FORM 51.025A Essential Documents for Archiving – Archiving Checklist (for non CTIMPs)

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| **Please complete this form and return to the Archiving Representative for filing** |

**Study Details / Information**

|  |  |
| --- | --- |
| **Study Title:** |  |
| **R&D Reference Number:** |  |
| **Chief Investigator:** |  |
| **Sponsor:** |  |
| **Number of Sites:** |  |
| **Eudract Number:** |  |
| **Named Individual Responsible for Archiving:** |  |
| **Date Study Opened(dd/mm/yyyy):** |  |
| **Date Study Closed(dd/mm/yyyy):** |  |
| **Location of Archived Documents:** |  |
| **Archived Until (dd/mm/yyyy):** |  |
| **Proposed Date of Destruction(dd/mm/yyyy):** |  |
| **Destruction Date(dd/mm/yyyy):** |  |
| **Notes / Comments:** |  |