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	<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</b> <b>Date: 23 Feb 2016</b>

## POLICY AND PROCEDURE TEMPLATE

### APPROVALS

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

Name/Signature	Title	Date	Meaning/Reason
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