

# Request for Translating Service

**Instructions:** Print a copy of this form.

Complete one form for each article. Forward copies of both the form and article to:

Translation Unit, NIH Library  
Bldg 10, Rm. 1L09J (496-2257)

**Notice:** A paper copy of each translation will be retained in the Translation Unit. Personal documents will be discarded after five years, items with citations will be held indefinitely for fair use, unless prohibited by the requestor.

Name:		Date of Request:	
Institute:	Bldg/Rm:	Phone No:	
<b>Signature of Approving Officer</b> : (who is authorized to approve expenditure and who certifies that this translation is essential to the research effort of NIH) (Only for written translations to be contracted out)		<b>Common Account Number:</b> (Only for written translations to be contracted out)	

## Material to be Translated :

Author			
Title of Article			
Name of Journal			
Volume:	Issue:	Page Numbers:	Date of Issue:

## Type of Translation Desired :

<b>Check One:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Oral (in person)</li> <li><input type="radio"/> Oral (recorded)</li> <li><input type="radio"/> Written</li> </ul>	<b>Deadline (if any) for Translation</b>	<p>Only written translations to be contracted out require approval by the <b>designated approving officer</b> and a Common Account Number</p> <p>Oral service is available in French, German, Italian, Russian, and Spanish.</p> <p>Oral (in person) requires advance appointment.</p> <p>Oral (recorded on cassette) is filled like a regular request.</p>
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Other Instructions:

## For NIH Library Use Only

Date Received:	File Checked:	Rqstd from ILL:	Rcvd from ILL:
<b>ACTION</b>	<b>DATE</b>	<b>HOURS</b>	<b>DAYS</b>
Translated by:	(Started/mailed)		
	(Completed/received)		
Reviewed by:			
Returned to:			
Received:			
Language:		Special:	Due Date:
Number of Words:		Routine:	Max. Charge:

NIH 75 (Rev. 5/90)