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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.)
	1.
	2.
	3. 1.
		2.
		3.
	4. 1. 1.
			2.
			3. 1.
				2.
2. References

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| Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NameTitle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DateReview/Revision Completed by:               | **Policies Superseded by This Policy:***

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Initial effective date:      Review/Revision Date:      Next review date:       |