

FORM

Title: **Medical Institution Marqibo Equipment On-Site Destruction Verification Form**



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Supersedes No.: N/A

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Owning Department: Pharmaceutical Operations

Date: _____

Medical Institution Name: _____

Address: _____

Phone: _____ Email: _____

Protocol/Study Number (if applicable): _____

1. Perform the following steps prior to destruction or discarding of equipment:

1.1. Remove or Deface the Spectrum label located on the water bath: Yes No

Verified by: _____ Date: _____

1.2. Confirm equipment is to be discarded or destroyed by Medical Institution: Yes No

Verified by: _____ Date: _____

Completed by: _____ Date: _____

Send completed form to marqibosupport@sppirx.com

1.0 REVISION HISTORY

<u>Version</u>	<u>Changes</u>	<u>Reason for Change</u>
1.0	New document	To support new SOP for the return and destruction of Marqibo ancillary equipment.

Associated document: SOP-OP-024, Return and Destruction of Marqibo® Ancillary Equipment

**CONFIDENTIAL INFORMATION – DO NOT REPRODUCE OR DISCLOSE
WITHOUT PRIOR APPROVAL BY QUALITY ASSURANCE**