**Appendix B**

**Form B (Parts 1, 2, 3)**

**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

Email: RIAdmin@uhl-tr.nhs.uk

**FORM B (1)**

ALL ARCHIVING MUST BE PROCESSED THROUGH THE RESEARCH OFFICE

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

**…………………………………………………………………**

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

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

**Principal Investigators Name and Contact Details: …………………………………………**

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

**………………………………………………………………………..**

**Research Nurse/Facilitator and Contact Details: ………..……………………………………**

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

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

**Date study completed………………………. To be retained for …….. years**

***The above information must be clearly identified on individual boxes***

**Name & Full Billing Address for Invoice**

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

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

**Full Billing Address & Contact Telephone Number**

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

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

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: …………………………………………………………………………………….**

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**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**

|  |  |  |
| --- | --- | --- |
| **BOX NO** | **LMB BARCODE** | **CONTENTS** |
| 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 |

**Archiving LMB Barcode References & Contents**

**FORM B (3)**

**NAME OF STUDY**

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

**..................................................................................................................................................... SPONSOR………………………………………………………………………………………………**

**PRINCIPAL INVESTIGATOR…………………………………………………………………………**

 **UHL Study Number ……………………………………………………………………………………**

**REC Reference Number…………………………………………………………………….**

**Destroy Date…………………………………………………………………………………………….**

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| **BOX****NO** | **LMB BARCODE** | **CONTENTS** |
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