

# 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) (please print single-sided)	Physical - CD Rom(s) (£10 Return/Destruction Charge Per Disc)

**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:

Please tick if estimate required

<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 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) (consolidated hyperlinked pdf)</u>	<u>Hard Copy of Record Set Presented in Lever Arch Files (additional fee)</u>
Yes	A) Index & Records <u>only</u>	No hard copy required*
Yes - Reports only (no images)	B) Index, Records & Chronology / SoR	Printed single-sided
No SOR required	C) DB Versions A & B (Dual) 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**

<b>Today's Date</b>		<b>Records Page Count</b>	
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\* 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:

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

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

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

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**Liability Admitted ?**

- Yes
- No
- Not yet determined

**Type of Claim**

Please tick one of the below five boxes

- Personal Injury
- Family Proceedings
- 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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