

**Instructions:** This form is to be completed by the Principal Investigator (PI) of the listed DSHS-IRB protocol in Item #1 and submitted to the Texas Cancer Registry (TCR) upon completion of the study. Complete, sign, scan, and attach this form to an email and send to <u>CancerData@dshs.texas.gov</u>. For individuals requiring assistance, please email <u>CancerData@dshs.texas.gov</u>.

1. IRB Protocol Number and Study Name:

2. List all collaborators who had a copy, derivative, subset, or manipulated file:

3. Have TCR data received under the DSHS-IRB protocol number listed above been destroyed?

Yes, the data, including copies, derivatives, subsets and manipulated files at my institution or the institution of any collaborators, have been destroyed. *If checked, complete sections 4 and 5.* 

No, TCR data have not been destroyed because it is being reused, with IRB approval, by the PI in DSHS-IRB protocol number . . However, the data, including copies, derivatives, subsets and manipulated files, used by collaborators not involved with the secondary protocol have been destroyed. *If checked, complete sections 4 and 5 for data destroyed by collaborators.* 

4. List date(s) the data and any copies, derivatives, subsets, and manipulated files were destroyed, if applicable:

- 5. List the software program(s) used for securely destroying the data and any copies, derivatives, subsets, and manipulated files, if applicable:
- 6. By signing this Certificate, I confirm that ALL data requested for the IRB protocol listed above and as applicable, copies, derivatives, subsets and manipulated files, held by all individuals who had access to, and from all the computers/storage devices where the files were processed/stored have been properly destroyed. If data are being reused, I confirm they will be destroyed at the end of the secondary IRB protocol listed above.

NAME:	
ORGANIZATION:	
EMAIL:	PHONE:
SIGNATURE:	DATE: