

 **Article Request Form**

 **NB: One request per form please**

|  |  |
| --- | --- |
| **Journal title** | Click here to enter text. |
| **Article title** | Click here to enter text. |
| **Author/s** | Click here to enter text. |
| **Year:** Click here to enter text. **Volume:** Click here to enter text. **Issue:** Click here to enter text. **Pages:** Click here to enter text. |
| **Source of reference (e.g. Medline)** | Click here to enter text. |

**Print Name:** Click here to enter text. **Date:** Click here to enter text.

**Membership No:** Click here to enter text. **Telephone:** Click here to enter text.

**Job Title: Print Email:** Click here to enter text.

**Dept/Location:** Click here to enter text.

**Tick Your Preferred Delivery method**

***Please email me on the above email ID*** [ ]  ***OR I will collect item from the Library*** [ ]

***(books and whole journal issues must be collected from the Library) Please advise me when available***

**COPYRIGHT DECLARATION: COPY OF ARTICLE OR PART OF PUBLISHED WORK:**

Please supply me with a copy of the above mentioned, the particulars of which are required by me for the purposes of research or private study. I declare that:

a) I have not previously been supplied with a copy of the same material by you or any other librarian

b) I will not use the copy except for non-commercial research or private study and will not supply a copy of it to any other person

c) To the best of my knowledge no other person with whom I work or study has made or intends to make, at or about the same time as this request, a request for substantially the same material for substantially the same purpose.

**I understand that if the declaration is false in a material particular the copy supplied to me by you will be an infringing copy and that I shall be liable for infringement of copyright as if I had made the copy myself.**

**Please tick the box to agree to the above copyright declaration** [ ]

**FOR LIBRARY USE ONLY: Routed to:**

Date sent: Date received:

|  |  |
| --- | --- |
| FOR LIBRARY USE ONLY | Date received: |
| Date sent | Notes |
| Sources checked❑ KSS catalogue❑ SWIMS❑ NULJ❑ London & West Midlands/Eden/BMA❑ British Library |

Once completed this form can be emailed to trust.library@nhs.net or handed in to:

The Library & Knowledge Service, Postgraduate Centre, Medway Maritime Hospital

Version 1 – September 2017