

Bulk Storage Form

Secretary's Name:	<u>Code A</u>	Secretary's Room No:	<u>Manchester Office</u>
Partner's Name:	<u>Sarah Ellison</u>	Date sent to Archives:	<u>25 August 2009</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 SEE SEPARATE INDEX ATTACHED - FOR BOX S3	Dr Barton	N/A	

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

ARCHIVES ONLY - Form completed on:	By:
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GMC/Dr Barton
00492.15579

Index of Files

Box 53

X Number:

1.	✓	Witness Statements – File 4 of 4	✓
2.	✓	FFW Panel Bundle – Documents 1	✓
3.	✓	FFW Panel Bundle – Patient C	✓
4.	✓	FFW Panel Bundle – Patient E	✓
5.	✓	FFW Panel Bundle – Patient K	✓