MasterControl™

6330 South 3000 East, Suite 200
Salt Lake City, UT 84121

MD-SOP-0031   R- 02

Impact analysis

PROTOCOL NO.:

DOCUMENT NUMBER:	
DOCUMENT TITLE:	
DOCUMENT NOTES:	

Document Information

Revision:		Vault:
Doc Type:		Status:

Date Information

Effective Date:		Next Review Date:
Release Date:		Expiration Date:

Control Information

Author:		Previous Number:
Owner:		Change Number:

All dates and times are in

MasterControl	**STANDARD OPERATING PROCEDURE**	
SOP NUMBER:		**VERSION:**	
SOP TITLE:		

PURPOSE OF THIS SOP AND WHAT IT IS APPLIED TO

<Describe the purpose of the SOP, what it should be applied to and when/under which circumstances. Include details of any specific limitations and/or exclusions>

WHO THIS SOP IS APPLICABLE TO

FUNCTION(S)			SITE(S)			REGULATIONS	
☐ **ED**			☐ **Global**			☐ GCP	☐ GLP
☐ CMC	☐ GBT	☐ GxP Supt Dept.	☐ ALN	☐ CHA	☐ DEN	☐ GMP	☐ None
☐ LO	☐ NCFS	☐ Non-GxP Supt	☐ GRN	☐ HAR	☐ IND		
☐ PATH	☐ QA	☐ SA	☐ MSN	☐ MUE	☐ PCV		
☐ SA GOS			☐ SHA				

SPECIFIC APPLICABILITY	<If necessary, list sub-functions, groups or specific roles that the SOP applies to and any specific exclusions, otherwise "N/A" >

OTHER DOCUMENTS NEEDED TO EXECUTE THIS SOP

DOC REFERENCE	TYPE	TITLE
<Add doc reference>	<Add doc type>	<Add doc title>

STEP-BY-STEP INSTRUCTIONS

<Add Heading 2; remove if no sub sections>

ROLE		ACTION
<Add role>	1	<Add instructional text> • <Add decision option text>
	2	<Add instructional text>
	3	<Add instructional text>
	4	<Add instructional text>

Document Template Reference: GL-GEN-001-B V01	Page 1 of 5

Left margin: MD-SOP-0031   R - 02   Impact analysis   PROTOCOL NO.:

Right margin: For External Audit   **This document has been electronically signed***

MD-SOP-0031 R- 02 *(left margin)*

Impact analysis *(left margin)*

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ROLE		ACTION
	5	\<Add instructional text\>

\<Add Heading 2; remove if no sub sections\>

ROLE		ACTION
\<Add role\>	1	\<Add instructional text\> • \<Add decision option text\>
	2	\<Add instructional text\>
	3	\<Add instructional text\>
	4	\<Add instructional text\>
	5	\<Add instructional text\>

SUPPLEMENTARY INFORMATION THAT IS NEEDED

\<Add Heading 2; remove if no sub sections\>

\<Add Text\>

\<Add Heading 3; remove if no sub-sub headings\>

\<Add Text\>

DEFINITIONS

TERM	DEFINITION
\<Add term\>	\<Add non-obvious definition\>
\<Add term\>	\<Add non-obvious definition\>

CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

SOP SECTION	CHANGE
\<SOP section\>	\<Summarise Change\>

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SOP SECTION	CHANGE
<SOP section>	<Summarise Change>

APPENDICES

<List Appendices>

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APPENDIX 1: <PROCESS OVERVIEW (RECOMMENDED)>

<Add Flowchart>

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APPENDIX 2: <ADD TITLE>

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Signature Manifest

Document Number: MD-SOP-0031	Revision: 02
Title: Blood Draw	

All dates and times are in Mountain Time Zone.

SOP Approval

Collaboration

Name/Signature	Title	Date	Meaning/Reason
Paul Sanderson (PSANDERSON)			
Dallas Volk (DVOLK)			
Sarah Christensen (SCHRISTENSEN)			
Mark Sloan (MSLOAN)			
Rob Carpenter (RCARPENTER)			
Matt Smith (MATT)		23 Feb 2016, 12:14:58 PM	Complete

Approval

Name/Signature	Title	Date	Meaning/Reason
Matt Smith (MATT)		23 Feb 2016, 12:16:44 PM	Approved

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