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| **Name of Policy**:  **Policy Number**: 3364-  **Approving Officer**:  **Responsible Agent**:  **Scope**: | | | | University of Toledo Medical Center Logo  **Effective date:**  **Original effective date**: |
| Key words: | | | | |
|  | New policy proposal |  | Minor/technical revision of existing policy | |
|  | Major revision of existing policy |  | Reaffirmation of existing policy | |

1. Policy statement

1. Purpose of policy

1. Scope

1. Optional additional section (add as needed E, F, G, etc.)
2. References

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| Approved by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  Review/Revision Completed by: | **Policies Superseded by This Policy:**              Initial effective date:  Review/Revision Date:  Next review date: |