**1. CLINICAL TRIAL NAME**

[Insert the name of the clinical trial associated with the records to be transferred, archived or destroyed]

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. **DISPOSITION OF CLINICAL TRIAL STUDY DOCUMENTATION**

[For assistance review the “Document Inventory at Study Termination” in the study manager templates area @ [Study Management Templates and Guidance — MICHR (umich.edu)](https://michr.umich.edu/resources/study-management-templates)]

The following materials have been: (select one)

**Transferred Archived Destroyed**

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| **Document Type/Name** | **Disposition Date** | **Disposition by (Name)** |
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1. **INDUSTRY SPONSOR CONTACT INFORMATION □ N/A**

[Insert the contact information for the Industry Sponsor of the clinical trial, (or select N/A if approval from an Industry Sponsor is not required) prior to the disposition of the clinical trial study documentation. Sponsor Authorization **must be obtained** for document destruction.]

For sponsor authorization to destroy the documents specified above, please contact:

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| **Comments** |  | | |

1. **LEAD ARCHIVIST/DESIGNEE CONTACT INFORMATION**

For information regarding the record disposition process and related documentation, please contact:

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| **Comments** |  | | |

1. **APPROVAL**

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|  |  |  |  |  |
| Principal Investigator (please print) |  | Signature |  | Date |