Mexican Health & Aging Study

Form #12 Dataset Destruction Certification

As an authorized user of Mexican Health and Aging Study (MHAS) restricted data, I, _____ (printed name), certify by my signature below that all copies of _____ (name of dataset(s)) licensed to myself and used by approved co-investigators and research staff have been destroyed. I also certify that I (we) have destroyed all derived, backup, and system files containing these MHAS restricted datasets. *I understand that provision of this Dataset Destruction Certification may terminate the aforementioned agreement*.

DATE OF DESTRUCTION: _____

METHOD OF DESTRUCTION: _____

INVESTIGATOR   WITNESS

_____   _____   _____   _____
Signature   Date   Signature   Date

_____   _____
Typed or Printed Name   Typed or Printed Name

_____   _____
Institution   Title

_____
Mailing Address

_____

Please list any publications completed or in process, which contain analysis, using MHAS restricted data. Please include article title, authors, journal or publication of submission (attach additional sheets as necessary).