

**APPENDIX C-DRAFT**  
**Form C-Request for Research Documentation to be retrieved from**  
**Stor- a - file**

**FORM C: PART 1**

Name of person requesting information.....

Contact telephone number.....

UHL Study Number/REC Ref .....

LMB Barcode.....

Box Reference .....

.....

For what purpose is the retrieval of information required?.....

.....

**Contact details at site for delivery**

Name..... Tel:.....

Full details of location.....

.....

**Name and Full Billing Address for Invoice**

Cost Code..... Name of Holder (PRINT).....

Signature of Holder.....

**Full Billing Address & Contact Telephone Number**

.....

.....

Form Completed by (name) .....

Job Title: ..... Signed: .....

**PLEASE NOTE**

FOR PROGRESSION OF THIS FORM THE PI'S SIGNATURES IS REQUIRED AND ALL THE ABOVE INFORMATION MUST BE COMPLETED BEFORE BEING SENT TO THE R&I OFFICE.

Retrieval of Archiving Authorised by Principal Investigator

Name.....(PRINT)

Signed..... Date.....

**CONFIRMATION OF DOCUMENT(S) TO BE RETURNED AFTER RETRIEVAL**

**FORM C: PART 2**

LMB Barcode.....

UHL/REC Ref.....

Date retrieval originally requested on .....

Date box received from Stor-a-file .....

Date R&I contacted on to advise ready for collection .....

**Contact details at site for collection**

Name.....Telephone Number .....

Full details of location for collection.....

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**Confirmation box/documents are being returned in full**

Name.....Telephone Number.....

Signature.....

For R&I Office purposes only:-

Date confirmation received from Stor-a-file that collection has been completed.....