

# Standardization in Clinical Trials: Optimizing Biospecimen Collection, Preservation, and Export

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## ABSTRACT

Biospecimen standardization has emerged as a critical priority in clinical trials, with the implementation of ICH E6(R3) guidelines in 2025 marking a paradigm shift toward enhanced data integrity and quality management. This comprehensive review examines current best practices, regulatory frameworks, and emerging technologies in biospecimen collection, preservation, and international transport. We explore the impact of pre-analytical variables on sample quality, evaluate international standardization initiatives including ISBER Best Practices and NCI Evidence-Based Practices, and analyze the complex regulatory landscape governing biospecimen export. The integration of artificial intelligence and digital biobanking technologies presents unprecedented opportunities for quality control and sample tracking. This review synthesizes evidence-based recommendations for implementing standardized protocols across the biospecimen lifecycle, from collection through analysis, while addressing practical considerations for multi-site clinical trials. By establishing harmonized practices, the clinical research community can enhance data reliability, facilitate global collaboration, and ultimately improve the translation of research findings into clinical practice.

**Keywords:** Biospecimen Standardization, Clinical Trials, ICH E6(R3), Pre-analytical Variables,, Biospecimen Export, Quality Management, Digital Biobanking, International Regulations, Sample Integrity

## INTRODUCTION

### Definition and Scope

Biospecimen standardization in clinical trials refers to the systematic implementation of harmonized protocols, procedures, and quality standards across all phases of the biospecimen lifecycle—from collection and processing through storage, distribution, and analysis. This encompasses the establishment of evidence-based practices that minimize pre-analytical variability, ensure sample integrity, and maintain data traceability to support reliable research outcomes and regulatory compliance.

The scope of biospecimen standardization extends across multiple interconnected domains. At the collection level, it addresses timing variables, handling procedures, and environmental controls that impact molecular integrity. During preservation, standardization governs storage conditions, quality control measures, and documentation requirements. For international transport, it encompasses regulatory compliance, packaging standards, and chain-of-custody protocols. The field has experienced rapid evolution, with the 2025 implementation of ICH E6(R3) guidelines representing a watershed moment that emphasizes quality-by-design principles and comprehensive data governance throughout the clinical trial lifecycle.

### Regulatory Landscape and ICH E6(R3)

The regulatory environment governing clinical trials and biospecimen management has undergone substantial transformation with the adoption of ICH E6(R3) Good Clinical Practice guidelines on January 6, 2025. This revision introduces innovative provisions designed to apply across various types and settings of clinical trials, ensuring continued relevance amid ongoing technological and methodological advancements.

ICH E6(R3) emphasizes a Quality-by-Design approach, requiring sponsors to proactively identify and mitigate risks throughout the trial lifecycle, moving beyond traditional prescriptive models toward flexible, risk-based approaches. The guidelines establish comprehensive data governance requirements, mandating that sponsors and investigators ensure data integrity, security, and traceability across all systems involved in data capture, processing, and storage. Sample metadata standards are tightening globally, with explicit focus on sample metadata capture, audit trails, and documentation introducing stringent requirements that impact all aspects of the biospecimen lifecycle.

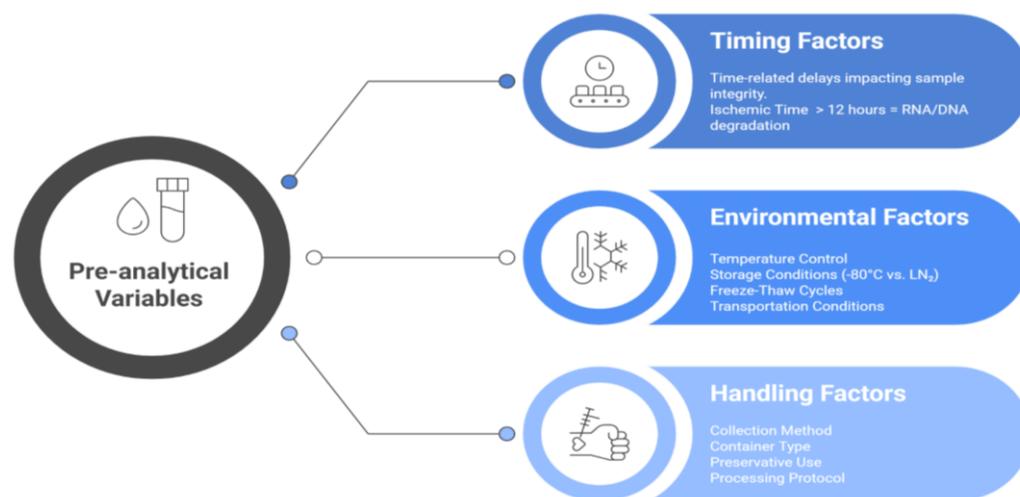
## Biospecimen Collection: Controlling Pre-analytical Variables

### Understanding Pre-analytical Variables

Pre-analytical variables represent the collection, processing, and storage conditions that occur before laboratory analysis and constitute the most significant source of variability in biospecimen research. The National Cancer Institute's Biospecimen Pre-analytical Variables (BPV) Program has systematically investigated these factors through rigorously controlled studies, examining the effects of cold ischemic time (delay to fixation), time in formalin, freezing methods, and storage temperatures on molecular profiles.

The BPV Program established a robust biospecimen collection infrastructure to prospectively collect specimens using rigorous standard operating procedures, controlling for most variables while introducing experimental conditions to study specific handling issues. This program has analyzed DNA and RNA from biospecimens collected under controlled conditions using multiple molecular platforms, with findings demonstrating that tissue quality is fundamentally tied to processing conditions, and that seemingly minor variations in handling can significantly impact downstream applications.

Fig 2.0: Critical Pre-analytical Variables to maintain Biospecimen Quality



### Evidence-Based Collection Protocols

The National Cancer Institute has developed Biospecimen Evidence-Based Practices (BEBPs), representing the first comprehensive series of procedural guidelines annotated with published findings in human biospecimen science. These guidelines organize literature findings by specific pre-analytical factors and analytes of interest—including DNA, RNA, protein, and morphology—providing detailed, adaptable formats intended to support the development and execution of evidence-based standard operating procedures.

Research demonstrates that quantitative reverse transcription-PCR assays show superior sensitivity in assessing RNA quality, consistently detecting differences between FFPE (formalin-fixed paraffin-embedded) and snap-frozen biospecimens across various time points. Traditional quality metrics like RNA Integrity Number and DV200 (representing the percentage of RNA fragments longer than 200 nucleotides) display more limited sensitivity, highlighting the importance of selecting appropriate quality assessment tools for specific applications.

## Standardized Collection Procedures

The College of American Pathologists Biorepository Working Group has developed a comprehensive, ranked list of essential preanalytic variables that should be attached to every collected biospecimen. These variables are classified by priority: required fields (Priority 1), clinically important but not yet validated (Priority 2), not necessary (Priority 3), and items for future assessment (Priority 4). This systematic approach ensures that critical information is captured consistently while allowing flexibility for institutional adaptation.

Key collection protocols must address multiple dimensions:

### Temporal Controls:

- Minimize cold ischemic time between specimen procurement and preservation
- Document exact timing of each processing step
- Implement standardized fixation durations based on tissue type and intended analysis
- Establish clear protocols for urgent vs. routine processing

### Environmental Controls:

- Maintain consistent ambient conditions during collection and processing
- Monitor and document temperature exposures throughout specimen handling
- Utilize appropriate coolants and containers for transport
- Implement real-time monitoring systems where feasible

### Documentation Requirements:

- Record comprehensive clinical annotation including patient demographics, disease characteristics, and treatment history
- Document all handling steps with timestamps and personnel identifiers
- Capture quality control metrics at each stage
- Maintain complete chain of custody records

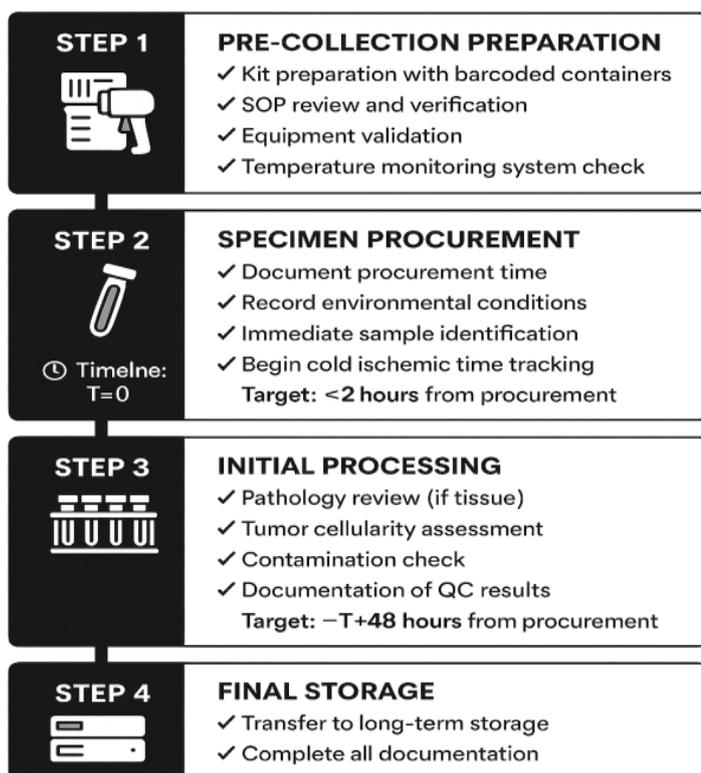


Fig 2.1: Standardized Collection Workflow

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## Specific Considerations by Sample Type

Different biospecimen types require tailored collection protocols to optimize quality:

**Blood-Based Samples:** Sample handling conditions significantly impact metabolite levels, with collection tube type, processing delay, and storage conditions all demonstrating measurable effects on analytical results. For liquid biopsies utilizing cell-free DNA, preanalytical considerations are particularly challenging, as inconsistency between sample handling protocols and lack of standardization among analytical techniques create obstacles for translating cfDNA analysis to clinical practice.

**Tissue Samples:** Cold ischemic time and fixation parameters represent critical variables. Research indicates that a 12-hour delay to fixation can adversely affect molecular quality in specific tumor types, while optimal fixation times must be established for each tissue type and analytical platform. Snap-frozen tissue requires immediate immersion in liquid nitrogen or storage on dry ice, with documentation of the freezing method essential for quality assessment.

**Urine and Other Body Fluids:** Bodily fluids such as urine and cerebrospinal fluid require specific handling protocols, with some metabolites showing substantial instability without preservatives. The use of borate or chlorhexidine preservatives can significantly alter metabolite profiles, necessitating careful protocol selection based on intended downstream analyses.

## Biospecimen Preservation: Ensuring Sample Integrity

### ISBER Best Practices Framework

The International Society for Biological and Environmental Repositories (ISBER) has established the most comprehensive global framework for biorepository management through its Best Practices: Recommendations for Repositories. The Fifth Edition, released in 2024, represents the culmination of decades of experience and incorporates input from the international biobanking community, with translations now available in multiple languages including Chinese and Japanese to support global standardization efforts.

ISBER Best Practices encompasses comprehensive guidance across critical domains:

### Repository Development and Governance:

- Organizational structure and leadership requirements
- Strategic planning and sustainability considerations
- Stakeholder engagement and community partnerships
- Ethical frameworks and oversight mechanisms

### Operational Excellence:

- Standard operating procedure development and maintenance
- Quality management systems implementation
- Personnel training and competency assessment
- Continuous improvement processes

### Physical Infrastructure:

- Facility design and security requirements
- Storage equipment specifications and validation
- Environmental monitoring systems
- Emergency preparedness and disaster recovery planning

## Quality Management:

- Method validation and qualification protocols
- Regular quality control measurements
- Proficiency testing participation
- Audit and inspection readiness

Fig 3.0: Comprehensive Laboratory Management Overview



## Quality Management Systems

Biorepositories face the substantial challenge of maintaining biospecimen integrity and quality over extended time periods, often spanning decades. A robust quality management system incorporating both quality assurance (QA) and quality control (QC) represents the foundation for preserving biospecimen quality throughout the storage lifecycle.

**Standard Operating Procedures:** ISBER Best Practices strongly recommend that biorepositories write SOPs for all processes, train staff comprehensively on those SOPs, and review documents periodically to ensure currency and relevance. SOPs serve to standardize biobanking methods and minimize variation in biospecimen quality, representing a central component of any quality management system. A Laboratory Information Management System (LIMS) provides a centralized platform to store, update, and access SOPs while enabling tracking and documentation of staff training.

**Quality Control Measures:** Repositories should implement procedures for periodic verification of inventory and associated data, utilizing random sampling from each storage unit with predefined acceptable quality levels for QC purposes. Once equipment and protocols are validated, biorepository staff should make regular and standardized QC measurements—for example, measuring specific analyte panels to test the quality of fluid samples or assessing cell viability in cell lines. Documentation of QA/QC processes represents a regulatory requirement in certain jurisdictions, and a fully compliant biobanking LIMS enables staff to easily document all quality management aspects and facilitate internal and external audits.

## Storage Conditions and Monitoring

**Temperature Management:** Different biospecimen types require specific storage temperatures to maintain molecular integrity. Frozen biospecimens typically require storage at  $-80^{\circ}\text{C}$  or in liquid nitrogen vapor phase ( $-196^{\circ}\text{C}$ ), with the choice depending on intended duration of storage and analytical applications. Real-time temperature monitoring represents a critical control, with biospecimen management systems integrating with IoT-powered monitoring systems to record data related to freezer temperature and automatically trigger alerts if significant temperature changes occur.

**Environmental Controls:** Beyond temperature, biorepositories must monitor and control humidity, air quality, and security access. Facilities require 24/7 monitoring and alarm systems, with redundant backup systems to ensure continuous operation during power failures or equipment malfunctions. Emergency preparedness planning has gained increased attention, particularly as climate-related emergencies become more frequent. Research indicates that NIH-funded biospecimen collections may be at risk during power outages and natural disasters, yet many recipients lack comprehensive emergency plans despite being located in higher-risk areas.

Fig 3.1: Storage Temperature Requirements by Sample Type

### Optimal Storage Conditions by Biospecimen Type

Characteristic	Temperature	Stability	Quality
<b>Snap-Frozen Tissue</b>	-80°C or LN <sub>2</sub> vapor (-196°C)	Long-term: Prefer LN <sub>2</sub>	Optimal for genomics
<b>FFPE Tissue</b>	Room temperature	Stable for years	Good for most applications
<b>Plasma/Serum</b>	-80°C	Avoid freeze-thaw cycles	Excellent for biomarkers
<b>Whole Blood</b>	-80°C (processed within 2h), PAXgene tubes at -20°C	Time-sensitive	Time-sensitive
<b>Extracted Nucleic Acids</b>	DNA: -20°C or -80°C, RNA: -80°C only	Aliquot to minimize thaw cycles	Not applicable

### Inventory Management and Traceability

Effective inventory management represents a fundamental requirement for biorepository operations, ensuring that samples can be located, retrieved, and tracked throughout their lifecycle. Biospecimen security requires using barcodes to uniquely identify specimens, tracking storage locations including freeze-thaw cycles, implementing 24/7 facility monitoring and alarm systems, and maintaining controlled or tiered access to biospecimens and data.

Comprehensive biobanking management software, particularly Laboratory Information Management Systems (LIMS), helps biorepositories implement best practices and ensure compliance with international regulatory guidelines such as HIPAA, 21 CFR Part 11, GDPR, and ISO 20387:2018. Repositories should develop complete records management systems to track all repository operations, with over 300 common data elements potentially collected for each case, including collection and processing details, pathological evaluation, and clinical information.

### ICH E6(R3): The Quality Paradigm

#### Quality by Design Principles

ICH E6(R3) represents a fundamental shift from prescriptive compliance to quality-centric, risk-based approaches in clinical trial conduct. The Quality by Design (QbD) framework requires trial sponsors to proactively design quality into trials from inception, identifying Critical to Quality (CtQ) factors—such as key eligibility criteria or essential data elements—that directly affect participant safety and data reliability.

The guidelines emphasize that clinical trial processes, measures, and approaches should be implemented proportionate to risks, avoiding unnecessary burden on participants and investigators. This risk proportionality principle requires that the quality and amount of information generated in a clinical trial should be sufficient to

address trial objectives, with systems and processes designed and implemented proportionate to risks to participants and reliability of trial results.

### Data Governance and Integrity

With the increasing use of digital technologies in clinical trials, ICH E6(R3) introduces comprehensive data governance requirements that have direct implications for biospecimen management. Key processes include ensuring protection of trial participants' data confidentiality, managing computerized systems appropriately, safeguarding critical trial elements such as randomization and blinding, and supporting key decision-making steps like data finalization and unblinding.

The guidelines require robust procedures covering the entire data lifecycle—from data capture with appropriate metadata and audit trails, through data correction and transfer, to eventual finalization for analysis. For biospecimen operations, this translates to:

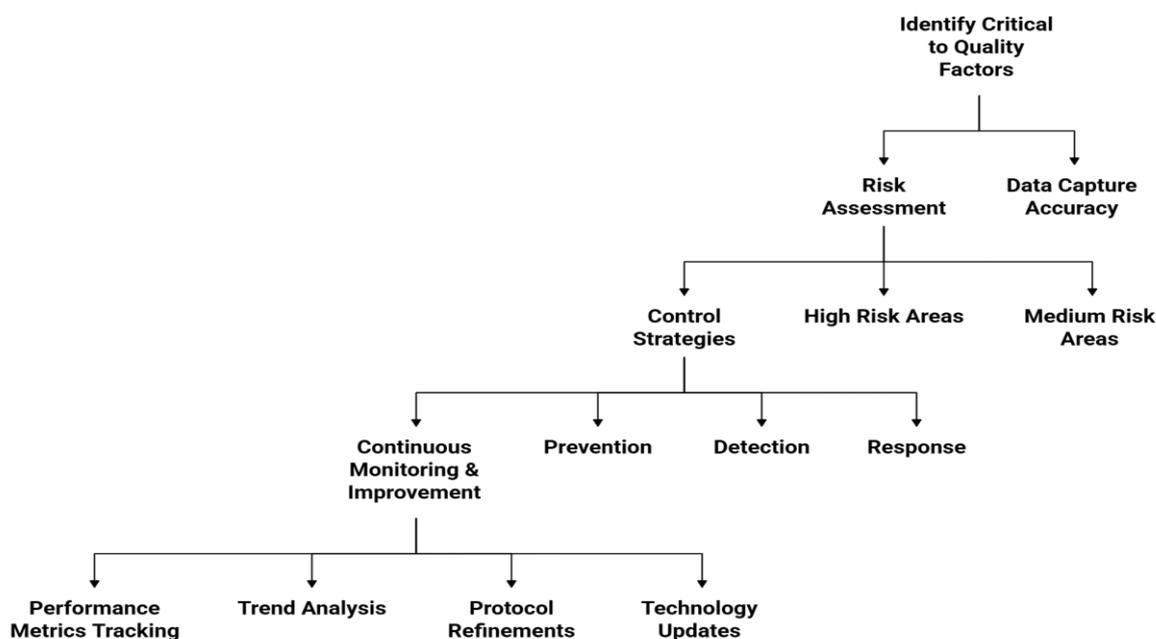
#### Metadata Requirements:

- Complete documentation of collection, processing, and storage parameters
- Real-time capture of environmental conditions and handling steps
- Automated integration of quality control measurements
- Comprehensive audit trails for all specimen manipulations

#### System Validation:

- Verification of LIMS and biobanking software functionality
- Validation of automated monitoring and alerting systems
- Regular testing of backup and recovery procedures
- Documentation of system changes and updates

Fig 4.0: ICH E6(R3) Quality by Design Framework



## International Export and Shipping Regulations

### Regulatory Framework Overview

The packaging and shipment of biospecimens constitutes a multistep process governed by distinct regulations depending on whether specimens are shipped domestically or internationally and whether shipments contain

hazardous materials. Failure to comply with these regulations may result in shipment delays, confiscation, or destruction by quarantine officers at ports of entry, along with potential civil or criminal penalties.

The regulatory landscape involves multiple governing bodies:

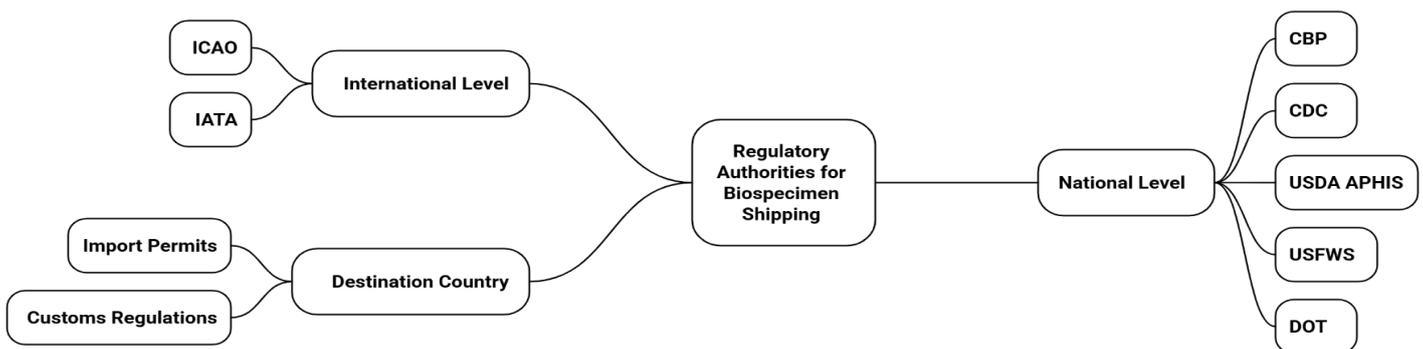
**International Standards:**

- International Air Transport Association (IATA) Dangerous Goods Regulations represent the worldwide gold standard for shipping
- Following IATA DGR ensures compliance with both international air transport requirements and U.S. Department of Transportation regulations for ground transport

**National Authorities:**

- U.S. Customs and Border Protection (CBP) regulates import of biological materials
- Centers for Disease Control and Prevention (CDC) issues permits for infectious materials
- U.S. Department of Agriculture (USDA) APHIS controls animal products and vectors
- U.S. Fish and Wildlife Service (USFWS) regulates endangered species materials

**International Biospecimen Shipping Regulatory Framework**



**Classification and Packaging Requirements**

**Material Classification:** Infectious substances are categorized as either Category A (capable of causing permanent disability, life-threatening, or fatal disease in otherwise healthy humans or animals) or Category B biological substances (infectious substances not meeting Category A criteria). This classification fundamentally determines packaging, documentation, and labeling requirements.

The majority of clinical trial biospecimens fall under Category B classification (UN3373), which allows for somewhat simplified packaging compared to Category A materials but still requires strict adherence to triple packaging principles:

**Triple Packaging System:**

**Primary Container:**

- Watertight, leak-proof container holding the specimen
- Must withstand internal pressure and temperature variations
- Sealed to prevent leakage during normal transport conditions

**Secondary Container:**

- Watertight, leak-proof container housing the primary container
- Contains sufficient absorbent material to absorb entire contents if primary container breaks

- Multiple primary containers may be placed in single secondary container if properly cushioned

### Outer Packaging:

- Rigid outer packaging of adequate strength for capacity, mass, and intended use
- Must protect contents from external forces during transport
- Marked with proper shipping labels and documentation pouch

**Coolants and Temperature Control:** When specimens require temperature control, dry ice (solid carbon dioxide) represents the most common coolant for frozen specimens. Critical requirements include:

- Proper venting of packages containing dry ice to prevent pressure buildup
- Accurate declaration of dry ice weight in kilograms
- Compliance with quantity limitations for different transportation modes
- All liquid nitrogen must be removed from dry shippers before transport to avoid substantial fines

### Future Directions and Opportunities

#### Advancing Methodological Approaches

Addressing persistent methodological challenges—including confounding, selection bias, and heterogeneity in observational studies—requires ongoing methodological advancement and interdisciplinary collaboration among researchers, statisticians, informaticists, and clinicians. Opportunities exist for:

#### Enhanced Statistical Methods:

- Development of more sophisticated propensity score approaches
- Advancement of instrumental variable techniques for causal inference
- Application of machine learning for confounder identification
- Integration of Bayesian methods for handling uncertainty

#### Novel Study Designs:

- Adaptive trial designs incorporating real-world evidence
- Platform trials enabling evaluation of multiple interventions
- Pragmatic trials embedded within healthcare delivery systems
- N-of-1 trials leveraging detailed longitudinal biospecimen collections

#### Patient-Centered Approaches

**Incorporating Patient Preferences:** Integrating patient preferences and values into biospecimen research study designs and decision-making processes promotes patient-centered care and shared decision-making. This includes engaging patients in determining research priorities, involving patient representatives in biobank governance, developing patient-friendly informed consent materials, and creating mechanisms for returning research results to participants.

**Reducing Participant Burden:** Innovation opportunities exist in developing less invasive collection methods, implementing home-based collection for certain specimen types, utilizing digital technologies for consent and communication, and designing collection protocols minimizing time burden on participants.

#### Enhancing Global Collaboration

**Harmonization Initiatives:** International efforts should focus on developing globally recognized biospecimen standards that respect regional variations while enabling interoperability. This includes:

- Establishing international working groups for standard development
- Creating reference materials for quality control and proficiency testing

- Developing shared data models and ontologies
- Implementing recognition programs for biobanks meeting international standards

**Capacity Building:** Supporting low- and middle-income countries in developing biobanking infrastructure and capabilities represents both an equity imperative and a scientific opportunity. Stronger global biobanking capacity enhances research diversity, enables investigation of diseases prevalent in specific regions, and promotes scientific collaboration benefiting all participants.

## CONCLUSION

### Summary

Standardization of biospecimen collection, preservation, and export represents a critical imperative for advancing clinical research quality, reproducibility, and global collaboration. This comprehensive review has examined the multifaceted landscape of biospecimen standardization, from foundational pre-analytical variable control through sophisticated digital technologies enabling next-generation quality management.

The implementation of ICH E6(R3) guidelines marks a pivotal transition toward quality-by-design approaches, risk-based monitoring, and comprehensive data governance in clinical trials. These regulatory developments align with and reinforce ongoing standardization efforts led by organizations like ISBER, whose Best Practices provide actionable frameworks for biorepository management. The National Cancer Institute's evidence-based practice guidelines offer detailed procedural recommendations grounded in systematic research into pre-analytical variables, demonstrating that seemingly minor variations in handling can substantially impact molecular integrity and research outcomes.

International export and shipping regulations present complex challenges requiring careful navigation of multiple regulatory frameworks, comprehensive documentation, and specialized training. Country-specific variations in import requirements, combined with evolving biosecurity concerns, necessitate early planning and expert guidance for international collaborations.

Emerging technologies—particularly artificial intelligence, machine learning, and digital biobanking platforms—offer unprecedented opportunities for quality control enhancement, automated monitoring, and predictive analytics. However, realizing this potential requires addressing persistent challenges including system fragmentation, resource limitations, and organizational change management.

### Implications for Practice, Policy, and Research

**Clinical Practice:** Standardized biospecimen management directly enhances clinical research quality, enabling more reliable biomarker measurements, reproducible study results, and ultimately better-informed clinical decisions. Healthcare systems implementing robust biospecimen standards position themselves advantageously for participating in cutting-edge clinical trials and translational research initiatives.

Policymakers should prioritize initiatives supporting biospecimen standardization, including funding for infrastructure development, support for international harmonization efforts, and recognition of biobanking as critical research infrastructure. Regulatory frameworks must balance standardization imperatives with flexibility enabling innovation and adaptation to emerging technologies.

**Research Advancement:** The research community benefits from standardization through enhanced ability to pool data across studies, conduct meta-analyses with confidence, and undertake large-scale collaborative investigations. Standardized biospecimens reduce experimental noise, increase statistical power, and accelerate the pace of biomarker discovery and validation.

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