



Knowledge, Library & Information Service

Article or Book* Request Form (*Delete as appropriate)

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Preferred method of delivery (where possible)	Collect from library <input type="checkbox"/>	Internal post <input type="checkbox"/>	Home address <input type="checkbox"/>
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Supply of any request is at the discretion of library staff

Journal title					
Author of article or book					
Title of article or book					
Journal details	Year	Volume	Part	Pages	ISSN
Book details	Publication date	Publisher	Edition	ISBN	
Source of reference					
Reason for request(please tick)	Patient/work related <input type="checkbox"/>		Education/CPD <input type="checkbox"/>		Research <input type="checkbox"/>
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Date request received:	Request No:		Due back:		Date returned:
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Loc 2	Date sent:		Date received:		Shelfmark:
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