

---

## REQUEST FOR PUBLICATION AND SPEECH CLEARANCE

**INSTRUCTIONS:** Forward the original and one copy of this clearance form with two copies of the material to be cleared to the Public Information Office through your appropriate program director. (Scientific Director also requires abstracts of materials submitted through his office.)

**REQUESTED BY** (*Author*)

NAME	DATE
------	------

POSITION TITLE

SECTION AND/OR BRANCH OR LABORATORY

TELEPHONE NO.	BUILDING	ROOM
---------------	----------	------

TITLE (*Material to be cleared*)

AUTHOR(S) (*Name(s) and Position Title(s). (If author same as person requesting clearance, write SAME)*)

INTENDED DISTRIBUTION OR USE (*For scientific manuscripts or speeches, show name of journal or name, date, and sponsor of meeting*)

---

### REVIEWS AND APPROVALS

	SIGNATURE	TITLE	DATE
WITHIN ORIGINATING SECTION, LABORATORY OR OFFICE			
BRANCH OR LABORATORY CHIEF			
PUBLIC INFORMATION OFFICER			
INSTITUTE DIRECTOR OR HIS DESIGNEE			

COMMENTS

## REQUEST FOR PUBLICATION AND SPEECH CLEARANCE

**INSTRUCTIONS:** Forward one copy of this clearance form with two copies of the material to be cleared to the Office of the Scientific Director (You will receive a copy of this form after it has been cleared and assigned a clearance number.)

### Privacy Act Statement

The Privacy Act of 1974 [5 U.S.C. 552a(c)(3)] requires that when an individual is asked to furnish information to a government agency certain information about the request is to be provided to the individual. NIH seeks this information pursuant to Executive Order 11222 which is the authority underlying the DHHS Standards of Conduct (45 CFR part 73). Your providing this information is entirely voluntary, but necessary in order to obtain advance administrative approval of the proposed activity. The purpose for which the information is to be used is to determine whether the proposed publication/speech is consistent with, and approvable under, applicable regulations (45 CFR part 73) governing outside activities by employees. Routine use: Administrative reference and availability to the affected employee for 1 year after which the form is destroyed. There are no uses of this information that contemplate its transfer outside of DHHS. Failure to provide the information requested shall result in the request being denied. Copies of approved forms are maintained in the Editorial Operations Branch, OC, OD.

### REQUESTED BY (Author)

NAME	DATE
------	------

POSITION TITLE

SECTION and/or BRANCH or LABORATORY

TELEPHONE NO.	BUILDING	ROOM
---------------	----------	------

TITLE *(Material to be cleared)*

AUTHOR(s) *(Name(s) and Position Title(s). (If author same as person requesting clearance, write SAME))*

INTENDED DISTRIBUTION OR USE *(For scientific manuscripts or speeches, show name of journal or name, date, and sponsor of meeting)*

Will this publication or speech disclose new data that would be considered an invention or impact on patent rights?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, the ICD signatory official certifies below that an Employee Invention Report and the proposed disclosure data have been submitted to the appropriate ICD Technology Development Coordinator.	Proposed date of publication or speech: _____
---	---	--	---

### REVIEWS AND APPROVALS

	SIGNATURE	TITLE	DATE
WITHIN ORIGINATING SECTION, LABORATORY OR OFFICE			
BRANCH OR LABORATORY CHIEF			
INSTITUTE DIRECTOR OR HIS DESIGNEE			

COMMENTS