

Request for Translating Service

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**Translation Unit, NIH Library (Tel: 301-496-2257)
Bldg 10, Rm. 1L-21 (Fax: 301-402-0254)**

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Name:	Date of Request:
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Institute:	Bldg/Rm:	Phone No:
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Signature of Approving Officer: (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)

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Material to be Translated

Author

Title of Article

Name of Journal

Volume:	Issue:	Page Numbers:	Date of Issue:
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Type of Translation Desired

<p>Mark one with an X:</p> <p><input type="checkbox"/> Oral (in person)</p> <p><input type="checkbox"/> Oral (recorded)</p> <p><input type="checkbox"/> Written</p>	<p>Deadline (if any) for Translation</p>	<p>Only written translations to be contracted out require approval by the designated approving officer 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:

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