



The ROYAL  
SOCIETY of  
MEDICINE

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Reference Number	
Dispatch Date	
Your Reference	

## DOCUMENT REQUEST AND COPYRIGHT DECLARATION FORM

Member of the RSM		Membership Number:	
Surname:		Title:	Initials:
Address:			
			Postcode:
Please provide your preferred Telephone or Mobile number in case of query:			
Fax Number:		E-Mail:	

2 Hour Service	Premium Service	Standard Service
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Post	Fax	Collect	Electronic Delivery (a copyright clearance fee may be payable)
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If the requested items are not available from the RSM, please obtain from another library      Yes       No

If you have stated 'Yes', please indicate the standard of service you require:      2 Hour       Premium       Standard

Shelf Location	Journal Title/Book Author	Author & Title of Article/Book Title	Year	Volume & Part	Pages	Copyright Clearance

**Copyright declaration - for private study or non-commercial purposes**

**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 research for a **non-commercial purpose 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.
- d) 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.

**Signature** -----      **Date** -----

(This must be the personal signature of the person making the request. A stamped or typewritten signature or the signature of an agent is NOT acceptable)

### Making a request

When making a request please make sure you have given us as much information as you can:

- |  |   |
|--|---|
| <input type="checkbox"/> Your Membership number        | <input type="checkbox"/> All the details you have on the book/article |
| <input type="checkbox"/> Your name and contact details | <input type="checkbox"/> A signed copyright declaration form          |
| <input type="checkbox"/> The level of service          | <input type="checkbox"/> Your payment details                         |
| <input type="checkbox"/> The method of delivery        |   |

### Standards of service

**2 hour service (Fax / Collect / Electronic delivery)** - despatched ready / ready for collection within 2 hours if received between 9.30am and 3.15pm (Monday-Friday)

**Premium (Fax / Collect / Electronic delivery)** - Same day dispatch if received before 1pm (Monday-Friday)

**Standard (Fax / Collect / Electronic delivery)** - A maximum of 3 working days turnaround time from receipt to dispatch if received before 1pm (Monday-Friday)

### Charges for document delivery

For details of all our prices, please check the RSM Library webpages.

### Copyright cleared fee service

You will need a 'copyright cleared' copy if:

- The article is to be used directly or indirectly for a commercial purpose
- You are requesting more than one article from a journal issue
- The article will be circulated within your organisation
- You require more than one copy of an article

Copyright cleared copies from the RSM collection cannot be supplied by email (post or fax only)

### Inter-library loan

In general, if the RSM Library doesn't have the item you want, we can get it for you. The ILL service is part of a national network which enables the Library to obtain material for you from other libraries (and other countries).

Please note - ILL items are a little more expensive than items from the RSM stock.

### Payment details

#### Credit/Debit card details

Card Type: (e.g. Visa/Master Card/Maestro/Amex)	Switch Issue Number <input type="text"/> <input type="text"/>
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Start Date:
CSC Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last 3 numbers on reverse of card along the signature strip (last 4 for AMEX)	Expiry Date:
I authorise a value up to £..... amount to be charged to my card	