



6350 South 3000 East
Salt Lake City, Utah 84121

Document Number:

Title:

Notes:

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


MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234*

test 1

This document has been electronically signed

	MasterControl, Inc.: Policy and Procedure Template		Pg. 1 of 3
	Doc Number: MD-SOP-0030	Rev: 02	Release Date:23 Feb 2016

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.

MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234*

test 1

This document has been electronically signed


	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
5.2	PROCEDURE/POLICY/WORK INSTRUCTION (REMOVE TITLE THAT DOES NOT APPLY)	3
6.	APPLICABLE REFERENCES.....	3

MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234*


test 1

This document has been electronically signed

MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234*

	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.

-

test 1

This document has been electronically signed

MD-SOP-0030 R- 02

BATCH ID:

SITE: Clinical trail234*

test 1

This document has been electronically signed

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