



Appendix 7: Ontario Health Study - Certificate of Destruction

File number (provided in your original approval letter): _____

Project title: _____

This is to certify that all copies of the data file transferred on (insert date) have been destroyed and can no longer be accessed.

Principal Applicant:

Name _____

Position _____

Signature _____

Date _____

Authorized Institutional Representative of the host institution:

Name _____

Position _____

Signature _____

Date _____

Once completed, please send an original signed copy to:
Ontario Health Study, Data Access Committee
MaRS Centre
661 University Avenue, Suite 510
Toronto, Ontario
Canada M5G 0A3