**Appendix A**

**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

Email: RIAdmin@uhl-tr.nhs.uk

ALL ARCHIVING MUST BE PROCESSED THROUGH THE RESEARCH OFFICE

**Research Study Title & UHL EDGE ID/REC Ref:**

**…………………………………………………………………………………………………………………**

**……………………………………………………………………………….………….……………………**

**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**

**……………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………..**

**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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