|  |  |
| --- | --- |
| **Title** |  |
| **SOP Number** |  | **Version** |  | **Review Date** |  |

|  |  |
| --- | --- |
| **Is this SOP still fit for purpose and current?** | Yes – no update required  |[ ]
|  | No – document to be updated  |[ ]

|  |  |
| --- | --- |
| **Are you still the current owner / author of this SOP?** | Yes  |[ ]
|  | No - advise new owner/author |  |

|  |  |
| --- | --- |
| **As owner / author if you wish to identify an additional technically competent person(s) to assist with SOP review please note person(s)**  |  |

|  |  |
| --- | --- |
| **Any change(s) request for this SOP?** | Yes (see below) |[ ]
|  | No |[ ]

|  |  |
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| **Change request(s)** | **Comments** |
|  |  |
|  |  |

**Updates required:**

|  |  |
| --- | --- |
| **SOP section** | **Comments** |
|  |  |
|  |  |

**To be completed by QA Manager (or delegate)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Change accepted**(please circle) | Yes |  | **Severity**(please circle) | Normal |
| No |  | Low |
|  |  | High |

|  |  |  |
| --- | --- | --- |
| **Approvals** | **Date** | **Comments** |
| **CROG ratification** |  |  |
| **R&D Director\*** |  |  |
| **Head of School\*** |  |  |
| **QA Manager** |  |  |

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| --- | --- | --- | --- |
| **Distribution\*** | **Date** | **Uploads** | **Date** |
| **Grampian Globals** |  | **NHSG Q-Pulse** |  |
| **University of Aberdeen** |  | **UoA web** |  |

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| **Training needs assessment** |
|  |
| **Training Team informed** |  |
| **Training needs assessment completed by** |  | **Date** |  |

**Once completed please return this form to the Quality Assurance Document Controller.**

**Any proposed updates shall be included and the draft SOP prepared for ratification and issue.**