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| **CLINICAL TRIAL DATA CUSTODIAN DECLARATION** | | | | |
| **Declaration by Data Custodian** | | | |
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| Researchers must send the *CALHN Clinical Trials SSA Form*, *HREC approval letter* and *Study protocol* to the relevant data custodian and request that the below declaration is sent via return email if that person approves the study. | | | |
|  |  |  |  |
| Project title | Enter text | | |
|  |  |  |  |
| I certify that:   1. The Principal Investigator / Site Coordinator responsible for the above referenced clinical trial has submitted their protocol to my Office and provisional approval has been granted for them to access the data required. | | | |