

## Appendix B

### Form B-Request for research documentation to be archived by Stor-a-File

Please complete the 3 page 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

**Form B (1)**

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

<p><b>Research Study Title &amp; UHL Study Number/REC Ref:</b>          .....          .....          .....</p> <p><b>Principal Investigators Name and Contact Details:</b> .....</p> <p>.....          .....</p> <p><b>Research Nurse/Facilitator and Contact Details:</b> .....</p> <p>.....          .....</p> <p><b>Date study completed..... To be retained for ..... years</b></p> <p><i>The above information must be clearly identified on individual boxes</i></p>
<p><b><u>Name &amp; Full Billing Address for Invoice</u></b></p> <p><b>Cost Code.....Name of Budget Holder (PRINT).....</b></p> <p><b>Signature of Budget Holder.....</b></p> <p><b>Full Billing Address &amp; Contact Telephone Number</b></p> <p>.....          .....          .....</p>

**Study documentation must not be moved or destroyed without permission of both the Sponsor and the Investigator.**

Form B (2)

Number of boxes: ..... Size / Dimensions: .....  
**FOR FUTURE RETRIEVAL EACH BOX MUST HAVE A LMB BARCODE.** The LMB barcode & contents of each box should be documented and a copy including the completed table retained.

**Checked, packed and sealed in secure archive boxes by: -**

**Name:**..... **Job Title:**.....

**Signature:**..... **Date:**.....

**Sponsor contact details**

**Sponsoring Organisation:**

.....

**Address:** .....

.....

.....

.....

**Sponsor notification of archive location**

**Name of person who agreed to new archived location:**

..... (PRINT)

**Telephone Number**.....

**Date person agreed**.....

**Contact details at site for collection**

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

**Full details of location for collection:** .....

.....

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.**

Archiving Authorised by Principal Investigator

Name.....(PRINT)

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

**EXAMPLE****Archiving LMB Barcode References and Contents****NAME OF STUDY**

THE PEANUT STUDY

**SPONSOR**

UHL

UHL Study Number 02345

REC Reference Number 5416

Destroy Date June 2015

<b>BOX NO</b>	<b>LMB BARCODE</b>	<b>CONTENTS</b>
1	329167	CRF's Nos 1-4
2	329168	CRF's Nos 5-10
3	329169	CRF's Nos 11-20
4	329170	Investigator folder or sections of. i.e Approvals, amendments, correspondence

