

66

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 11		
		Paper folder medical records of Dennis Amey , Alan Hobday , Katherine Lee , Charles Hall , Violet Reeve , Stanley Carby , Harry Hadley , Sidney Chivers , Dennis Brickwood , Daphne Taylor , James Ripley and Walter Clissold x 2.		
		VICTOR ABBOTT		

(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** **Code A**

SLE/TET

Box 11

1. Paper folder medical records of Dennis Amey, Alan Hobday, Katherine Lee, Charles Hall, Violet Reeve, Stanley Carby, Harry Hadley, Sidney Chivers, Dennis Brickwood, Daphne Taylor, James Ripley, and Walter Clissold x2. *VICTOR ABBOTT*

Bulk Storage Form

Secretary's Name:	Code A	Secretary's Room No:	<u>Manchester office</u>
Partner's Name:	<u>Sarah Ellison/</u> Code A	Date sent to Archives:	<u>29 October 2009</u>

Box Number:	<u>R100446213</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 Jane Barton:-		
		Ben Fitzgerald's papers:-		
		Panel Bundle Patients B, I		

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

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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.	
PLEASE NOTE: If this form is incomplete or the matter files are not submitted in a condition which enables the Archiving teams to handle them, they may be returned to the Legal Adviser. It is extremely important that the information on this form is correct and suitable attention is given to packaging the matter files in an appropriate manner.	
COMPLETE ALL SECTIONS	
Client No: 145634	Client Name: General Medical Council
Matter No: 25	Matter Description: Barton
Billing Time Keeper:	Code A
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 <i>01-02-2007</i>
(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	
FOR ARCHIVING USE ONLY	
DATE CLOSED: DESTRUCTION DATE:	
DATE STORED:	MATTER LOCATION REF:
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