Bulk Storage Form

Secretary's Name: C Partner's Name: SLE		Code A			PH03 07/05/08	
		SLE				
Box Number	··		X-Range – From:	То:		
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	Genera	al Medical Counci	Dr Barton – Box 12			
<u> </u>		Ź	Folder marked BJC/53 Ivy Williamson part two of medical records.			
		V	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			
		V	JR/3 Stanley Carby paper medical records.		•	

ARCHIVES ONLY - Form completed on:

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 Code A Client General Medical Council Name:					
Matter Barton No: Description:					
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 DEPARTMENT: NAME:					
CLOSED MATTER RETENTION PERIOD					
Unless the Matter falls within one of the exceptions set out below, the File will be held in storage for period of 10 years from the date of closure. Upon expiry of this period the File will be destroyed without further review.	ra.				
Please 10 years					
Indicate Chosen Retention Period					
Record Type: File - Standard					
FOR ARCHIVING USE ONLY					
DATE CLOSED: DESTRUCTION DATE:					
DATE MATTER LOCATION REF: STORED:					
ARCHIVED BOX LOCATION REF: BY:					

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Period								
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