MasterControl™

6350 South 3000 East
Salt Lake City, Utah 84121

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Document Number:

Title:

Notes:

MD-SOP-0031   R- 02

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

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ꞏꞏMasterControl™	**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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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 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

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