Archive Information Form

Please see Guidance for Researchers (GS005-W01) for help to complete this form. This must be submitted to [LOTH.ArchivingRDO@nhs.scot](file://wgh-nas1/whome/Roisin.Ellis/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/PYAE836D/LOTH.ArchivingRDO@nhs.scot)

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| **Archiving Details** | | | |
| Box Barcode:  Box Type: STD / DATA / Own Boxes | R&D Number: | | Sponsor: |
| Short Title /Acronym: | | | |
| Contact Name (i.e. Trial Manager, Research Nurse, etc): | | | Tel:  Email: |
| Principal Investigator: | | | |
| Department: | | | |
| Address/Site: | | | |
| Period of Retention (years): | | Proposed Date of Destruction: | |

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| **Agreement by Investigator** | | **Please initial** |
| I hereby accept responsibility for the contents of the above archiving box. I confirm that the box contents have been accurately catalogued on this form. |  |
| I hereby authorise R&D (ACCORD) to store the above archive box off site until the proposed date of destruction when R&D (ACCORD) will contact me to confirm that the boxes can be destroyed. |  |

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| **Authorisations** | |
| **Principal Investigator** | |
| Name: | |
| Signature: | Date: |
| **Deputy R&D Director, Principal R&D Manager or Head of Research Governance (NHSL)** | |
| Name: | |
| Signature: | Date: |

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| **Contents** | | | |
| **Box Barcode:** | **R&D Number:** | | **Acronym:** |
| **Obsolete and/or Password-Protected Media** | | | |
| Please describe any media that may become obsolete during the archiving period and proposed actions to ensure data will remain accessible. Please also confirm if any media is password protected, and the password will be securely retained for the duration of the archiving period. | | | |
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| **Electronic Archiving** | | | |
| Please describe any archiving of electronic data e.g. location of the server for eCRFs or databases. | | | |
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| **Documentation** | | | |
| **Please note:** identifiable data must be archived separately from non-identifiable data – either archive identifiable data in separate boxes or enclose identifiable data in sealed and signed envelopes before including with non-identifiable data for archiving. | | | |
| **Document** | | **Version and Date** | |
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| **Box packed by delegated member of research team** | | | |
| Name: | | | |
| Signature: | | Date: | |
| **Contents Checked by R&D Admin Manager or delegated member of research team** | | | |
| Name: | | | |
| Signature: | | Date: | |
| **INTERNAL USE ONLY**  **Signature: Date:** | | | |