

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.....