



Date of Submission	Project Title	Project Number
Principal Investigator/Applicant		Organization
Address	Phone	Email
Please select one of the following as it pertains to the above project		
<input type="checkbox"/> The project was NOT previously approved <input type="checkbox"/> The project was approved on (date of Ministry of Health approval): _____		
Please select one of the following as it pertains to the above project		
<input type="checkbox"/> Withdrawn by the Ministry of Health, NO data extract released. <input type="checkbox"/> Withdrawn by Principal Investigator/Applicant, NO data extract released. <input type="checkbox"/> Withdrawn by Principal Investigator/Applicant, WITH data extract released.		

I declare that the information provided in this document is accurate, complete, and correct.	
Name	Title
Organization	
Signature	Date Signed