

## COVER INSTRUCTION SHEET

Digital Instructions/Records: send to [support@dmrcollation.co.uk](mailto:support@dmrcollation.co.uk)  
 Physical Instructions/Records: courier to Unit 10-12 The Watermark Business Centre,  
 Erme Court, Leonards Road, Ivybridge, Devon, PL21 0SZ



### Instruction Method:

Please tick box(es) below to describe how your records are being sent:

| <u>Records (inc. Radiology Reports)</u>                | <u>Radiology Images</u> |
|--|-------------------------|
| Digital  | Digital - ZIP File(s)   |
| Physical (Paper Format)<br>(please print single-sided) | Physical - CD Rom(s)    |

### Important Information

Invoice payment terms are 30 days (unless agreed otherwise in advance)

If records are received digitally to collate, an additional printing charge of 5p per page may apply

### Turnaround Times

Standard:  
expected 20-30 Working Days

Urgent:  
expected 10 Working Days

### Invoice Terms (Hourly Rate or Fixed Fee):

Please tick one of the below four invoice options:

|                          |                    |
|--------------------------|--------------------|
| Standard Hourly Rate £60 | Standard Fixed Fee |
| Urgent Hourly Rate £80   | ARAG Fixed Fee     |

### Services Requested:

Please tick one of our four service options:

| <u>Collation &amp; Indexing Only</u>                                 | <u>Collation &amp; Indexing with Chronology &amp; Memo</u> |
|--|--|
| 1. Collation & Indexing only   | 3. Summary Chronology                                      |
| 2. Collation, Indexing & Summary<br>Memo with Missing Records Review | 4. Detailed Chronology                                     |

Please tick one box in each of the below six columns:

| <u>Schedule of Radiology (SoR)</u>           | <u>Digital Booklet (DB)<br/>(consolidated hyperlinked pdf)</u> | <u>Hard Copy of Record Set<br/>Presented in Lever Arch<br/>Files</u> |
|--|--|--|
| Images direct to DMRC                        | A) Index & Records <u>only</u>                                 |  |
| Images hosted by TAB<br>(The Archive Bureau) | B) Index, Records &<br>Chronology / SoR                        | No hard copy required*   |
| Reports only (no images)                     | C) DB Versions A & B (Dual)                                    | Printed single-sided   |
| No SoR required                              | No DB Required*  | Printed double-sided   |
| <u>Redaction Requested</u>                   | <u>Return Original Paper Records</u>                           | <u>Instruction Type</u>  |
| Yes (provide details below)                  | Yes  | Update Instruction   |
| No   | No / Not Applicable  | New Instruction  |

Detail below any **Redaction Requirements** for Third Party and/or Privileged Data:

**Permission for DMRC to store digital records until claim settled**

**Permission for DMRC to destroy all unpaginated paper records printed to facilitate collation**

|                     |  |                           |  |
|---------------------|--|---------------------------|--|
| <b>Today's Date</b> |  | <b>Records Page Count</b> |  |
|---------------------|--|---------------------------|--|

\* for all instructions we provide a digital copy of the individual record sections (as text searchable pdfs).

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**[If not provided separately in an Instruction Letter – please detail below]**

Please list below any required **passwords** needed to access the records or discs provided:

|  |
|--|
|  |
|--|

Please list below any **specific collation/indexing or chronology instructions**, for example any significant information you would like us to identify in our review:

|  |
|--|
|  |
|--|

Please list below the sources/**providers of the records**, i.e. General Practitioner:

|  |
|--|
|  |
|--|

Please provide the **Injury Date** and a brief **Case Background**:

|  |
|--|
|  |
|--|

**Liability Admitted ?**

- Yes
- No
- Unknown

**Type of Claim**

Please tick one of the below four boxes

- Personal Injury
- Historic Abuse
- Clinical Negligence (obstetrics/pressure sore)
- Clinical Negligence (other)

|                                 |
|---------------------------------|
| <b>Your File Reference</b>      |
| <b>Your Company Name</b>        |
| <b>Your Company Address</b>     |
| <b>Fee Earner Name/Position</b> |
| <b>Fee Earner Email Address</b> |
| <b>Claimant Name</b>            |
| <b>Defendant(s) Name</b>        |
| <b>Your Name / Position</b>     |
| <b>Your Email Address</b>       |

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