

**Pharmacy/hospital pharmacy department name**

**Procedure title**

**Aim and objective**

**Target personnel**

**Required facilities, equipment and material**

**Procedures**

<b>Procedure #</b>		
<b>Revised</b>	<b>Yes</b>	<b>No</b>
<b>Approved by</b>		
<b>Date</b>		
Day / Month / Year		
<b>Effective date</b>		
Day / Month / Year		

List of logs and assessment of competencies required for this procedure

References

Procedure history

Drafted by

Date

Day / Month / Year

Revised by

Date

Day / Month / Year

Revised by

Date

Day / Month / Year