| SOP NAME | |
|---|---|
| SOP# | Prepared by: |
| Supersedes Procedure: | Effective Date: |

**Reviews and Approvals in this section**

**Approved by: _____ Date: _____**
Laboratory Director

**RECORD OF REVIEWS:**

| Date | Signature | Title | Procedural Changes/Review |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**VERSION HISTORY**

| Version # | Section #/Changes | Revision Date | Reason for Revision |
|---|---|---|---|
| 0 | | | |
| 1 | | | |
| 2 | | | |

**PURPOSE**

| SOP NAME | |
|---|---|
| SOP ID#: | Effective Date: |

## SPECIMEN REQUIREMENTS

## EQUIPMENT AND SUPPLIES

## REAGENTS, CHEMICALS, AND/OR MEDIA

| Reagent/Chemicals/Media | Manufacturer | Catalog # | Storage Requirements |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## SPECIAL SAFETY PRECAUTIONS

## EQUIPMENT CALIBRATION AND MAINTENANCE

## QUALITY CONTROL

## PROCEDURE

*Optional table format*

| Step | Action |
|---|---|
| 1 | Enter the first step in the procedure |
| 2 | Enter the second step in the procedure |
| 3 | Enter the third step in the procedure |

**CALCULATIONS**

**EXPECTED VALUES**

**CRITICAL OR ALERT VALUES**

**REPEAT CRITERIA AND INTERPRETATION OF RESULTS**

**REPORTING OF RESULTS**

**PROCEDURE LIMITATIONS**

**REFERENCES**

**APPENDICES / ADDENDA**