

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)
Code A	General Medical Council	Dr Barton – Box 12		
	✓	Folder marked BJC/53 Ivy Williamson part two of medical records.		
	✓	BJC/31 Katherine Lee medical records.		
	✓	BJC/57 Douglas Midford – Millership medical records.		
	✓	BJC/17 Cyril Diks microfilm medical records and paper medical records.		
	✓	Harry Hadley paper and microfilm medical records.		
	✓	JR/3 Stanley Carby paper medical records.		

(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/ Code A

Box 12

1. Folder marked BJC/53 Ivy Williamson part two of medical records.
2. BJC/31 Katherine Lee medical records.
3. BJC/57 Douglas Midford – Millership medical records.
4. BJC/17 Cyril Diks microfilm medical records and paper medical records.
5. Harry Hadley paper and microfilm medical records.
6. JR/3 Stanley Carby paper medical records.

Code A		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:	Code A	Client Name:	General Medical Council
Matter No:	Code A	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 30-01-2007			
(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			
FOR ARCHIVING USE ONLY			
DATE CLOSED: DESTRUCTION DATE:			
DATE STORED:		MATTER LOCATION REF:	
ARCHIVED BY:		BOX LOCATION REF:	

Code A

30/01/2007

Code A ARCHIVING FORM	
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COMPLETE ALL SECTIONS	
Client No: Code A	Client Name: General Medical Council
Matter No: Code A	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	
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FOR ARCHIVING USE ONLY	
DATE CLOSED:	DESTRUCTION DATE:
DATE STORED:	MATTER LOCATION REF:
ARCHIVED BY:	BOX LOCATION REF:

Code A

30/01/2007

Code A ARCHIVING FORM

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Client No:	Code A	Client Name:	General Medical Council
Matter No:	Code A	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 ___)
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SIGNATURE: DATE: **Code A** 30-01-2007-

(Legal Adviser)

PRINT NAME: DEPARTMENT:

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Please Indicate Chosen Retention Period: 10 years

Record Type: **File - Standard**

FOR ARCHIVING USE ONLY

DATE CLOSED: DESTRUCTION DATE:
 DATE STORED: MATTER LOCATION REF:
 ARCHIVED BY: BOX LOCATION REF:

EVERSHEDS LLP ARCHIVING FORM

Please provide one form per Matter.

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COMPLETE ALL SECTIONS

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

SERVICE REQUIRED (tick one)

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SIGNATURE: DATE: 30-01-2007

(Legal Adviser)

PRINT NAME: DEPARTMENT:

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 10 years

Record Type: **File - Standard****FOR ARCHIVING USE ONLY**

DATE CLOSED: DESTRUCTION DATE:
 DATE STORED: MATTER LOCATION REF:
 ARCHIVED BY: BOX LOCATION REF:

Code A

30/01/2007

Code A LLP ARCHIVING FORM

Please provide one form per Matter.

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COMPLETE ALL SECTIONS

Client No: **Code A** Client Name: General Medical Council
 Matter No: **Code A** 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 __)
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DATE CLOSED: DESTRUCTION DATE:
 DATE STORED: MATTER LOCATION REF:
 ARCHIVED BY: BOX LOCATION REF: