

ARCHIVING RECORD FORM

Please complete this form and return it to the Clinical Trials Office for inclusion in the R&D File.

Contact Details of Person Responsible for Archiving Clinical Trial Documents

Name		Role	
Department		Telephone	
E-mail			

Persons Authorised to Access Archived Documents

Name:		Name:	
Department:		Department:	

Details of Clinical Trial Documents Submitted for Archiving (refers to documents for this study only)

Name of PI/CI		Department	
Study Title			
CTA No		NHS R&D No	
EuDRACt No		Other Study Ref	
Period documents refer to (mm/yyyy)	From		to

Location of Archive

Company Name (if applicable)	
Address or Location	
Contact Name:	
Contact Tel No:	

DATE AFTER WHICH DOCUMENTS CAN BE DESTROYED

--	--

Declaration

I confirm that I am submitting EU CTIMP clinical trial documents for archiving and that the details above are correct.

Signed: _____ Date: _____

Position: _____

Ensure you are using the current revision of this document. Notify any changes required to the relevant QA Manager

This document is reviewed and updated in line with emerging evidence or local requirements at least every two years CCTU/TPL004/V1