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| **Is this a CTIMP?** | | | | **Number of boxes** |  | **Archive box Number(s)** |  |
| **Yes** |  | **No** |  |

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| **Project title and acronym:** |  | | | | | |
| **Sponsor:** |  | | | | | |
| **Unique Sponsor reference:** |  | **IRAS:** |  | | **Project ID:** |  |
| **Archive cost to be paid by:** |  | | | | | |
| **Project start date:** |  | **Project end date:** |  | **Destruction date:** | |  |
| **Primary contact (CI or PI):** |  | | | | | |
| **Secondary/deputy contact:** |  | | | | | |
| **HoD/Supervisor:** |  | | | | | |
| **Department:** |  | | | | | |

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| **The items being archived have been checked for the following:** | | | |
|  |  | **All data has been checked and any unnecessary documentation/data removed.** | |
|  | | | |
|  |  | **Any patient identifiable information is stored separately or in sealed envelopes marked as such.** | |
|  | | | |
|  | **If any of these have not been done please detail reason(s):** | | |
|  |  | |  |
|  | **Contact details for uplift (name/exact location of sealed boxes)** | |  |
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| **SIGNED:** | | | |
| **Primary contact:** | ---------------------------------------------- | **Date:** | ----------------------------- |
| **HoD/R & D Director:** | **-**--------------------------------------------- | **Date:** | ----------------------------- |
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| --- | --- | --- | --- |
| **Study box ID No** | **Detailed listing of contents** | | **Archive No** |
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| Oasis A/C code\*\* Date uploaded to Oasis web\*\*  Date uplifted Date invoiced\*\*  Co-sponsored / Hosted / Commercial / (delete as applicable) (\*\*for external archive only) | | | |