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|  |
| (SOP Title) |

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| **Principal Investigator:** | |
|  | |
| **Lab :** | **Building:** |

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**Completed By:**

**Approved By:**

Description of Work and Scope of SOP

**Required Safety Equipment & Personal Protective Equipment (PPE)**

**Procedures / Steps Needed To Complete Work (Safely**)

# Waste Disposal Procedures:

**Emergency Procedures**

# Special Precautions