

THIS CERTIFICATE SHOULD NOT BE COMPLETED AND RETURNED UNTIL THE ADHS DOCUMENTS HAVE BEEN DESTROYED

CERTIFICATE OF DESTRUCTION

**SUBMIT TO: Human Subjects Review Board, Arizona Department of Health Services
150 N. 18th Avenue, Suite 200, Phoenix, AZ 85007-3238
Email: HSRB_protocols@azdhs.gov or Fax 602/364-1150**

HSRB Number Assigned by ADHS:

Name of Study:

Principal Investigator:

Organization:

Address:

Telephone:

Type of Documents or Information:

DESTRUCTION OF DOCUMENTS OR INFORMATION

Actual Date (not projected):

Actual Time (not projected):

Method Used to Destroy:

**I, _____, as Principal Investigator of the
above referenced project, certify that the documents/information described above were destroyed
on the date and time indicated by the means of _____**

Signature of Principal Investigator

Date