**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. This is mandated for Barts Health and Queen Mary sponsored studies. For Hosted Studies, written agreement must be received from the external sponsor.* |
| **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* |