

## 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 (tel. 301-496-2257)  
Bldg 10, Rm. 1L09J (fax 301-402-0254)

**Notice:** A paper copy of each translation will be retained in the Translation Unit.  
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Name		Date of Request
Institute or Center	Building and Room	Phone No
Signature of Approving Officer ( <i>who is authorized to approve expenditure and who certifies that this translation is essential to the research effort of NIH</i> ) (Only for written translations to be contracted out)		Common Account Number ( <i>Only for written translations to be contracted out</i> )

### Material to be Translated

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

### Type of Translation Desired

Check One: <input type="checkbox"/> Oral (in person)  <input type="checkbox"/> Oral (recorded)  <input type="checkbox"/> Written	Deadline (if any) for Translation	Only written translations to be contracted out require approval by the designated approving officer and a Common Account Number.
		Oral service is available in French, German, Italian, Russian, and Spanish.
		Oral (in person) requires advance appointment.
		Oral (recorded on cassette) is filled like a regular request.

Other Instructions:

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Date Received	File Checked	Requested from ILL	Received 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	