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| **Is this a CTIMP?** | | | |  |  |  | **For archivist use only**  **(Box No’s)** |
| **Yes** |  | **No** |  |  |  |  |  |

**STU Archive Transfer Form**

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| --- | --- | --- | --- |
| **Project Title:** |  | | |
| **Project Start Year:** |  | **Project End Year:** |  |
| **Chief Investigator:** |  | | |
| **Trial Manager:** |  | | |
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| --- | --- | --- | --- |
| **The items being archived have been checked for the following:** | | | |
|  |  | **All data have been checked and accounted for.** | |
|  | | | |
|  |  | **An archive contents list is included within individual boxes.** | |
|  | | | |
|  |  | **Any participant identification data are stored separately.** | |
|  | | | |
|  | **If above have not been completed please detail reason(s):** | | |
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| **Signed:** | | | |
| **Trial Manager:** |  | **Date:** |  |
| **Chief Investigator:** |  | **Date** |  |
|  | | | |

**Archive Contents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Box ID No.** | **Detailed Listing of Contents** | **Review/**  **Destruction year** | **Archive No. (For archivist use only)** |
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