IP-MD-SOP-0031-02-0027

T-Sep 2022-09

MD-SOP-0031



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

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

MD-SOP-0031

Master Control		STANDARD OPER	RATING 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	☐ CHA	☐ DEN	☐ GMP	☐ None
□ LO	☐ NCFS	☐ Non-GxP Supt	☐ GRN	☐ HAR			
☐ PATH	□ QA	□SA	☐ MSN	☐ MUE	☐ PCV		
☐ SA GOS			☐ SHA				

SPECIFIC APPLICABILITY	<if groups="" list="" necessary,="" or="" p="" roles="" sop<="" specific="" sub-functions,="" that="" the=""></if>
	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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Training procedure

This document has been electronically signed

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

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

<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>
	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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<add term=""></add>	<add definition="" non-obvious=""></add>	

CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

SOP SECTION	CHANGE
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Training procedure

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SOP NUMBER:		VERSION:	

SOP SECTION	CHANGE	
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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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23 Feb 2016, 12:14:58 PM

Complete

MD-SOP-0031

ITE: Aus

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)			

Approval

Matt Smith (MATT)

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