

Bulk Storage Form

Secretary's Name: Code A	Secretary's Room No: <u>PH03</u>
Partner's Name: <u>SLE</u>	Date sent to Archives: <u>07/05/08</u>

Box Number:	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	General Medical Council	Dr Barton – Box 8		
		Paper folders of medical records for Cyril Diks, Charles Hall, Sidney Chivers, Stanley Carby, Margaret Queree, James Ripley, Gwendolyn Parr, Alan Hobday, Violet Reeve, Charles Hall, Daphne Taylor, Dennis Amey, Vieter Abbot, Dennis Brickwood and Cyril Diks.		

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

ARCHIVES ONLY - Form completed on:	By:
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GENERAL MEDICAL COUNCIL**DR BARTON 00492.15579****SLE/TET***Box 8*

1. Paper folders of medical records for Cyril ~~Diks~~, Charles ~~Hall~~, Sidney Chivers, Stanley, Carby, Margaret Queree, James ~~Ripley~~, Gwendolyn Parr, Alan Hobday, Violet Reeve, Charles Hall, Daphne Taylor, Dennis ~~Aney~~, Victor Abbot, Dennis Brickwood, and Cyril Diks.

45

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EVERSHEDS LLP ARCHIVING FORM

Please provide one form per Matter.

When filling out this form, please type or use block capitals.

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COMPLETE ALL SECTIONS

Client No: 145634 Client Name: General Medical Council
 Matter No: 25 Matter Description: Barton
 Billing Time Keeper: JonesPW
 Contact Name and Ext No:
 Additional Information:

SERVICE REQUIRED (tick one)

OPTION 1: CLOSED MATTER SUBMITTED FOR ARCHIVING (This is box ___ of ___)

OPTION 2: OPEN MATTER SUBMITTED FOR SAFE KEEPING (This is box ___ of ___)

For Option 1: Please attach a copy of the appropriate Automatic Closing Report from Elite

CERTIFICATE

This File has been checked carefully for original Title Deeds, Probates, Agreements and other documentation which ought to be preserved separately. Please submit these for safekeeping using the Deeds Storage procedure.

SIGNATURE: DATE: Code A

06 - 02 - 2007

(Legal Adviser)

PRINT NAME: DEPARTMENT:

CLOSED MATTER RETENTION PERIOD

Unless the Matter falls within one of the exceptions set out below, the File will be held in storage for a period of **10 years** from the date of closure. Upon expiry of this period the File will be destroyed without further review.

Please Indicate Chosen Retention Period: 10 years

Record Type: **File - Standard**

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