



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:

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Control Information

Author:

Previous Number:

Owner:

Change Number:

All dates and times are in


MD-SOP-0031 R- 02

TDS12%

PROTOCOL NO.:

For Internal Audit Purpose

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