



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4988 1-800-852-3345 Ext. 4988
Fax: 603-271-7623 TDD Access: 1-800-735-2964**



**Nicholas A. Toumpas
Commissioner**

**José Thier Montero
Director**

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, Health Statistics and Data Management Section, 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 written or published using this data? If so, please cite a reference to where the material can be found or provide a copy.

Signature of Principal Investigator: _____ Date: _____

The signature of the Principal Investigator along with the notary documentation on this form is an attestation that the data has been destroyed.

Print Name of Notary: _____

Signature of Notary: _____

Place Seal Here

Date Commission Expires: _____

Return completed, signed and notarized copy to:

*Claire Gendron, Executive Secretary
Division of Public Health Services
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301-6504
Claire.Gendron@dhhs.state.nh.us*