

CERTIFICATE OF DESTRUCTION

**Submit to: Human Subjects Review Board, Arizona Department of Health Services
1740 W. Adams, Room 200, Phoenix, Arizona 85007**

HSRB# _____

Name of Study _____

Principal Investigator: _____

Organization: _____

Address: _____

Telephone: _____

Type of Documents: _____

Date, Time and Method of Destruction: _____

Signature of Principal Investigator

Date

Certdest09B