OSUWMC logo


XXXX Division

Department of XXXX

XXXXAddress

Columbus, OH XXXX

**NOTE TO FILE**

**Protocol:** XXXX

**Subject**: Source Storage Post Study

**All source and regulatory binders will be kept in boxes at the below record center:**

Vital Records Control

P.O. Box 1150

3827 Brookham Dr

Grove City, OH 43123

Phone: 614-299-2122

Fax: 614-421-4526

The storage box numbers of reference for this trial are : XXXX

Should you need to receive these records please contact XXXX

Completed by:

XXXX

date