MD-SOP-0030

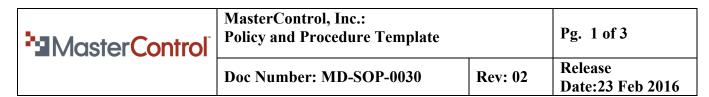


6350 South 3000 East Salt Lake City, Utah 84121

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POLICY AND PROCEDURE TEMPLATE

APPROVALS

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REVISION HISTORY

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

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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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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

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