**1. CLINICAL TRIAL NAME**

[Insert the name of the clinical trial associated with the records to be archived]

1. **PRINCIPAL INVESTIGATOR**

[Insert the name of the Principal Investigator associated with the clinical trial specified above]

1. **HUM/IRB APPROVAL NUMBER**

[Insert the HUM/IRB approval number associated with the clinical trial]

1. **NCT NUMBER N/A**

[Insert the NCT number associated with the clinical trial or select N/A if not applicable]

1. **RECORD ARCHIVE**

The following materials have been archived in accordance with this Standard Operating Procedure:

|  |  |  |
| --- | --- | --- |
| **Document Type/Name** | **Date Archived** | **Storage Location** |
|  |  |  |

1. **RECORD RETENTION PERIOD**

[Insert the record retention period required for the documentation listed and provide reference to the policy or regulation that supports it]

1. **ARCHIVIST/DESIGNEE CONTACT INFORMATION**

For tracking or retrieval of the documents specified above, please contact:

|  |  |
| --- | --- |
|  **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Address** |  |
| **Telephone Number** |  | **Email Address** |  |
| **Comments** |  |

1. **APPROVAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Principal Investigator/Designee (please print) |  | Signature  |  | Date |