Data application – Investigator acknowledgement | He puka tono raraunga – Tā te kaitirotiro kupu whakaae

National Mortality Review | Komiti Arotake Matenga ā-Motu

**All named investigators must sign this form to acknowledge they have read, understood and will meet the requirements outlined in the associated** [**data access policy document**](https://www.hqsc.govt.nz/our-work/mortality-review-committees/access-to-national-mortality-review-committee-data/)**.**If your group includes more than eight researchers, please copy and paste these sections.

Principal researcher (print name)

Signature ............................................ Date

Researcher 2 (print name)

Signature ............................................ Date

Researcher 3 (print name)

Signature ............................................ Date

Researcher 4 (print name)

Signature ............................................ Date

Researcher 5 (print name)

Signature ............................................ Date

Researcher 6 (print name)

Signature ............................................ Date

Researcher 7 (print name)

Signature ............................................ Date

Researcher 8 (print name)

Signature ............................................ Date