of the following:

1. Chartfield Financial Statements. These statements are a consolidated and more understandable presentation of the most relevant data from the University Management Reports. Each statement is comprised of four sections:
   A. Fund Balance or Grant Summary
   B. Summary of Revenue and Expenses
   C. Detail Transaction Listing
   D. Monthly Summary

2. Salary Distribution by Chartfield Report. This report provides current salary distributions by chartfield as reflected in the HCI Human Resources Database (HRDB). These distributions are reported in both dollar and percentage terms. Home department, job title, distribution term, FTE, pay rate, and extended distribution dollar amount are also provided.

3. Purchase Report. This report itemizes each order receiving group-level approval in the HCI Purchasing System during the month. Order details include HCI tracking number, vendor, item description, quantity, price, approval dates, and funding source.

4. Freezer Program Charges Report. This report itemizes lab supplies obtained from on-site, vendor-sponsored freezers during the month. Supply details include reference number, vendor, item description, quantity, price, date, and funding source.

5. Equipment Listing Report. This report itemizes all computer, non-capital, and capital equipment as reflected in the HCI Equipment Management System. Equipment details include tag numbers, item description, serial number, and location. Since equipment changes are less frequent, this report is included in the financial reporting package on a quarterly basis.

B. On a monthly basis, each Investigator or manager is expected to review the entire financial reporting package. HCI expects a monthly review but evidence of this review is not required. 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. On a monthly basis, the HCI Finance Department and HCI Research Administration Department 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 retrieved by the HCI Finance Department and HCI Research Administration, respectively. The HCI Finance Department and HCI Research Administration Department attend a monthly meeting to share information and confirm resolutions.
1. Exception: Action plans are retrieved for clinical trials, but joint review is completed in a quarterly meeting between the HCI Finance Department, HCI Clinical Trials Office, and Senior Director of Finance & Administration.

D. On a semi-annual basis, the HCI Finance Department and respective Investigator, administrative assistant, or manager meet to review comprehensive funding status and individual chartfields. November-December 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. The Investigator or manager signs the report to confirm their review and understanding. The HCI Finance Department retains the signed report for audit purposes.

1. Exception: Clinical contracts are reviewed in quarterly meetings between the HCI Finance Department, HCI Clinical Trials Office, and Senior Director of Finance & Administration.

E. On an annual basis, each Responsible Person for one or more HCI chartfields attests to their financial responsibilities. The assertion and accompanying policies are prepared and circulated by the HCI Finance Department at the start of each fiscal year. The Responsible Person signs and returns the assertion to the HCI Finance Department. New Responsible Persons are identified by the HCI Finance Department during the fiscal year and required to sign the assertion. Signature indicates acknowledgement of the following:

1. All University and HCI policies and procedures are followed.
2. In the case of gift or endowment funds, all donor restrictions are honored.
3. In the case of grant funds, all funding agency restrictions are honored.
4. Expenditures are not incurred without sufficient funding.
5. Monthly financial statements are reviewed each month for accuracy.

F. On a quarterly basis, the HCI Finance Department prepares consolidated financial statements and submits to the Senior Director of Finance & Administration. 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 Personnel Activity Reports (PARs).

II. APPLIES TO

A. All exempt personnel who perform effort on sponsored agreements (fund 5000).
B. HCI Payroll Reporter
C. HCI Research Administration Department

III. DEFINITIONS

A. Personnel Activity Reports (PARs) are a certification required by the Federal Government that the time reported and paid on a grant is correct. Refer to PAR Instructions at the following: http://fbs.admin.utah.edu/index.php/mgt/mgt-policies/.
B. Cost Accounting & Analysis is the University department charged with the responsibility to ensure compliance with governmental accounting requirements.

IV. POLICY(IES)

A. Personnel Activity Reports (PARs) should be signed and returned to the HCI Payroll Reporter by the date designated for completion. Changes to PAR 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 PAR forms and PAR form requirements are located at the University's Cost Accounting & Analysis website: http://fbs.admin.utah.edu/index.php/mgt/mgt-policies/.

B. There is a one-time mandatory training for all employees that receive or review PARs. There are several options to choose from in order to fulfill this mandatory training requirement including:

1. Contact Compliance Oversight & Reporting to set up group training.
2. RATS Training Course, “Mandatory Effort (PAR) Training.” Registration available at the following: http://education.research.utah.edu/.

The mandatory training for employees is tracked by the HCI Research Administration Department
V. Procedure(s)

A. PARs for HCI are received from Cost Accounting & Analysis by the HCI Payroll Reporter. The HCI Payroll Reporter separates all PARs by department and sends them to the Principal Investigator or Administrator to collect signatures. In addition to the PARs, the HCI Payroll Reporter also sends a brief memo with instructions and deadlines for completing PARs.

B. Personnel Activity Reports are to be signed by the employee as a certification that the distribution of effort is accurate.

C. If the employee is no longer working for the Huntsman Cancer Institute, the immediate supervisor of the departed employee should sign the PAR form.

D. PAR forms must be submitted to the HCI Payroll Reporter by the date designated for completion.

E. PAR 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

II. APPLIES TO

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

III. DEFINITIONS

A. Requisition is a request submitted by the HCI Finance Department to the University Purchasing Department for purchases in excess of $5,000 or purchases monitored or controlled by the state or federal government.

B. Purchase Order (PO) is an obligation to pay a vendor for the item or services described. A PO is initiated through the submission of a requisition by the HCI Finance Department to the University Purchasing Department.

C. Limited Purchase Order (LPO) is a purchase order for the direct purchase of supplies and services costing less than $5,000. An LPO is prepared and is sent via email or provided to the vendor when the order is made. A requisition is not prepared. Certain restrictions apply.

D. Purchase 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 other paper-based methods. In many cases, a purchase card can be used in lieu of an LPO, campus order, or blanket order acquired on a PO. The HCI Purchasing Manager holds a purchase card which is regularly used on behalf of HCI. Certain restrictions apply.

E. Payment Request is a University form submitted by the HCI Finance Department to the University Accounts Payable Department. The form is used to generate a check to either an outside vendor or an employee for non-travel-related reimbursement (except mileage reimbursement). A payment request is initiated through submission of an internal HCI Payment Request Form to the HCI Finance Department.
F. Limited Purchase Check (LPC) is a check generated by the HCI Finance Department for payments to human subjects less than $1,000. An LPC is initiated through submission of an internal HCI Payment Request Form to the HCI Finance Department. Certain restrictions apply.

G. Campus Order is a form used to pay for goods and services between University departments.

H. HCI Purchasing System is a database and electronic workflow process maintained by HCI to facilitate the procurement cycle.

I. Group-level authority is a person designated by a Responsible Person to approve purchase requests for a particular chartfield.

J. 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.

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 the HCI Purchasing System. HCI employees should submit purchase requests through the HCI Purchasing System rather than directly engaging in procurement or committing to a vendor.

B. Purchase forms should be obtained only through the HCI Finance Department. Do not request forms directly from University departments.

V. PROCEDURE(S)

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

The HCI Purchasing Manager, a member of the HCI Finance Department, will ensure that each purchase submitted through the HCI Purchasing System complies with University policy or state law. The HCI Purchasing 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
6. Monthly purchase report provided to investigator or manager.

B. To request a non-computer related purchase, initiate an order in the HCI Purchasing System through the “All Other Orders” link on the HCI Purchasing page of the HCI Internal Website. The system uses electronic workflow processes to obtain required approvals and track the receipt and completion of orders. Purchase requests are not reviewed and approved by the HCI Finance Department until a group-level authority provides approval. Group-level authorities 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 vendor interaction are included in 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, complete a computer support request through the “A Computer, Software, or Printer Purchase” link on the HCI Purchasing page of the HCI Internal Website. The HCI Computing and Technology Group will process the computer support request and initiate a related order in the HCI Purchasing System.

D. While most goods or services can be procured through the HCI Purchasing System, there are exceptions.
1. Freezer Programs: Freezer programs facilitate purchases from on-site, vendor-sponsored freezers. These purchases are not individually requested through the HCI Purchasing System. Perishable items maintained in freezers are owned and tracked by the respective vendor with the assistance of designated freezer program managers. Freezer programs currently maintained at HCI are described below.
   a) Roche or Thermo Fisher: Lab members purchase items from the Roche or Thermo Fisher programs with a blanket PO. The requestor submits the initial request for the PO through the HCI Purchasing System. Each lab and freezer program requires a separate PO. After the University Purchasing Department issues the PO, the HCI Purchasing System no longer facilitates procurement from these freezers. Lab members reference the respective PO number as they request purchases from these freezers. The freezer program manager provides an itemization of freezer purchases and the respective PO number to the vendor to facilitate freezer replenishment and invoicing.
   b) Life Technologies: The HCI Purchasing System does not facilitate procurement from this freezer. The freezer program manager assigns lab members a user name and password to access the Invitrogen website. Lab
members request items needed the following week through the website. The freezer program manager downloads these requests from the website and places a bulk order using a University Purchase Card. Weekly, the freezer program manager provides an electronic itemization of freezer purchases and corresponding chartfields to the HCI Finance Department and the HCI Finance Department allocates the freezer charges through PeopleSoft.

c) Qiagen: The HCI Purchasing System does not facilitate procurement from this freezer. Lab members procure items by providing their chartfield to the freezer program manager. Weekly, the freezer program manager provides an electronic itemization of freezer purchases and corresponding chartfields to the HCI Finance Department and the HCI Finance Department allocates the freezer charges through PeopleSoft.

d) Promega: Lab members purchase items from the Promega freezer program with a blanket PO. The requestor submits the initial request for the PO through the HCI Purchasing System. After the University Purchasing Department issues the PO, the HCI Purchasing System no longer facilitates procurement from these freezers. When the lab members receive the blanket PO they work with the Promega freezer manager to obtain a freezer pass. This pass allows lab members to unlock the Promega freezer and make purchases from the freezer. The Promega freezer system tracks what is taken out of the freezer and bills the labs account accordingly. The system also automatically reorders lab supplies when they are low and the freezer manager restocks the supplies when they are delivered to the building.

2. The University Accounts Payable Department requires use of a Payment Request for the purposes listed below. A Payment Request is initiated through submission of an internal HCI Payment Request Form to the HCI Finance Department.

   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. Amounts over $1,000 require the approval signature of the cognizant vice-president.

   d) New membership dues. Also requires approval of the cognizant dean or director.

   e) Personal reimbursements. Also requires approval of the next higher level of supervisory authority. Personal reimbursements less than $25 will be paid from the HCI Petty Cash Fund rather than processed via University Accounts Payable. HCI Finance manages the HCI Petty Cash Fund. 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.: 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.
3. Payments to Human Subjects. A Limited Purchase Check (LPC) is permissible. An LPC is initiated through submission of an internal HCI Payment Request Form to the HCI Finance Department.

E. Invoices paid on a Limited Purchase Order (LPO) should be mailed directly to the University’s Accounts Payable Department. The LPO number should be indicated on the invoice. All other invoices should be delivered to the HCI Finance Department, where the HCI Senior Accountant will verify the chartfield, amount, and all other information on the invoice. Invoices greater than $5,000 cannot be paid on an LPO and require the approval of the HCI Director of Finance. When all reviews and approvals are completed, the HCI Senior Accountant sends the invoices to the University’s Accounts Payable Department to be processed for payment.

F. Lab or department personnel accepting delivery of orders are responsible for verifying the accuracy of the order and marking the order as complete in the HCI Purchasing System. Refer incomplete or incorrect orders to the HCI Purchasing Manager.
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, and 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 20 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 money advanced to a non-employee not properly substantiated within 60 days may be reported as taxable income to that individual.
Huntsman Cancer Institute
Policies and Procedures
Business Meals and Entertainment Expenses
Financial Policy Number: 5.9

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.

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) 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 if there was alcohol purchased. This must be signed by the HCI Senior Leader over the person requesting the reimbursement.

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 Executive Director or Senior Director of Finance and Administration.

F. HCI further defines reasonable expenses for seminar visits and recruitment efforts. A detailed outline can be found in the UofU Meal Guidelines.
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 member of another university department.

IV. Policy(ies)

A. Any support commitment made to a faculty member or staff member whose primary assignment is in another university department must be documented and approved by a cognizant senior leader.

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. Also, budgetary approval must be obtained either through the normal budget process or through special approval obtained from the Executive Director 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 employee 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
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 HCI Purchasing System.

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 should include a signature or HCI Purchasing System approval.

C. The purchase of flowers or gifts must be submitted through the HCI Purchasing System 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.

E. The HCI Payroll Reporter will report gifts that exceed a 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.
HUNTSMAN CANCER INSTITUTE
Policies and Procedures
Clinical Trials Residual Funds Disbursement
Financial Policy Number: 5.13

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 impending 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

HCI Printer Purchase
Financial Policy Number: 5.15

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 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 is 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 ratio are generally between 5:1 and 12:1 for printers, copiers, and fax machine/scanners.

D. Printers can generate significant cost 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. The user will request the printer purchase through the HCI purchasing system. A justification statement showing that the purchase meets requirements listed above should be either included with the request or e-mailed to the HCI purchasing manager.

C. The HCI purchasing manager, Computing and Technology Group, and where necessary, the appropriate Senior Leader will review the request and approve it if the requirements and guidelines above are met.
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 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). The HCI Research Administration Core 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). The HCI Research Administration Core 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 Senior Director of Finance and Administration for approval or denial.

2. If the additional compensation request is approved, the Additional Compensation Form will be prepared by the HCI Senior Payroll Accountant who will also collect all backup documentation, required by paragraph IV.3.ii, and all the necessary signatures. Only the HCI Senior Director of Finance and Administration can provide the Chair/Department Head approval signature.

a) The approval of the cognizant Vice President is required if the additional compensation exceeds $2,500. If applicable, the HCI Senior 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 the HCI Research Administration Core. The HCI Research Administration Core will work with the requestor and OSP to obtain approval. OSP must provide written approval of the request before the HCI Senior Director of Finance and Administration 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 Senior Director of Finance & Administration can provide the Chair/Department Head approval signature. The requestor must always coordinate with HCI HR to obtain the signature of the HCI Senior Director of Finance & Administration.

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 Senior Director of Finance & Administration for approval or denial.

2. If the bonus/incentive request is approved, the Bonus Pay Form will be prepared by the HCI Senior Payroll Accountant who will also collect all backup documentation and all the necessary signatures. Only the HCI Senior Director of Finance & Administration can provide the Chair/Department Head approval signature.

a) 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 the HCI Research Administration Core. The HCI Research Administration Core will work with the requestor and OSP to obtain approval. OSP must provide written approval of the request before the HCI Senior Director of Finance and Administration will review and approve.

b) 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
Vendor 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 vendors and other guests who have an interest in doing business with Huntsman Cancer Institute (HCI).

II. APPLIES TO
A. Vendors
B. Outside guests and speakers with an interest in engaging in business with HCI
C. HCI employees

III. DEFINITIONS
A. Vendor 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 vendor 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 vendors are required to have an appointment with an HCI contact. “Cold calling” is prohibited. Vendors 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 vendor fairs if catered by The Point Restaurant. Outside food is not allowed under any circumstances.
D. Vendors 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 vendor visit.
E. Publicity for vendor 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. Mass e-mails may also be appropriate when sent by the Purchasing Manager.
F. Vendors and guests with an interest in doing business with HCI must pay a room rental fee as determined by the Director of Hospitality.
G. Vendors 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 vendors.

V. Procedure

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

B. New vendors 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.

C. Vendors and guests with approval to visit HCI will pay the current rental rate for meeting space available at HCI. 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.
I. DESCRIPTION

Establishes policies and procedures governing the transfer of property to another institution. References Policy 3-040.III.G.: 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 Director 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 Director and the Senior Director of Finance and Administration.

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

3. The Senior Vice President of Health Sciences must 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 Director and the Senior Director of Finance and Administration, 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 Senior Vice President of Health Sciences.

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 Dean of the School of Medicine’s Office and to the Office of the Senior Vice President for Health Sciences for review and approval.

1. Approval memo from HCI signed by Executive Director, cognizant Senior Director and Senior Director of Finance and Administration.

2. Equipment list.

3. Response from Property Accounting stating that the University has title to the equipment.

4. Property transfer forms.
Huntsman Cancer Institute

Policies and Procedures
Alcoholic Beverages
General Policy Number: 6.1

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.
Huntsman Cancer Institute
Policies and Procedures
Intellectual Property
General Policy Number: 6.2

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.
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’s Technology Commercialization Office 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.

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 vitaes can be updated.
Huntsman Cancer Institute

Policy and Procedures
Research Ethics
General Policy Number: 6.4

I. DESCRIPTION
Establishes policies for all Huntsman Cancer Institute (HCI) research activities.

II. APPLIES TO
A. HCI faculty and staff

III. DEFINITIONS

IV. POLICY(IES)
A. HCI fully supports adherence to the highest standards of research integrity and actively promotes compliance with all regulatory guidelines.

B. HCI faculty and staff are subject to all University of Utah research ethics policies and are encouraged to familiarize themselves with those policies. The following University of Utah Research Handbook sections are of particular interest:

Section 1.1 Principal Investigator Definition and Responsibilities
Section 2 Research Ethics Policies, including conflict of interest and misconduct in science policy
Section 6 Technology Transfer
Section 7 Compliance Issues, including information on the IRB, IACUC, biosafety, radioactivity, hazardous waste, good laboratory practices, federal acquisition regulation and Office of Management and Budget circulars (which provide standards and principles for grants and contracts management).
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
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. These procedures do not apply to accounts managed through Health Sciences ITS or the University campus UMail system.

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 an option 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.
Huntsman Cancer Institute

Policies and Procedures

Conflict of Interest

Clinical Research Executive Committee Policy Number: 6.8

I. DESCRIPTION

Establishes a policy that will require reviewers to immediately declare any potential conflict of interest (COI) they may have with research projects to be reviewed, and to recuse themselves from reviews, committee deliberations, and decisions on those studies. Financial COI will be defined per University of Utah policy 2-30 (3/8/2004), elements of which are included below.

II. APPLIES TO

A. HCI Clinical Cancer Investigations Committee (CCIC)
B. HCI Data and Safety Monitoring Committee (DSMC)

III. DEFINITIONS

A. CCIC: Provides scientific review for all cancer trials as required by National Cancer Institute (NCI) Cancer Center Support Grant Policies.
B. DSMC: Oversees data and safety monitoring of all investigator-initiated trials.
C. Significant financial or other interest: Anything of significant monetary value (greater than $10,000 over 12 months), including but not limited to salary or other payments for services; equity interest greater than $10,000 or greater than a 5% ownership interest in a single entity (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights, and royalties from such rights). Significant financial or other interest also means the holding of a position as an officer, director, agent, or employee of a business entity. Significant financial or other interest includes such interests held by the committee member and his or her family (spouse/domestic partner and/or dependent children).
D. Gift: Includes money, non-pecuniary gifts, excessive compensation or noncommercial loans. For the purpose of this policy, a gift does not apply to occasional nonpecuniary gifts that do not have a significant monetary value (currently $50 or less), as defined by the Utah Public Officers’ and Employees’ Ethics Act.

IV. POLICY(IES)

A. The University of Utah and Huntsman Cancer Institute recognize the value of transferring technology and other activities to enhance public access to University research. Professional relationships have grown increasingly intertwined with outside research entities as increased private sector support and changes in federal law and regulations encourage technology transfer. However, these changes have also created the need for the University and its employees to demonstrate accountability in the approval, design, conduct, and reporting of research.
B. Potential or perceived COI includes:
   a. Service in the following categories with respect to the study in question:
      i. Principal investigator
      ii. Investigator receiving funding from the study
   b. Significant financial or other interest with respect to the study in question per University of Utah policy 1-006:

C. Significant financial interest does NOT include:
   a. Salaries, royalties, or other remuneration from the University
   b. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities
   c. Income from service on advisory committees or review panels for public or nonprofit entities
   d. An equity interest that when aggregated for the employee and the employee’s family meets both of the following tests: less than $10,000 in value as determined through reference to public prices or other reasonable measure of fair market value, and less than five percent (5%) ownership interest in any single entity
   e. Annual salary, royalties or other payments from any source other than those referenced in section B above that individually do not exceed $10,000 or, when aggregated for the employee and the employee’s family over twelve months, are not expected to exceed $10,000. The University does not consider royalties to present a potential conflict of interest other than those from educational materials required by a professor to be purchased for his/her class at the University
   f. Income from mutual funds and/or pension funds
   g. A percentage of income received from the Veteran’s Administration Medical Center as part of physician reimbursement for University faculty
   h. Any ownership interests in a business entity if the business entity is an applicant for Phase I support under the Small Business Innovation Research (SBIR) Program

V. PROCEDURES
   A. Committee members will annually be provided with a Statement of Understanding of CCIC/DSMC COI policy to be reviewed, signed and returned to the Clinical Trials Office manager.
   
   B. Committee members will contact the committee administrator immediately if they are assigned a project in which they have a potential or perceived COI so project review can be reassigned.
   
   C. The committee administrator will remind committee members to declare any potential COI they may have with research that is about to be reviewed at the beginning of each meeting and to recuse themselves from the meeting accordingly.
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. PROCEEDURES

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 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 the 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 Senior Directors of Finance and Administration, Basic Science, Clinical Affairs and the HCI Executive Director.

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. After the policy is written, the initiator should present it to HCI HR jointly with the appropriate Senior Director. Copying the Senior Director on the submission e-mail with the new policy attached is considered “joint submission.”

4. HCI Human Resources staff will ensure the policy is properly formatted and create a routing sheet to accompany the policy as it is circulated for administrative approvals.

5. Once all administrative approvals are obtained, the HCI Human Resources Office submits the policy(ies) to Senior Directors for approval, attaching a memo explaining the intent of the policy(ies) being approved.

6. When all necessary approvals and signatures have been obtained, HCI Human Resources staff convert the policy to PDF format and post it to the HCI website.

7. The new or revised policy is then also circulated as appropriate via HCI News and/or the HCI Beacon.

8. The final, signed copy of the policy is housed in the master Policies and Procedures binder, kept by HCI Human Resources.

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.

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. Home computers will not be acceptable due to potential liability to HCI in maintaining security and anti-virus software.
   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. HCI will provide a stipend for the telecommuter. The amount will be determined by the HCI Human Resources (HR) Manager.

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.

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
CCIC MDG Accrual-Study Ratio
Clinical Cancer Investigations Committee Policy Number: 6.14

I. DESCRIPTION
To establish a therapeutic accrual-study ratio for Huntsman Cancer Institute’s Clinical Cancer Investigations Committee (CCIC) designed to promote study activation based on Multidisciplinary Disease Group priority, sufficient patient access (ability to accrue), and optimization of Clinical Trials Office resources.

II. APPLIES TO
A. Huntsman Cancer Institute Principal Investigators (PIs)
B. Clinical Cancer Investigations Committee (CCIC)
C. Multidisciplinary Disease Groups (MDGs)
D. Clinical Trials Office (CTO)
E. Clinical Research Executive Committee (CREC)

III. DEFINITIONS
A. Therapeutic accrual-study ratio is the ratio of accruals (patients on a trial) to the number of open studies.

IV. POLICY(IES)
A. Before a study begins, PIs are required to report a first-year accrual goal to the CCIC. If this goal is not met, CCIC will close the study.
B. Each MDG must achieve a therapeutic accrual-study ratio of 3.0 or greater to activate new therapeutic trials. (Pediatrics trials are exempt.) If an MDG’s therapeutic accrual-study ratio is less than 3.0, they must close an old trial before activating a new trial.
C. MDG accrual-study ratios are calculated via the CTO accrual report produced by the OnCore software program.

V. PROCEDURE
A. MDGs and/or PIs requesting an exemption to the therapeutic accrual-study ratio policy are required to present justification for the exemption to CREC. CREC will review the petition and determine the outcome. MDGs and/or PIs should contact the HCI CTO Operations Director to initiate the petition process.
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. DSMC: Data and Safety Monitoring Committee
D. HCI: Huntsman Cancer Institute
E. IPDC: Institutional Protocol Development Committee
F. MDG: Multidisciplinary Disease Group
G. PRMC: Protocol Review and Monitoring Committee
H. FAR: Feasibility Administrative Review Committee
I. PSTO: Population Science Trials Office

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

C. Establish priorities for HCI’s Clinical Trials Office.  
D. Review clinical trial accrual for both the CTO and PSTO  
E. Recommend resource allocation to CEO/Director.  
F. Monitor minority recruitment and enrollment efforts.  
G. Review clinical trial financial deficits.  
H. Recommend institutional funding for un-funded and/or underfunded clinical research trials.

V. PROCEDURE

A. Voting Membership
   1) CREC Co-Chair - Senior Director of Clinical Research, HCI  
   2) CREC Co-Chair - 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) MDG/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) Associate Director, 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:

- Membership due to a formal position held at the institution: These members have an indefinite term on the CREC.
- 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.
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 for defining rare disease.

II. APPLIES TO

A. 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 < 3 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 < 3 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.A 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. Trial identified in HCI Clinical Trails Management System (OnCore.)
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Clinical Trials Office Management of Interventional Treatment Trials with a Cancer Focus
Clinical Research Executive Committee
General Policy Number: 6.17

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.

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.

MDG: A multidisciplinary disease group (MDG) is 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 interventional treatment trials
B. 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.
Huntsman Cancer Institute

Policies and Procedures

Approval Requirements for Hiring New Employees
Personnel Policy Number: 7.2

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 or faculty 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 faculty positions must be reviewed and approved by the appropriate senior leader and the executive director of Huntsman Cancer Institute in accordance with HCI Policy No. 7.5: Investigator Recruitment Process.

B. 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. Complete the Position Request and Approval Form located under Human Resources Forms at: and submit to HCI Human Resources to obtain the necessary approvals.

2. To post a new position, the following documents must also be provided to HCI Human Resources:

   a) A job description that lists percentages dedicated to each essential function of the job

   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

   d) 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.
C. 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.

D. 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.

E. Offer letters to faculty must be approved by the Executive Director of Huntsman Cancer Institute and the appropriate senior leader before transmittal to the candidate. Offer letters should be composed in accordance with HCI Policy No. 7.5: Investigator Recruitment Process.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Code of Conduct
Personnel Policy Number: 7.3

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.
Huntsman Cancer Institute
Policies and Procedures
Employee Performance Evaluations
Personnel Policy Number: 7.4

I. DESCRIPTION

Establish process for employee performance review.

II. APPLIES TO

A. All HCI staff with an FTE of .50 or greater, and their supervisors. Excludes Faculty, Postdoctoral Fellows, and Graduate Students. Eligible staff who have been with HCI, or in their current role at HCI, for under six months, do not require a performance review.

III. DEFINITIONS

IV. POLICY(IES)

A. HCI employees are evaluated on performance on an annual basis.
B. Conformity with budgetary guidelines is a component of the review for employees with control over departmental or lab budgets.
C. Evaluations are to be conducted in a manner that is fair and equitable to all employees.
D. Refer to HCI Investigator Review Guideline 7.6 for evaluation of faculty.

V. PROCEDURES

A. By the announced deadline, which will be communicated by the HCI Human Resources Department annually, all supervisors with line authority over HCI employees must complete a written evaluation of each employee.
B. There is an approved form that is to be used: HCI Performance Review Form.
C. HCI’s Human Resources Department will outline evaluation criteria and supervisor responsibilities.
D. Supervisors must provide a copy of each evaluation to the HCI Human Resources Department to be filed in the employee’s file. The supervisor should also keep a copy of the review for their own records and they should provide a copy of the review to the employee.
E. At all phases of the evaluation process, performance evaluations must be collected and stored under secure conditions.
HUNTSMAN CANCER INSTITUTE
Policies and Procedures
Investigator Review
Personnel Policy Number: 7.6

I. DESCRIPTION
To outline the process and criteria for performance reviews used to evaluate HCI Investigators.

II. APPLIES TO
A. HCI Laboratory Investigators
B. HCI Prevention/Population Sciences Investigators
C. HCI Clinical/Translational Investigators
D. HCI Patient Care Physicians

III. DEFINITIONS

IV. POLICY(IES)
A. All HCI Investigators will be reviewed internally on an annual basis.

V. PROCEDURES
A. The Investigator’s cognizant Senior Leader, will conduct an annual internal review of the investigator’s performance and accomplishments.
   1. Investigators will submit an annual written report of research progress for the preceding calendar year as part of the budget process (refer to HCI Departmental Budget Policy). This report will be submitted to the Investigator’s cognizant program leader.
   2. The following will be considered in evaluating performance:
      a) Scientific merit and progress of each research project;
      b) Clinical achievement including development of a referral base and patient satisfaction;
      c) Manuscripts published or in press during the prior calendar year;
      d) Conformity to budget;
      e) Participation in HCI and university scientific activities;
      f) Training activities;
      g) External funding;
      h) Administrative responsibilities;
i) External recognition as evidenced by awards, speaking invitations, and service on grant-review panels, editorial boards and in professional societies.

3. Investigators will be notified of the review results by the investigator's cognizant Senior Leader.

B. The annual review results will be provided to the Investigator's academic/clinical department chair.
HUNTSMAN CANCER INSTITUTE

Policies and Procedures
Personal Preference, Vacation, and Sick Leave
Personnel Policy Number: 7.7

I. DESCRIPTION

Describes policies for use of accrued vacation, personal preference, and sick leave.

Reference: University of Utah Policy and Procedures 5-200 and 5-301.

II. APPLIES TO

A. This policy applies to all non-academic, benefits-eligible HCI employees. The guideline does not apply to faculty. Refer to University of Utah Policy and Procedures Manual, Policy number 5-301 for faculty leave policy.

III. DEFINITIONS

A. Benefits-eligible employee—an employee holding a permanent position at not less than 75% of full-time status.

IV. POLICY(IES)

A. Employees are required to prearrange the use of accrued personal preference and vacation leave with their immediate supervisor. Employees are required to report when they have used a personal preference day or vacation leave.

B. Employees are required to contact their supervisor when sick leave is needed and inform their supervisor that accrued sick leave will be used.

V. PROCEDURES

A. Eligible HCI employees are expected to schedule vacation and personal preference leave at least two weeks prior to usage with the appropriate supervisor. Individual HCI departments may set their own expectation with regard to personal preference and vacation time usage, provided they apply the expectation consistently with their staff.

B. Kronos is used by employees to record their time.

1. Non-exempt employees must enter the time they work for each work day. Non-exempt employees who are eligible for vacation leave, sick leave, and personal preference days must also record their leave time in Kronos.

2. Exempt (salaried) employees who are eligible for paid leave time enter only the time they are away from work for vacation leave, sick leave, and personal preference days in Kronos.
Huntsman Cancer Institute

Policies and Procedures
Separation Process
Personnel Policy Number: 7.8

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, the HCI HR Manager will invite the separating employee to an exit meeting.
B. At the exit meeting, the employee will meet with the HCI Human Resources manager or his/her designee to complete an employee separation form and an exit survey from the U of U. The following information will be obtained and materials will be recovered:
   1. Separation date
   2. Reason for separation
   3. Forwarding US mail address
   4. Signed statement that there has been formal, full disclosure of intellectual property generated by Huntsman Cancer Institute support
   5. Written description of location of research data, if applicable
   6. Written description of location of clinical records, if applicable.
   7. Parking permit
   8. Keys, cell phone, pager
9. HCI equipment used at home
10. University identification card (if applicable)
11. HCI identification card (if applicable)
12. Building access deactivation
13. Computer account deactivation
I. **DESCRIPTION**

To outline Huntsman Cancer Institute’s (HCI) policy to prevent sexual harassment in order to foster an academic and work environment free of sexual harassment for students, faculty, and staff.

Reference: [University of Utah Policy 5-107](#)

II. **APPLIES TO**

A. HCI employees
B. Volunteers
C. Contract employees
D. Building occupants

III. **DEFINITIONS**

A. Sexual harassment, as defined by University of Utah Policy 2-6, includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, education, living environment, or participation in a university activity;
2. Submission to or rejection of such conduct by an individual is used as the basis for or a factor in decisions affecting that individual's employment, education, living environment, or participation in a university activity;
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's employment or educational performance or creating an intimidating, hostile, or offensive environment for that individual's employment, education, living environment, or participation in a university activity.

IV. **POLICY(IES)**

A. It is the policy of the University of Utah and HCI to maintain an academic and work environment free of sexual harassment for students, faculty, and staff. Sexual harassment will not be tolerated at the University of Utah or HCI.

B. Failure to comply with this policy will result in disciplinary action up to and including termination of employment.

V. **PROCEDURES**
A. Any student, staff, or faculty member in university services or activities who believes that there is or has been sexual harassment should contact any of the following resources:

1. Cognizant academic chair of the department or the dean of the college within which the conduct occurred
2. Immediate supervisor or director of the operational unit within which the conduct occurred
3. HCI Human Resources Department
4. University Hospital Human Resources Department
5. Directors or deans of Student Affairs and Services
6. The Office of Equal Opportunity and Affirmative Action (OEO/AA)

B. Once informed, the supervisor, chair, or dean shall consult with OEO/AA as appropriate. Similarly, OEO/AA shall advise as appropriate the cognizant dean, staff director, or administrator of any complaints of sexual harassment received concerning a faculty, staff, or student body member.
I. DESCRIPTION

To provide an effective means of ensuring fair treatment for permanent staff employees seeking to resolve work-related problems or conditions of employment believed to be unfair, inequitable, or a hindrance to effective job performance.

Reference: University of Utah Policy and Procedures 5-210

II. APPLIES TO

A. HCI Staff Employees

III. DEFINITIONS

A. See university policy.

IV. POLICY(IES)

A. See university policy.

V. PROCEDURES

A. See university policy.
Huntsman Cancer Institute

Policies and Procedures

Reporting and Approving Time Worked for Payroll

Personnel Policy Number: 7.11

I. DESCRIPTION

Establishes standard procedures for reporting and approving time worked

II. APPLIES TO

A. Exempt, hourly benefited, and hourly employees.
B. This policy does not apply to faculty members, to postdoctoral fellows, to graduate students, or to research associates
C. Supervisors, managers, faculty and all other employees responsible for approving time

III. DEFINITIONS

A. KRONOS is the Web-based time reporting system located at http://www.kronos.utah.edu.
B. Supervisor is a person designated by HCI to have approval authority over one or more employees who report time in KRONOS.
C. A Full-time Equivalency (FTE) represents an assignment with standard weekly hours of 40.
D. Exempt employees are those who are exempt from the requirements of the Fair Labor Standards Act.
E. Hourly benefited employees are those who are benefits-eligible and subject to the restrictions of the Fair Labor Standards Act.
F. Hourly employees are non-benefit eligible employees who have an FTE of less than 0.5.

IV. POLICY(IES)

A. Hourly benefited and hourly employees have the responsibility to report time worked in KRONOS. Exempt employees have the responsibility to report exceptions to their standard work schedule, such as vacations and holidays, in KRONOS.
B. Time must be reported in KRONOS by noon on the day the pay period ends. Typically, pay periods end on the 15th and on the last day of each month. However, these days may be adjusted for holidays and weekends. Refer to University of Utah Policy for scheduled pay period end dates.
C. Each employee who reports time in KRONOS will have a supervisor assigned by the HCI Payroll Reporter.
D. The supervisor’s primary responsibility is to ensure that time worked reported by each subordinate is correct and approved on time.

V. PROCEDURE

A. Reported time must have employee and supervisor approval by midnight of the day the pay period ends.
B. Time should be reported in KRONOS on a regular basis. Waiting until the end of the pay period could result in incorrect time being reported. Hourly employees should report time daily.

C. All hours up to the employee’s FTE must be accounted for on a weekly basis. Hourly benefited employees who hold a 1.0 FTE assignment and do not work a full 40 hours during a week must report unpaid leave or leave the timecard template blank.

D. KRONOS does not automatically report holiday hours. Therefore, all employees, whether exempt or hourly benefited, must identify and report holiday leave.

E. If time is submitted late (i.e., after the last day of the pay cycle), the employee or the employee’s department will be responsible for any special handling fees assessed by the University Payroll office when submitting the time for processing.

F. Supervisors and employees must approve time in KRONOS using the Web. Once an employee is designated as a supervisor, that individual will be able to access the time of each subordinate.

G. Prior to submitting the final time approval, the supervisor has the responsibility to:
   1. Review each subordinate’s reported time worked and determine if it is correct.
   2. Ensure that each subordinate has approved his or her reported time worked.
   3. Verify that holiday hours, vacation hours, and sick hours are all reported correctly.
   4. Verify that the employee, if hourly or hourly benefited, has reported time for his/her FTE. Time off that is not reported as vacation, sick leave, holiday, etc. should be reported as unpaid leave or leave the timecard template blank.
   5. Communicate any questions or corrections to the subordinate, so the subordinate can make appropriate changes.

H. It is preferred that all supervisors have their subordinates’ time approved by midnight on the last day of the pay period.

I. Requests for employee payroll supervisor changes should be submitted to the HCI Payroll Reporter.

J. The HCI Payroll Reporter reviews the time entry and verifies that all supervisors have approved their subordinates’ time. If a supervisor approval is missing, the HCI Payroll Reporter sends an e-mail reminder.

K. The HCI Payroll Reporter submits the HCI time entry to University Payroll.
HUNTSMAN CANCER INSTITUTE

POLICIES AND PROCEDURES

Out-of-Cycle Pay Increase
Personnel Policy Number: 7.12

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 at the start of HCI’s fiscal year (University of
      Utah Policies and Procedures Section 2-59).
   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 and provides all necessary documentation.
   B. The supervisor obtains approval from the senior director for the employee’s functional area
      in conjunction with the Senior Director of Finance and Administration.
   C. The supervisor submits the form to HCI Human Resources Department for approval. If
      approved by HCI HR, HCI Finance, and the Senior Director of Finance and Administration, 
      HCI HR will submit the request to the Office of the Vice President of Health Sciences for
      approval.
D. A recommendation may be made under the preceding circumstances. However, this does not ensure endorsement by all required approvals or, up to and including HCI's Executive Director or the University.
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. PAR – Personal Activity Report 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 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. PAR adjustments may not be made against stipend accounts. Research Administration, in coordination with HCI Payroll, is responsible to ensure this does not occur.

11.

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 Principal Investigator 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 PAR 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 PAR.

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 campus order 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 www.hr.utah.edu/ben/summ/standard/

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 campus order.
   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, Payroll, and HCI Human Resources offices.
I. DESCRIPTION

Establishes policies and procedures regarding the hiring of minors.

II. APPLIES TO

A. HCI employees

III. DEFINITIONS

A. Minor—any person under 18 years of age
B. Manager/Supervisor—person who has direct supervision of employee’s work

IV. POLICY(IES)

A. Prior to the employment of a minor within HCI, the hiring department must obtain approval of human resources and address budgetary and space availability considerations, as with any other position. The appropriate senior director must approve the position before hiring. Please see HCI Guidelines and Procedures 7.2—Approval Requirements for Hiring New Employees.

B. A separate approval process for minors working in laboratories is required.

C. University policy “Employment of Minors” states:
   1. In accordance with the Fair Labor Standards Act (FLSA), University departments may not employ any person under the age of 18 in a job that is deemed hazardous according to state and federal law, including, but not limited to, the operation of vehicles, hoists, power tools, saws, or shears, as well as jobs involving exposure to hazardous materials.
   2. Persons under the age of 16 are not permitted to work:
      a) before or after school in excess of four hours a day
      b) before 5:00 a.m. or after 9:30 p.m., unless the next day is not a school day
      c) in excess of eight hours in any 24-hour period
      d) more than 40 hours in any week

V. PROCEDURES

A. Before a minor is hired to work in a laboratory, the hiring investigator must prepare a letter indicating the job duties that the minor will perform and the expected work hours. The minor will provide this letter to his/her parent or guardian.

B. In return, the minor must provide the investigator a signed letter from his/her parent or guardian confirming review of the job duties letter and awareness of the duties that the minor will perform.
C. The investigator will provide the signed letter from the parent or guardian to HCI Human Resources for the employee’s file prior to his/her start date.

D. The investigator will train the new employee regarding lab safety procedures. As per University Policy, “front-opening laboratory coats must be worn closed when performing laboratory procedures. Open-toed shoes are not to be worn.” For additional policies regarding laboratory safety, please see the Environmental Health and Safety website.
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.
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.
DEFINITIONS

A. Senior Leadership:
   1. Executive Director of Huntsman Cancer Institute;
   2. Deputy Director of Huntsman Cancer Institute;
   3. Senior Director of Finance & Administration; Senior Director of Clinical Affairs; Sr. Director of Clinical Research; Senior Director of Laboratory Research; Senior Director of Population Sciences; Senior Director of Pre-Clinical Translation; Senior Director of Transdisciplinary Research.

B. Cognizant Senior Leader:
   1. The Senior Leader to whom an employee or department reports.

C. Program Leader:
   1. Senior investigator responsible for oversight and direction of one of HCI’s clinical or research programs.

D. Cognizant Manager:
   1. The person to whom one reports.

E. HCI Laboratory Investigator refers to a scientist:
   1. Receiving space and other resources through Huntsman Cancer Institute;
   2. Receiving on-going funding through Huntsman Cancer Institute;
   3. Functioning primarily as a laboratory-based researcher and, as such, is expected to build and operate a successful research program;
   4. Training graduate students and postdoctoral fellows;
   5. Actively participating in HCI scientific and clinical research programs.

F. HCI Population Sciences Investigator refers to a scientist:
   1. Receiving space and other resources through Huntsman Cancer Institute;
   2. Receiving on-going funding through Huntsman Cancer Institute;
   3. Training graduate students and postdoctoral fellows;
4. Functioning primarily as a researcher who develops research data, methodology, or statistical analysis and, as such, is expected to build and operate a successful research program;

5. Actively participating in HCI scientific and clinical research programs.

G. HCI Clinical/Translational Investigator refers to a physician/scientist:
   1. Receiving on-going funding through Huntsman Cancer Institute;
   2. Receiving space and/or other resources through Huntsman Cancer Institute;
   3. Participating on Multidisciplinary Disease Group (MDG) teams.
   4. Training fellows, residents, and students;
   5. Actively participating in integrated research programs.

H. Contract Employee:
   1. Any person working in the HCI building under contract to another entity. This includes Security Officers, custodial crews, etc.

I. Visitors:
   1. Patrons of the restaurant;
   2. Attendees of events in the auditorium and/or conference rooms;
   3. Persons using the Cancer Learning Center facilities;
   4. Guests of HCI building occupants.
Guidelines
for Meals/Incentive Awards/Flowers/Retirement Gifts

All expenditures for meals, incentive awards, flowers, or retirement gifts must be reasonable and business related as defined below:

A. **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 or direct payment of the expenditure is not otherwise prohibited by any University policy.

B. **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 is able to bear scrutiny that it is being made to further the mission of the institution, i.e., 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.

All expenditures should be properly documented. Those that may appear to an independent reviewer to be personal or non-business related must especially be supported by a complete written explanation of why and how they are reasonable and business related.

More restrictive standards apply to expenditures from federal funds and/or state-appropriated funds. Many expenditures described in these guidelines are prohibited from federal funds and some are prohibited from state-appropriated funds. For instance, alcohol must not be purchased using either federal or state-appropriated funds. Where no specific prohibitions apply, there is nevertheless a strong presumption it is inappropriate to use these funds for meals, incentive awards, flowers, or retirement gifts. Where non-state appropriated funds are available, they should always be expended instead of state-appropriated monies. If there is no alternative to using state-appropriated funds, the circumstances and reasons must be carefully and fully documented.

**Business Meals:**

- 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 external party to the University.

- The purchase of business meals using LPC’s, LPO’s or reimbursed using Check Requests, Payment Requests may be allowed if documentation demonstrating that the expenditures are reasonable, necessary and are for legitimate University business is included and satisfies IRS tax requirements. These requirements are included on the instructions to each of these forms.
Effective Dec 1, 2014, Business Meals are allowed on P-cards with Dean/Director approval.

- Business meals are not allowed on P-cards. However, exceptions have been granted in a very limited number of cases where there are documented needs demonstrating that such expenditures are reasonable, necessary and are for legitimate University business. In such cases, a formal exception request form must be submitted to Purchasing describing the need for the business meal exemption and must be approved by the dean, director, or department chair and by the director of purchasing. All documentation will be subject to audit and must be retained with the P-card statements.

- Business meals that are 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 lunch/dinner, etc.

Other Business Functions including Food:

- 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 that the costs are reasonable and necessary.

- University funds should not be used for employee socials where the primary focus is on consumption of food, rather than conducting business, with the exception of one social per year as currently recognized by University policy 3-6.

Retirement Gifts/Functions:

- The cost of retirement gifts should not exceed the approved cost of gifts for service awards recognizing years of service (i.e. if an employee retires after 20 years of service, the gift should not exceed the amount spent on the 20 year service award). Contact the Benefits Office http://www.hr.utah.edu/ben/staff/ (581-7447) for the authorized amounts for retirement/service awards.

- Reception costs related to employee retirement functions may be appropriate, but should be reasonable and should generally not exceed $15 per attendee.

- Retirement Gifts are not allowed on the P-card. Food and reception costs may be allowed on the P-card.

Incentive Awards /Employee Recognition:

- The University recognizes the need to recognize exceptional performance and/or achievement. Occasional tangible personal property may be given to employees as incentive awards/employee recognition benefits. The value of such benefits should not exceed the limits imposed by the University (currently $75).

- Documentation is required to be maintained for all expenditures related to awards/recognitions providing detail of the purpose of the expenditures.

- These types of expenditures are not allowed on the P-card.

The University’s Tax Services website provides additional guidelines for these types of expenditures http://www.tax.utah.edu/ (581-5414).
Other: The use of University funds to purchase food or related items for birthdays, showers, weddings, etc. is not permitted. Floral arrangements and similar items may not be purchased for employees and their immediate family members (as defined by University policy 2-22), except for funeral/condolence arrangements purchased using non-federal and non-state funds. 

Additional Guidelines: Additional guidelines are provided at: http://www.ap.admin.utah.edu/PaymentMethod.pdf and http://www.purchasing.utah.edu/purchase/index.html
Parties & Potlucks
Food Safety and Fun at HCI
Why are Potluck foods at a greater risk?

• Carrying food out of the home for a potluck meal increases the risk of foodborne illness, even when foods are prepared using safe practices. The longer food travels to a gathering, the greater the opportunity for harmful bacteria and other microorganisms to grow in food and cause illness.

• Many times individuals preparing food at home are not aware of food safety practices. Some factors that may contribute to a foodborne illness include:
  – leaving perishable foods at room temperature too long
  – cooking large amounts of food ahead of time and cooling it improperly
  – failing to keep hot foods hot and cold foods cold
  – person preparing the food may be ill or shedding virus
Easiest ways to prevent foodborne illness from potlucks

• Wash hands with soap and water for at least 20 seconds before you step up to the food table and before you begin to eat.

• Bring food that is commercially prepared instead of homemade.

• Use serving spoons for all items on potluck table. Preferably plastic/disposable.

• Consider a delegated server or two. These people will serve others, avoiding multiple hands handling all food dishes. (they will of course have scrubbed hands)
How can I make sure the food I bring to a potluck is safe?

- **CLEAN:** Wash hands, utensils, and surfaces with hot soapy water before and after food preparation. Using bleach diluted in water as a disinfectant before and after use can provide added protection against foodborne illnesses.

- **SEPARATE:** Never place ready-to eat foods on an unwashed plate or work surface that previously held raw meat, poultry, eggs, or seafood. Never mix old food with fresh cooked food.

- **COOK:** Cook food to proper internal temperatures. Temperatures vary for different types of meats, poultry, eggs, and seafood.

- **CHILL:** Refrigerate or freeze perishables, prepared food and leftovers within two hours. Make sure the refrigerator is set no higher than 40ºF and that the freezer is set at 0ºF. One way to be sure foods are at 45ºF or below is to use a metal stem probe thermometer scaled from 0ºF to 220ºF.
Avoid Community Bowls

• Avoid items where hands have to dip in community bowls, i.e. use a cup to put some popcorn into a bowl or pour the food item as opposed to digging in the bag with hands.
Timing is everything

• Allow 2 hours maximum for eating. After this time put (fridge if perishable) or throw foods away and clean space where food was served. Do not leave food out for stragglers. You snooze you lose!

• Keep HOT foods hot and cold foods COLD. Do this by using crock pots and ice baths. Smaller serving dishes work. Keep foods in fridge and bring out as needed. As food sits bacteria multiplies, particularly in cooked and cured meats, and cheese and meat salads.
Do you know your food facts?

In order to properly wash your hands before or after handling food, exactly what is the minimum amount of time you should wash your hands under running water?

A. 1 min  
B. 20 sec  
C. 10 sec  
D. Don’t know

How long is it acceptable to leave foods out at room temperature?

A. 1 hour  
B. 2 hours  
C. 30 mins  
D. As long as the clinic/unit is open and people are eating.

You can’t get food poisoning if you thoroughly cook your food and eat it promptly.

— True  
— False (Some bacteria can produce dangerous toxins that aren’t destroyed even by thorough cooking. Furthermore, cooked food can become contaminated if it comes in contact with an unwashed utensil, dish, countertop, or hand that was used to prepare tainted uncooked food. ) Example; ill Jimmy Johns restaurant worker.

Tuesday afternoon at 4 pm you came down with a touch of nausea and some diarrhea. Otherwise you feel fine. You are due to work Wednesday at 7 am. Assuming you aren’t throwing up and your last bout of diarrhea was Tuesday at 7 pm, when is the soonest you should return to work?

A. Wed. at 7 am  
B. Wed. at 7 pm  
C. Thurs. at 7 am  
D. Thurs. at 7 pm

Stay healthy!  Have Fun!