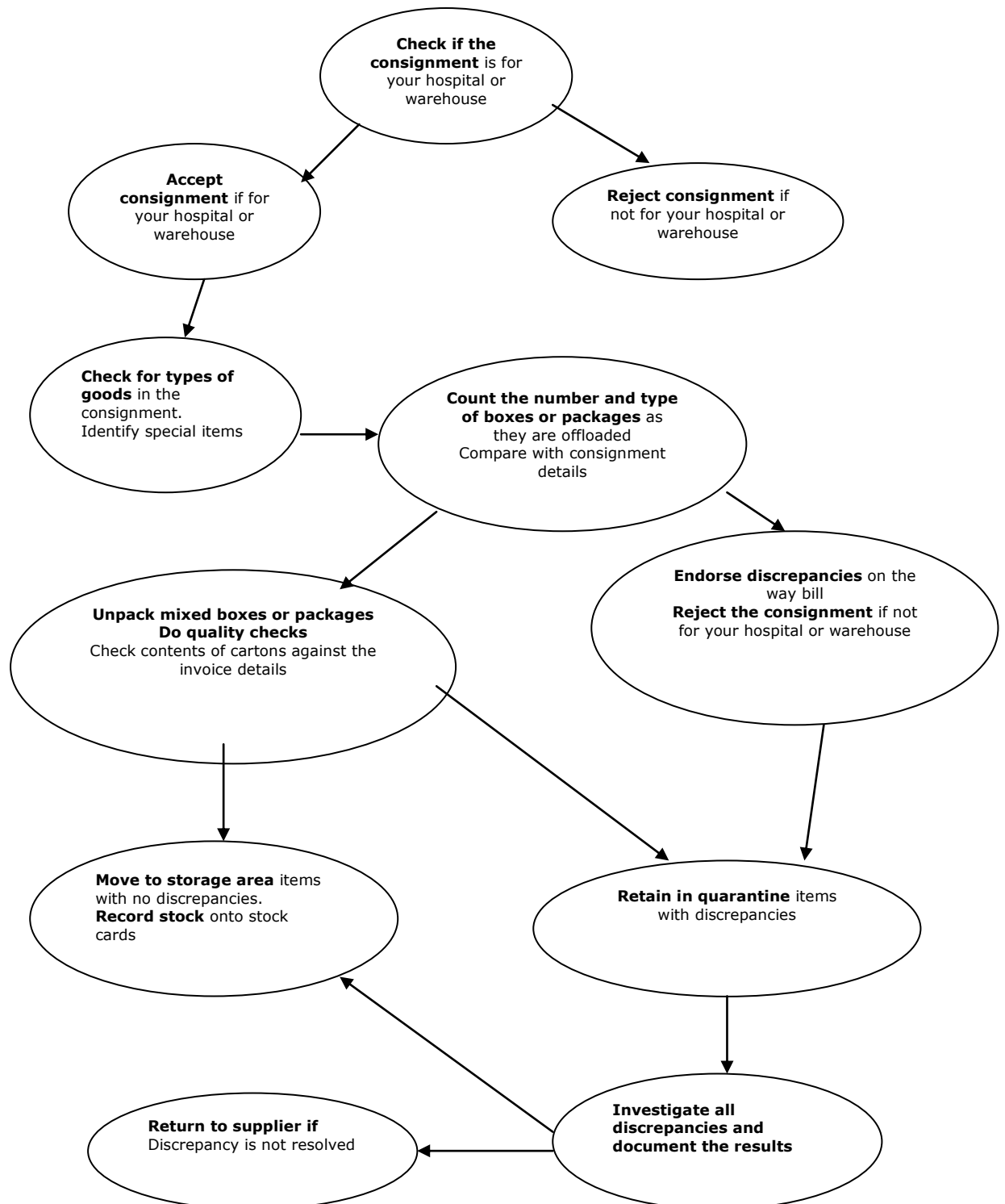


TITLE OF SOP:			
Number of pages:		Procedure Number	
Prepared by:	Date:	Approved by:	Date:
Designation		Designation	

Flow chart for receiving procedure



Review Date:					
Date Reviewed:					
Signature:					

