# Document Agreement Form

Laboratory Name

MN Lab ID

Document Title

Document Revision

Document Revision Date

**Document Type**

Standard Operating Procedure

Quality Manual

Laboratory Policy

Other

**I have read and understood the above referenced laboratory document. I agree to perform the procedures described within in accordance with the document until such time that it is superseded by a more recent approved revision.**

Analyst Name (print)

Analyst Signature

Date of Agreement

Management Approval (print name)

Management Signature

Approval Date

*Original: Training File*

*CC: Employee, Management*

MN Rules 4740.2099.E.4  
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