

ONS Longitudinal Study Final outputs clearance form	LS project number:
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FOR COMPLETION BY PROJECT TEAM MEMBER OR ONS/CeLSIUS SUPPORT	
Type of output: Article [] Abstract [] Presentation [] Other:	Deadline for clearance:
Author(s):	ONS/CeLSIUS/Other User Support Person:
Contact telephone number: Contact email address:	
Title of output:	
Further details of dissemination: e.g. journal and publication date, conference dates, etc:	
Background: previous outputs from this project or important implications:	
Other notes:	

FOR COMPLETION BY PERSON CLEARING OUTPUT		
Clearance person:	Date received:	Date completed:
Clearance clarifications, limitations and recommendations:		
Comments affecting clearance:		
Comments not affecting clearance:		

FOR COMPLETION BY LS CLEARANCE DATA CUSTODIAN		
Name of Clearance Data Custodian:	Date received:	Date completed:
Cleared [] Cleared if changes implemented [] Not cleared []		
Comments affecting clearance:		
Comments not affecting clearance:		