MD-SOP-0030

Clinical trail234\*

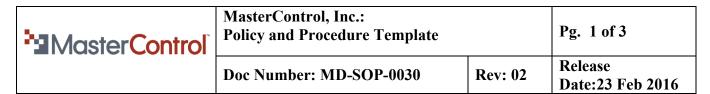


6350 South 3000 East Salt Lake City, Utah 84121

Document Number:	
Title:	
Notes:	
Document Information:	
Revision:	Vault:
Туре:	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

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



## POLICY AND PROCEDURE TEMPLATE

#### **APPROVALS**

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

#### **REVISION HISTORY**

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

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

Copyright MasterControl. All rights reserved. May not be reproduced without permission. All hard copies should be checked against the current electronic version within MasterControl™ prior to use and destroyed promptly thereafter. All hard copies are considered Uncontrolled documents.



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

# 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 3
6.	APPLICABLE REFERENCES	3

Copyright MasterControl. All rights reserved. May not be reproduced without permission. All hard copies should be checked against the current electronic version within MasterControl™ prior to use and destroyed promptly thereafter. All hard copies are considered Uncontrolled documents.

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

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

* Master Control	MasterControl, Inc.: Policy and Procedure Template		Pg. 3 of 3
	Doc Number: MD-SOP-0030	Rev: 02	Release Date:23 Feb 2016

#### 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.

Copyright MasterControl. All rights reserved. May not be reproduced without permission. All hard copies should be checked against the current electronic version within MasterControl™ prior to use and destroyed promptly thereafter. All hard copies are considered Uncontrolled documents.

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

Printed By: Nupura Deshmukh Printed Date & Time: 2022-11-29T04:29:35.045Z

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