



MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234\*

Document Number:
Title:
Notes:

Document Information:	
Revision:	Vault:
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

test 1

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

	<b>MasterControl, Inc.:</b> <b>Policy and Procedure Template</b>		<b>Pg. 1 of 3</b>
	<b>Doc Number: MD-SOP-0030</b>	<b>Rev: 02</b>	<b>Release Date:23 Feb 2016</b>

POLICY AND PROCEDURE TEMPLATE

APPROVALS

*All approvals are maintained and controlled in the MasterControl™ system.*  
*Please refer to the MasterControl™ system for the current controlled revision and approval records.*

REVISION HISTORY

<i>AUTHOR</i>	<i>REVISED SECTION/PARAGRAPH</i>	<i>REV</i>	<i>RELEASED</i>
D Ade	Initial Release	01	See MasterControl

*Draft and Archived/Obsolete revisions are not to be used.*  
*Access MasterControl™ system to verify revision.*

MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234\*

test 1

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


	<b>MasterControl, Inc.:</b> <b>Policy and Procedure Template</b>		<b>Pg. 2 of 3</b>
	<b>Doc Number: MD-SOP-0030</b>	<b>Rev: 02</b>	<b>Release Date:23 Feb 2016</b>

Table of Contents

1.	PURPOSE .....	3
2.	SCOPE .....	3
3.	DEFINITIONS.....	3
4.	RESPONSIBILITIES .....	3
5.	PROCEDURE/POLICY/WORK INSTRUCTION (REMOVE TITLE THAT DOES NOT APPLY) .....	3
5.1	PROCESS FLOW .....	3
5.2	PROCEDURE/POLICY/WORK INSTRUCTION (REMOVE TITLE THAT DOES NOT APPLY) .....	3
6.	APPLICABLE REFERENCES.....	3


MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234\*

test 1

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

	<b>MasterControl, Inc.:</b> <b>Policy and Procedure Template</b>		<b>Pg. 3 of 3</b>
	<b>Doc Number: MD-SOP-0030</b>	<b>Rev: 02</b>	<b>Release Date:23 Feb 2016</b>

1. PURPOSE

*Briefly describe the reasoning or purpose of the document.*

2. SCOPE

*Briefly describe the coverage or scope of what is covered and/or exempted from this process. Please refrain from adding policy or procedure detail in this section.*

3. DEFINITIONS

- Word – Definition
- Word – Definition

4. RESPONSIBILITIES

- Responsible Party – Describe the responsible party responsibilities

5. PROCEDURE/POLICY/WORK INSTRUCTION (REMOVE TITLE THAT DOES NOT APPLY)

5.1 Process Flow

If applicable insert simple process flow chart or picture here. Keep the flowchart descriptions simple putting the detail in the next subsection. If there is not a flow chart or picture write “Not Applicable”.

5.2 Procedure/Policy/Work Instruction (remove title that does not apply)

5.2.1 Overview

5.2.2 Details

6. APPLICABLE REFERENCES

*List of applicable reference documents.*

-

MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234\*

Signature Manifest

Document Number: MD-SOP-0030

Revision: 02

Title: Blood Donation Record

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 Oct 2017, 01:14:58 PM	Complete

Approval

Name/Signature	Title	Date	Meaning/Reason
Matt Smith (MATT)		23 Oct 2017, 01:16:44 PM	Approved

test 1

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