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| SOP TITLE | |
| SOP ID: XX-XXX-XX | |
| Effective Date: XX-XXX-XX | Review Date: XX-XXX-XX |
| Author Name: Title: Signature: ON FILE Date: XX-XXX-XX | Approver Name: Title: Signature: ON FILE Date: XX-XXX-XX |

Document History

| Version | Description of Update | Date Effective |
|---------|--|----------------|
| X.X | <i>If v1.0 state 'first release'. If an update to an existing document include all changes made to the original version.</i> | XX-XXX-XX |

1. Purpose

State the purpose for the creation of the SOP

2. Scope

Which groups does this SOP apply to? – e.g. all staff; CI; PI; Trial Managers; Data Managers; Sponsor Representatives; SCRGM; Statisticians.

3. Responsibilities

Describe the specific responsibilities of groups/staff members that this SOP involves

4. Procedures

This is the main body of the SOP. Make details as clear and concise as possible. Any abbreviations must be included in section 6 of the SOP.

This SOP is a controlled document.
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5. Referenced and Related Documents

Include all forms, guidelines or template documents that have been created or to which this SOP has a link to. Consider including related documents such as GCU policy papers or national legislation if it will provide the reader with further information.

6. Abbreviations and Definitions

Include all abbreviations and definitions used within the body of the SOP

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