**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 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:

NH State Cancer Registry Data for Health Related Research

Bureau of Public Health Statistics and Informatics

Division of Public Health Services

Department of Health and Human Services

29 Hazen Drive

Concord, NH 03301-6504

For questions, please e-mail to DHHS.HealthStatistic@dhhs.nh.gov.