

Research - Physical Records Inventory

Date: _____

| | | |
|----------------------------|---------------------|---------------------------|
| Sponsor Protocol #: | OSP Award #: | UVa Review Board#: |
|----------------------------|---------------------|---------------------------|

Sponsor Affiliation: Internal/UVa State Federal Industry
 Other:

Trial Name: _____

Drug/Device Name: _____

IND/IDE #: _____

Retention Language Per Contract/Protocol: _____

Trial Close Date: _____

Records/Storage Information

Name of Storage Facility: _____

Room/Unit: _____

Number of, or percentage of box(es): _____

These records are located in box number(s): _____

Description of records being stored: _____

Inclusive dates of records being stored: _____

Retention Series / Length: _____

Dates of records: _____

Industry Sponsored Research - Company Contact Information

Company: _____

Division/Dept: _____

Address: _____

City/State/Zip: _____

Contact Name: _____

Email: _____

Phone: _____

UVa Current Contact

Name: _____

Department/Division: _____

Email: _____

Phone: _____

Principal Investigator

Name: _____

Department/Division: _____

Email: _____

Phone: _____