

# Bulk Storage Form

<b>Secretary's Name:</b>	<b>Code A</b>	<b>Secretary's Room No:</b>	<u>Manchester office</u>
<b>Partner's Name:</b>	<u>Sarah Ellson/RC2</u>	<b>Date sent to Archives:</b>	<u>14 October 2009</u>

<b>Box Number:</b>	<u>R100446197</u>	<b>X-Range – From:</b>	<b>To:</b>
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Client & Matter Number:	Client Name:	Client Matter Details: (and any other information required for identification in the future)	File Review or Destruction Date:	X Number: (to be completed by File Room)
00492.15579	GMC: ✓	Dr Jane Barton:		
		Statement and exhibits of Dr Reid ✓		
		Time entries ✓		
		Medical reports – File 1 ✓		
		Hampshire Police disclosure lists ✓		
		Generic case file 4 ✓		

(TAB THROUGH TO ADD MORE ROWS TO THE TABLE IF REQUIRED, DELETE SURPLUS ROWS)

<b>ARCHIVES ONLY - Form completed on:</b>	<b>By:</b>
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