Clinical Trials: Non-Paper Records

ARCHIVES AND CORPORATE RECORDS UNIT (ACRU)

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| --- | --- |
| Transfer Number: |  |
| Your Name: |  |
| Your Department: |  |
| Today’s Date: |  |

|  |  |
| --- | --- |
| Study Short Title: |  |
| What are the non-paper records (brief description): |  |
| Study PI: |  |
| Dates covered: |  |
| Destruction date: |  |

|  |  |
| --- | --- |
| Physical type of non-paper records:  (e.g. X-rays, Western blots, External Hard-Drive, USB, CD-ROM, DVD etc.) |  |
| Quantity of non-paper records |  |
| Software formats used (if applicable): |  |
| Size of data (if applicable):  (MB, GB etc.) |  |

|  |  |
| --- | --- |
| Password details if applicable: |  |
| Who owns the copyright? |  |
| Do the non-paper records contain sensitive data? |  |
| Any additional notes |  |