

Lori A. Shibinette Commissioner

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS

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NOTICE OF TERMINATION OF USE OF CONFIDENTIAL CANCER DATA

When the retention date expires, the data must be destroyed and the requestor shall so notify the New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics and Informatics, by means of a notarized statement.

Title of Study:
Date Project Initially Approved by NH DHHS:
Date Project Began:
Principal Investigator:
Principal Investigator Position:
Principal Investigator Institution:
Business Address:
City, State, Zip:
Business Telephone:
Principal Investigator E-mail:
Funding Source:
Sponsor of the Study:
Institutional Review Board Which Has/Had Oversight (if applicable):
Have you had any concerns or complaints expressed or requests for withdrawals (if applicable)?
Date the project was completed:

Has any literature been w can be found or provide a		data? If so, please of	cite a reference to where the material
Signature of Principal Inv	vestigator:	I	Date:
The signature of the Prin that the data has been de	•	h the notary docum	entation on this form is an attestation
Print Name of Notary: _			
Signature of Notary: _			Place Seal Here
Date Commission Expire	es:		
Return completed, signed	and notarized copy to:		
	NH State Cancer Registry Data for Health Related Research		
	Bureau of Public Health Statistics and Informatics		
	Division of Public Health		
	Department of Health and 29 Hazen Drive	i Human Services	
	Concord, NH 03301-6504	1	
For questions, please a m	ail to DHHS HealthStatistic(adhhe nh gov	

For questions, please e-mail to <u>DHHS.HealthStatistic@dhhs.nh.gov</u>