SOP REVIEW RECORD

Name of Reviewer: _____

Contact Email: _____

Review Date: _____

SOP Number: _____

SOP Title: _____

Section	Page Number	Comments and Description of Change

Additional Comments:

INSTRUCTIONS: Please read the assigned SOP and review for any needed updates. Type comments and any applied changes into the table above, adding additional rows as needed. Edit the SOP with TRACK CHANGES. If no updates are needed, please state so in the "Additional Comments" section. Return the completed SOP Review Form and track-changes SOP by email to the designated KGHRI staff member responsible for approving all new and revised SOPs.