**Appendix C**

 **Form C (Parts 1, 2)**

**Request for Research Documentation to be retrieved from Stor- a – file**

**FORM C: PART 1**

**Name of person requesting information…………………………………………………………………**

**Contact telephone number………………………………………………………………………………… UHL EDGE ID 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………………………………………………………………….**

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

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

**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……………………..**