JOURNAL ARTICLE REQUEST

FORM



University Hospitals of North Midlands

INTER-LIBRARY LOAN

	Health Libraries for North Staffordshire			
ONLINE One request per form. Please write clearly.				
Journal Title				
Year Vol Part	Pages			
Title of Article				
Author(s)				
Your name	Library card no			
Email	Tel / beep:			
Fax Organisation University Hospital of North Midlands (UHNM)	Deadline (if applicable)			
County Hospital Royal Stoke	Keele University – staff			
Combined Healthcare NHS Trust	Keele University – student			
□ Staffordshire & SOT ICB (Integrated Care Board)	□ Other (please state)			
□ NHS GP and Practice Staff in Staffordshire				
Keele students/staff: if this article is only available from Delivery - please select if you have a preference Email , Post , Collection from the library (de Note: Delivery method may be subject to copyright and collection from the library may be required.	Yes I No I (Please tick if appropriate) e: (tick as appropriate) efault if there are any issues)			
For postal delivery, please indicate the address	here (items must already have been paid for):			
Copyright declaration: Please tick to indicate you agree with <u>all</u> of the l I declare that:				
☐ I have not previously been supplied with a copy				
I will not use the copy except for research for a not supply a copy of it to any other person.	non-commercial purpose or private study; and will			
☐ To the best of my knowledge no other person w make, at or about the same time as this request, a substantially the same purpose.	request for substantially the same material for			
The library Privacy Notice can be accessed at https://	Date www.keele.ac.uk/healthlibrary/aboutus/regulationspolicies/			
Health Library, Clinical Education Centre, Royal Stoke University Hospital, University Hospitals of North Midlands NHS Trust,	Health Library at County, Postgraduate Medical Centre, County Hospital, Weston Road, Stafford, ST16 3SA			

Newcastle Road, Stoke-on-Trent, STS4 6QG Tel: 01782 679500 Email: health.library@keele.ac.uk

Tel: 01785 236113 Ext. 2913 Email: library@uhnm.nhs.uk

LIBRARY STAFF USE ONLY

	To be paid on collection:		Fee paid:	
	To be added to account:		Been put on account:	
BL fee been	put on account:		Additional BL fee to be paid:	
Requested from:	Details:		Date requested:	
 Electronic WMIDS INC - LENDs Lib EDEN Libra PANDDA Lii KSS Library SWIMS Lib 	ry: brary: ⁄:			
□ Other:				
Notes/Reports:				
Delivery – <u>if only a</u>	<u>section</u> :			
Emailed / posted / faxed (indicate as appropriate) & date of dispatch:				
To collect from the	library: 🛛			