MD-SOP-0031

PROTOCOL NO.:



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

	DOCUMENT NUMBER:	
	DOCUMENT TITLE:	
	DOCUMENT NOTES:	
Do	ocument Information	
	Revision:	Vault:
	Doc Type:	Status:
Da	te Information	
	Effective Date:	Next Review Date:
	Release Date:	Expiration Date:
Co	entrol Information	
	Author:	Previous Number:
	Owner:	Change Number:
	All dates and times are in	

MD-SOP-0031

* Master Control		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)		REGUL	ATIONS
□ ED			☐ Global			☐ GCP	☐ GLP
□ смс	☐ GBT	☐ GxP Supt Dept.	☐ ALN	□ СНА	☐ DEN	☐ GMP	☐ None
□ LO	☐ NCFS	☐ Non-GxP Supt	☐ GRN	☐ HAR	☐ IND		
☐ PATH	□ QA	□SA	☐ MSN	☐ MUE	☐ PCV		
☐ SA GOS			☐ SHA				

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

OTHER DOCUMENTS NEEDED TO EXECUTE THIS SOP

DOC REFERENCE	TYPE	TITLE
<add doc="" reference=""></add>	<add doc="" type=""></add>	<add doc="" title=""></add>

STEP-BY-STEP INSTRUCTIONS

<Add Heading 2; remove if no sub sections>

ROLE		ACTION
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		• <add decision="" option="" text=""></add>
	2	<add instructional="" text=""></add>
	3	<add instructional="" text=""></add>
	4	<add instructional="" text=""></add>

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

ROLE		ACTION
	5	<add instructional="" text=""></add>

<Add Heading 2; remove if no sub sections>

ROLE		ACTION
<add role=""></add>	1	<add instructional="" text=""></add>
		• <add decision="" option="" text=""></add>
	2	<add instructional="" text=""></add>
	3	<add instructional="" text=""></add>
	4	<add instructional="" text=""></add>
	5	<add instructional="" text=""></add>

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
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CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

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SOP SECTION	CHANGE	
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APPENDICES

<List Appendices>

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** Master Control		STANDARD OPERATING PROCEDURE	
SOP NUMBER:		VERSION:	

APPENDIX 1: <PROCESS OVERVIEW (RECOMMENDED)>

<Add Flowchart>

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PROTOCOL NO.:

This document has been electronically signed

* Mast	erControl	STANDARD OPERA	ATING PROCEDURE
SOP NUMBER:		VERSION:	

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)			

23 Feb 2016, 12:14:58 PM

Complete

Approval

Matt Smith (MATT)

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