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: | |  | |