**Clinical Research Archive Approval Form**

*Please refer to TASC SOP 13 before completing this form*

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| --- | --- |
| **Project Title and Acronym:** |  |
| **Sponsor:** |  | **Sponsor Ref No:**  |  |
| **Sponsor Contact Details (Email/Other):**  |  |
| **IRAS No:** |  | **R&D No:** |  |
| **REC Reference No:** |  | **Any Other Identifier:**  |   |
| **Is this a CTIMP?** | Yes [ ]  No [ ]  | **If ‘CTIMP’ EudraCT No:** |  |
| **Project Start Date:** |  | **Project End Date:** |  |
| **Retention Period (years):**  |  | **Destruction Date:**  |  |
| **Chief Investigator:** |  | **Is This Study…**  | Commercial [ ] Non-Commercial [ ]  |
| **Principle Investigator:** |  |  |  |
| **Primary/Delegated Contact:(Print Name)\*** |  | **Email:** |  |
|  |  | **Contact Number:** |  |
| **Signature of Primary/Delegated Contact\*:**  |  | **Designation:** |  |
|  |  | **Date:**  |  |
| *\*The person delegated to archive on behalf of the study team.* |
| **The items being archived have been checked for the following:**  |
|  |[ ]  **All essential and appropriate documentation/data is provided.** |
|  |[ ]  **Consideration has been given to ensure the security of essential patient identifiable information.** |
|  |
|   | **If any of these have not been done, please detail reason(s) why:** |
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| GCP Archivist Signature for Archiving (Approval)\*\*: |  |  | Date: |  |

*\*\*Send to* *TASCArchiving@dundee.ac.uk* *for GCP Archivist signature.*

**Archive contents**

**Shaded areas for CRC use only**

|  |  |  |
| --- | --- | --- |
| **Box No \_\_\_ of \_\_\_** | **Detailed listing of contents** | **CRC Box Identifier** |
| *Example Box 1 of 5* | *Investigator Site File (ISF) sections 1 – 5Pharmacy Site File (PSF)Consent forms for participants 001-010 (enveloped)* |  |
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| CRC Acknowledgement of receipt of boxes (Signature)\*: |  |  | Date: |  |

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| Date of uplift of boxes via courier: | Date: |  |

*\*Send to* *TASCArchiving@dundee.ac.uk* *for GCP Archivist records after form has been completed.*