

## Form A-Request for Boxes & LMB Barcodes for Archiving

**Please complete this request form & forward it to the Research & Innovation Office**

The Manager  
Research & Innovation  
Research Office  
Leicester General Hospital  
Gwendolen Road  
Leicester  
LE5 4PW

Tel: 0116 258 4109 Fax: 0116 258 4226

### **ALL ARCHIVING MUST BE PROCESSED THROUGH THE RESEARCH OFFICE**

**Research Study Title & UHL Study Number/REC Ref:**

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**Number of Boxes Required:**

**Number of A3.....**

**Number of A4.....**

**Total Number of LMB Barcodes Required.....**

**Contact details at site for delivery**

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

**Full address for delivery**

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**Name & Full Billing Address for Invoice**

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

**Signature of Budget Holder.....**

**Full Billing Address & Contact Telephone Number**

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