

**ARCHIVE BOX CONTENTS**

<b>Site number</b>	
<b>Site Facility</b>	
<b>Declaration</b>	<b>I CONFIRM THIS BOX IS FREE OF PATIENT-IDENTIFIABLE INFORMATION.</b>
<b>Name</b>	
<b>Role</b>	
<b>Signature</b>	
<b>Date</b>	

# Box #

	<b>CRF – Study ID</b>	<b>Note</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		
<b>7.</b>		
<b>8.</b>		
<b>9.</b>		
<b>10.</b>		