**Sponsor Expiry of Archiving Period Notification Email**

*Email title- Sponsor Expiry of Archiving Period Notification*

Dear *(INSERT NAME)*

As Sponsor of the above study we are contacting you to advise that the archiving period for the following study has now expired:

EDGE Number/IRAS Number:

Study Title:

Date study archiving period expired:

Please complete and return the attached form (Form D Part 2) to confirm that destruction has occurred.

**PLEASE BE AWARE THAT WE REQUIRE CONFIRMATION OF RECIEPT OF THIS EMAIL WITHIN 10 WORKING DAYS OF THE DATE OF THIS EMAIL**