**Study Name**

**IRAS Number:**

**Chief Investigator:**

|  |  |
| --- | --- |
| **Specimen Reference /Laboratory Number (s)** | *Unique study number(s) if applicable* |
| **Type of specimen(s)** | *List each type of specimen(s)* |
| **Number of specimens** | *Number of specimens sent in total* |
| **Sponsor confirmation form to permit destruction received.** | *Form must be received before destruction can take place* |
| **Required specimen retention period if applicable** |  |
| **Reason for destruction** |  |
| **Authorisation of specimen destruction** | *Name*  *Job Role*  *Signature* |
| **Time and date of specimen destruction** |  |
| **Method and location of specimen destruction** |  |
| **Specimen destroyed by** | *Name*  *Job Role*  *Signature* |