

AF - Archive Inventory Form

**Purpose:** Record contents and location of archived LSOCA study documents in section B. Use as many pages of attached section B, as needed.  
**When:** Study closeout.  
**By Whom:** Clinic coordinator or data assistant.  
**Instructions:** Complete Archive Inventory form, section B (attached), to document the storage location of LSOCA patient data collection forms and administrative documents (e.g., patient consent, patient location information, etc.). Record sequential box number(s) and a short description of box contents for each storage box packaged for archiving. A copy of the completed Archive Inventory Form should be sent to the LSOCA Coordinating Center. Please insert the original completed Archive Inventory Form (AF) into Box 1.

A. Administrative Information

1. Clinic ID: \_\_\_\_\_

2. Date boxes archived:  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                  day                  month                  year

3. Number of boxes archived: \_\_\_\_\_

4. Storage facility used (*check only one*):  
On-site archive facility ( 1 )  
Off-site archive facility ( 2 )  
Other, (*specify*) ( 3 )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Archive location (*record complete address*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Telephone number and name of archive manager:

\_\_\_\_\_  
\_\_\_\_\_

7. Study documents packed by:

\_\_\_\_\_  
\_\_\_\_\_

8. Clinic coordinator ID (*if applicable*): \_\_\_\_\_

**B. Archive inventory**

*Record storage box contents for archiving in items 9 thru 38. Use as many pages of section B as needed.*

<b>a.</b>	<b>b.</b>
Box #	Contents of box(es)
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____
26. _____	_____
27. _____	_____
28. _____	_____
29. _____	_____
30. _____	_____
31. _____	_____
32. _____	_____
33. _____	_____
34. _____	_____
35. _____	_____
36. _____	_____
37. _____	_____
38. _____	_____