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| department of health services  Division of Public Health  F-00978 (03/2014) | state of wisconsin  Office of Health Informatics |
| **Confirmation of confidential data destruction wiSCONSIN cancer reporting system (wcrs)** | |

Recipient researcher agrees to destroy or return to the WCRS all files, documents, or other records containing WCRS data in their custody at the earliest opportunity consistent with the conduct of the proposed use. Destruction means physical destruction of files, documents or other records that render the records useless, and de-identification shall not be considered destruction. Immediately following the destruction of WCRS data, Recipient Institution agree to provide DHS with the following written declaration, executed by an authorized representative of Recipient Research Institution, stating that the WCRS data have been destroyed or returned. By completing this document both the data recipient researcher and WCRS data provider certify that no individual level information, data, copies shall be retained in the possession of the research entity.

      , Principal Investigator representing       , certifies that the following

data, previously approved under DHS       for the project titled,       , has been:

**Destroyed**

Method Used to Destroy Data:

Date Data Destroyed:

**Returned to DHS and all contractor copies have been destroyed**

Date Data Returned:

|  |  |  |
| --- | --- | --- |
| Print Name | Title | |
| Address | | |
| **SIGNATURE** – Principal Investigator | | Date Signed |
| Print Name | | |
| **SIGNATURE** – DHS Representative | | Date Signed |