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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 R- 02

PROTOCOL NO.: a

Reason 2

\*\*This document has been electronically signed\*\*

		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	
<input type="checkbox"/> ED <input type="checkbox"/> CMC <input type="checkbox"/> LO <input type="checkbox"/> PATH <input type="checkbox"/> SA GOS	<input type="checkbox"/> GBT <input type="checkbox"/> NCFS <input type="checkbox"/> QA	<input type="checkbox"/> GxP Supt Dept. <input type="checkbox"/> Non-GxP Supt <input type="checkbox"/> SA	<input type="checkbox"/> Global <input type="checkbox"/> ALN <input type="checkbox"/> GRN <input type="checkbox"/> MSN <input type="checkbox"/> SHA	<input type="checkbox"/> CHA <input type="checkbox"/> HAR <input type="checkbox"/> MUE	<input type="checkbox"/> DEN <input type="checkbox"/> IND <input type="checkbox"/> PCV	<input type="checkbox"/> GCP <input type="checkbox"/> GMP	<input type="checkbox"/> GLP <input type="checkbox"/> None

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