Research Document Scanning Inventory

|  |  |  |  |
| --- | --- | --- | --- |
| **Trial Name:** |  | **R&D number:** |  |
| **Speciality:** |  | **Department:** |  |

**Documents sent to Health Records for scanning by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of sender:** |  | **Signature:** |  |
| **Tel:** |  | **Date sent:** |  |
| **Return this form to:** |  | | |

**Items sent for scanning:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Completed by Health Records** | |
| **Document name** | **No. of pages** (each side is 1 page) | **Received** (please tick) | **Comment**  (if not received please detail and contact sender*)* |
|  |  | ☐ Yes  ☐ No |  |
|  |  | ☐ Yes  ☐ No |  |
|  |  | ☐ Yes  ☐ No |  |
|  |  | ☐ Yes  ☐ No |  |
|  |  | ☐ Yes  ☐ No |  |
|  |  | ☐ Yes  ☐ No |  |

|  |  |  |
| --- | --- | --- |
| **Completed by Health Records** | **Yes** | **No** |
| **Have the documents been verified against what is detailed in this cover sheet?** |  |  |
| **Post Scanning check:**  (Completed by Researcher once form returned by Health Records) |  | |
|  | **Yes** | **No** |
| **Are the documents listed above viewable online through TRAK?** |  |  |

*If no, please contact Health Records*