

**Synthimed Labs Private Limited**  
**Derabassi**

RESTRICTED CIRCULATION

**STANDARD OPERATING PROCEDURE**

Title :			D.C. No. : <b>SOP/MF/___</b>
Dept.: <b>Manufacturing</b>			Page No. :
Prepared by (Sign./date)	Reviewed by (Sign./date)	Approved by (Sign./date)	Revision No. :
			Effective Date :
<b>Department</b>	<b>Department</b>	<b>Department</b>	Review Date :
<div style="position: relative;"><div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; opacity: 0.1; font-size: 100px; transform: rotate(-30deg); pointer-events: none;">DRAFT</div><div style="position: absolute; top: 5%; left: 5%;">Objective</div><div style="position: absolute; top: 35%; left: 5%;">Scope</div><div style="position: absolute; top: 45%; left: 5%;">Responsibility:</div><div style="position: absolute; top: 55%; left: 5%;">Accountability:</div><div style="position: absolute; top: 65%; left: 5%;">Procedure</div></div>			

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**Definition & abbreviation**

  

**Annexure**

Annexure-I : Format No. SLPL/F/\_\_\_\_\_ (Format title)

Annexure-II : Format No. SLPL/F/\_\_\_\_\_ (Format title)

  

Annexure-III : Format No. SLPL/F/\_\_\_\_\_ (Format title)

  

Annexure-IV : Format No. SLPL/F/\_\_\_\_\_ (Format title)

  

Annexure-V : Format No. SLPL/F/\_\_\_\_\_ (Format title)

Annexure-VI : Format No. SLPL/F/\_\_\_\_\_ (Format title)

Annexure-VII : Format No. SLPL/F/\_\_\_\_\_ (Format title)

Annexure-VIII : Format No. SLPL/F/\_\_\_\_\_ (Format title)

Annexure-IX : Format No. SLPL/F/\_\_\_\_\_ (Format title)

Annexure-X : Format No. SLPL/F/\_\_\_\_\_ (Format title)

Annexure-XI : Format No. SLPL/F/\_\_\_\_\_ (Format title)

  

Annexure-XII : Format No. SLPL/F/\_\_\_\_\_ (Format title)

Annexure-XIII: Format No. SLPL/F/\_\_\_\_\_ (Format title)

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**Annexure-I**  
**Synthimed Labs Private Limited**  
**Derabassi**  
Format No. SLPL/F/\_\_\_\_\_  
Format Title

Product :  
Batch No. :  
Stage :  
Analysis for :  
Date :  
Time :  
Plant :  
Signature :



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**Annexure-III**  
**Synthimed Labs Private Limited**  
**Derabassi**  
Format No. SLPL/F/\_\_\_\_\_  
Format Title

Date	Time	Previous product	Next product	No. of uniforms sent for washing	Sent by	Received back on	Received by	Remarks

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**Annexure-IV**  
**Synthimed Labs Private Limited**  
**Derabassi**

Format No. SLPL/F/\_\_\_\_\_

Format Title

**Plant:**

**Area:**

**Date:**

**Previous Product:**

**Next Product:**

S.No.	Activity	Complies/No comply	Remarks
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

**Performed by**  
**(Manufacturing)**

**Verified by**  
**(Manufacturing)**

**Synthimed Labs Private Limited**  
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RESTRICTED CIRCULATION

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**Annexure-V**  
**Synthimed Labs Private Limited**  
**Derabassi**

Format No. SLPL/F/\_\_\_\_\_

Format Title

**Product:**

**Rev. No. :**

Stage	Suitable Solvent/s

**Prepared by**  
**(Manufacturing)**

**Reviewed by**  
**(Quality Assurance)**

**Approved by**  
**(Quality Assurance)**

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RESTRICTED CIRCULATION

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**Annexure-VI**  
**Synthimed Labs Private Limited**  
**Derabassi**

Format No. SLPL/F/\_\_\_\_\_

Format Title

**Revision No. :**

**Product :**

**Stage :**

Equipment	Cleaning Procedure

**Prepared by**  
**(Manufacturing)**

**Approved by**  
**(Quality Assurance)**



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**Annexure-VII**  
**Synthimed Labs Private Limited**  
**Derabassi**

Format No. SLPL/F/\_\_\_\_\_

Format Title

**Plant:**

**Revision No. :**

S. No.	Product	Stage	Frequency (On or before)		Reference D.C. No.	Remarks
			Number of batch	Time Interval		

**Prepared by**  
**(Manufacturing)**

**Approved by**  
**(Quality Assurance)**

D.C. No. : **SOP/MF/\_\_\_\_\_**

Page No. :

**Format No. SLPL/F/\_\_\_\_\_**[illegible]



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**Synthimed Labs Private Limited**  
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Format No. SLPL/F/\_\_\_\_

**Format Title**

**Equipment No. :**

**Product Name :**

**Stage :**

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**Annexure-XI**  
**Synthimed Labs Private Limited**  
**Derabassi**

Format No. SLPL/F/\_\_\_\_\_

Format Title

**Plant:**

**Product:**

Stage	Current Frequency	Proposed Frequency	Remarks

**Requested by**  
**(Manufacturing)**

**Approved by**  
**(Quality Assurance)**

**Synthimed Labs Private Limited**  
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**Annexure-XII**  
**Synthimed Labs Private Limited**  
**Derabassi**  
Format No. SLPL/F/\_\_\_\_\_  
Format Title

**Plant :**

**Month :**

**Product:**

**Revision No.:**

S. No.	Stage	Qualification Status	Plan, if any	Verified by (Sign./Date)	Remarks

**Checked By**  
**(Manufacturing)**

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**Annexure-XIII**  
**Synthimed Labs Private Limited**  
**Derabassi**  
Format No. SLPL/F/\_\_\_\_\_  
Format title

**Plant:**

**Revision No. :**

S. No.	Product	Stage	Frequency (On or before)	Reference D.C. No.	Remarks
			Time Interval		

**Prepared by**  
**(Manufacturing)**

**Approved by**  
**(Quality Assurance)**

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**Document Change History**

Revision No.	Effective Date	Details of Change