



MD-SOP-0030 R- 02

BATCH ID:

SITE: in process

Document Number:
Title:
Notes:

Document Information:	
Revision:	Vault:
Type:	Status:

Date Information:	
Effective Date:	Next Review Date:
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MD-SOP-0030 R- 02

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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.


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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.

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MD-SOP-0030 R-02

BATCH ID:

SITE: in process

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)			
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Matt Smith (MATT)		23 Oct 2017, 01:14:58 PM	Complete

Approval

Name/Signature	Title	Date	Meaning/Reason
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