MasterControl™

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

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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>

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

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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