ARCHIVE NOTES – DETAILS

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| --- |
| Details: |
| Box Number: |  |
| No of Boxes: |   |
| Date Archived:  |  (dd/mmm/yyyy) |
| Destruction Date: |  (dd/mmm/yyyy) |
| Bar Code: |  (affix here) |
| Protocol: |
| BH Project No. |  |
| Protocol Name & Number: |  |
| Protocol Short Title: |  |
| Principal Investigator/person responsible:  |
| Name: |  |
| Address: |  |
| Email: |  |
| Ph: |  |
| Archive Location: |
| Address: |  |
| For retrieval: |
| Contact name |  |
| Department & phone number |  |
| Sponsor: |
| Name: |  |
| Address: |  |
| Email/Ph: |  |
| \*The sponsor MUST be advised if the investigator leaves the institution or the department or unit is closed. |

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| Quantity  | Description |
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| CHECKLIST (*The below MUST be completed before documents are destroyed*) | Yes | No |
| Destruction date must be greater than 15 years | ⬜ | ⬜ |
| Confirmation received from the sponsor that documents can be destroyed | ⬜ | ⬜ |
| Confirmation received from the Barwon Health Office for Research that the documentation can be destroyed | ⬜ | ⬜ |
| *I can confirm information supporting destruction of the above study documentation in line with the above requirements have been received and are attached to this document.*  |
| Print Name: |  | Signature: |  |
| Date: |  | Destruction Method: |  |