

Bulk Storage Form

Secretary's Name: <u>Code A</u>	Secretary's Room No: <u>Manchester</u>
Partner's Name: <u>Sarah Ellson</u>	Date sent to Archives: <u>20/07/2011</u>

Box Number: <u>R101968657</u>	X-Range – From:	To:
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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 Barton:-		
		Enclosures to Instructions to Counsel		X221533
		Medical Records – Elsie Devine (pages 200-418)		X221534
		Medical Records – Elsie Devine (pages 2-199)		X221535
		CHRE Appeal		X221536

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

ARCHIVES ONLY - Form completed on:	By:
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