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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 R- 02

Clin data

PROTOCOL NO.:

For Internal Audit Purpose

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


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Clin data

PROTOCOL NO.:

For Internal Audit Purpose

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|   |  |                              |  |
|---|--|------------------------------|--|
|  |  | 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<br><input type="checkbox"/> CMC<br><input type="checkbox"/> LO<br><input type="checkbox"/> PATH<br><input type="checkbox"/> SA GOS | <input type="checkbox"/> GBT<br><input type="checkbox"/> NCFS<br><input type="checkbox"/> QA | <input type="checkbox"/> GxP Supt Dept.<br><input type="checkbox"/> Non-GxP Supt<br><input type="checkbox"/> SA | <input type="checkbox"/> Global<br><input type="checkbox"/> ALN<br><input type="checkbox"/> GRN<br><input type="checkbox"/> MSN<br><input type="checkbox"/> SHA | <input type="checkbox"/> CHA<br><input type="checkbox"/> HAR<br><input type="checkbox"/> MUE | <input type="checkbox"/> DEN<br><input type="checkbox"/> IND<br><input type="checkbox"/> PCV | <input type="checkbox"/> GCP<br><input type="checkbox"/> GMP | <input type="checkbox"/> GLP<br><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" > |
|------------------------|--|

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><br>• <Add decision option text> |
|            | 2 | <Add instructional text>                                 |
|            | 3 | <Add instructional text>                                 |
|            | 4 | <Add instructional text>                                 |