



PHARMADEVILS

IT DEPARTMENT

[Appendix 2g-Template of Validation Plan]

Title: Validation Plan for <System Name>

Document No.:

<Document No.>

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**Validation Plan
for
<System Name>**



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APPROVAL PAGE

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Name	Designation	Department	Signature	Date

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Name	Designation	Department	Signature	Date

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REVISION HISTORY

Revision No.	Effective Date	Reason for Revision
00		Initial Document



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1.0 PURPOSE:

2.0 SCOPE:

3.0 REFERENCES:

Document Number/ Name	Description

4.0 RESPONSIBILITY:

Role	Responsibility

5.0 SYSTEM OVERVIEW:

6.0 VALIDATION APPROACH:

- 6.1 GxP Assessment**
- 6.2 GAP Assessment**
- 6.3 Validation Plan (VP)**
- 6.4 System Requirement Specification (SRS)**
- 6.5 Functional Configuration Specification (FCS)**
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7.0 STANDARD OPERATING PROCEDURES:

8.0 TRAINING:

9.0 REPORT OF DISCREPANCY:

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12.0 ACCEPTANCE CRITERIA:

13.0 OPERATIONAL PHASE:

14.0 RETIREMENT PHASE:

15.0 ABBREVIATIONS: