|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Local Standard Operating Procedure**  **Relating to the Prescribed Use of 1-(2-methoxyphenyl)piperazine in MDHS25** | | | | | | | | | | |
|  | | | | | | | | | | |
| **1.** | **Company Details** | | | | | | | | | |
| a. | Company Name: |  | | | | | | | | |
| b. | Company Reference: |  | | | | | | | | |
|  | | | | | | | | | | |
| **2.** | **Procedure Management** | | | | | | | | | |
| a. | Date of Procedure: |  | | b. | Review Date: | | |  | | |
| c. | Name and Role of Person Responsible for the Procedure: | | | |  | | | | | |
|  | | | | | | | | | | |
| **3.** | **Members Covered by the Procedure** | | | | | | | | | |
| **Name** | | **Grade** | | | | | | | **Membership No.** | |
|  | |  | | | | | | |  | |
|  | | | | | | | | | | |
| **4.** | **Laboratories Used by the Company**  *Ref. SOP paras 4.1, 4.2* | | | | | | | | | |
| **Name** | | **Address** | | | | | | | **Contact Details** | |
|  | |  | | | | | | |  | |
|  | | | | | | | | | | |
| **5.** | **Describe How the Sampling Media are:** | | | | | | | | | |
| a. | ordered *(Ref. SOP paras 4.1 – 4.4)* | |  | | | | | | | |
| b. | delivered and received *(Ref. SOP paras 5.1 – 5.2)* | |  | | | | | | | |
| c. | taken to site *(Ref. SOP para 6.1)* | |  | | | | | | | |
| d. | stored *(Ref. SOP para 8.1)* | |  | | | | | | | |
| e. | returned to the lab. *(Ref. SOP para 9.1)* | |  | | | | | | | |
|  | | | | | | | | | | |
| **6.** | **Courier Used to Deliver and Collect Sampling Media** | | | | | | | | | |
| a. | The laboratory delivers and collects the sampling media: | | | | Yes |  | No | | | please complete 6b. |
| b. | **Name of Courier** | | | | **Address of Courier** | | | | | |
|  |  | | | |  | | | | | |