**Healthcare Service SOP Template**

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**SOP** TitleStandard Operating

Procedures

Effective Date:

Version: 0.0

Review Date:

Created By:

**Purpose**

*Explain why this SOP exists.*

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**Scope**

*Define where this SOP applies and benefits of standardizing the practices.*

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**Roles and Responsibilities**

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| --- | --- |
| **Title** |  |
| **Title** |  |
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**Procedure**

*Outline clear, numbered steps. Example structure:*

|  |  |
| --- | --- |
| 1. **Step / Phase One**
 | Description |
| 1. **Step / Phase Two**
 | Description |
| 1. **Step / Phase Three**
 | Description |
| 1. **Step / Phase Four**
 | Description |
| 1. **Step / Phase Five**
 | Description |
| 1. **Step / Phase Six**
 | Description |
| 1. **Step / Phase Seven**
 | Description |

**Patient Safety and Risk Considerations**

*Describe how to document the procedure and how records will be maintained.*

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**Regulatory References**

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**Forms and Checklists**

*List forms, lists, and documents that support the SOP.*

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**Records and Documentation**

*Describe how to document the procedure and how records will be maintained.*

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**Monitoring and Review**

*How will the SOP be reviewed so that procedures are followed.*

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**Compliance**

*Describe how compliance with the SOP will be ensured and what consequences will follow if procedures are not followed.*

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**Version History**

| Version No. |  | Current Version Date |  |
| --- | --- | --- | --- |
| **Effective Date** |  | **Expiration Date** |  |
| **Responsible Person** |  | **Signature** |  |
| **Writer** |  | **Approval** |  |

**Approval / Sign-Off**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
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