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| **Local Standard Operating Procedure** **Relating to the Prescribed Use of 1-(2-methoxyphenyl)piperazine in MDHS25** |
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| **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** |
|  |  |  |
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| **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** |
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