



Early Release

Transmittal Form

Express mail **THIS FORM** and your **FILE** to:

NATIONAL DEATH INDEX
 Division of Vital Statistics
 National Center for Health Statistics
 3311 Toledo Road, 7318
 Hyattsville, MD 20782
 Phone 301-458-4444

Be sure to enclose:

1. Study subjects' records (sFTP or CD-ROM)
2. Completed *NDI Transmittal Form*
3. Worksheet for calculating NDI charges
4. Payment (check, purchase order, or credit card)*
 *Make check payable to the *U.S. Dept. of Health and Human Services* and include both your NDI and EIN numbers.
 NOTE: Our Employer Identification Number (EIN) is 58-605-1157.

Name of Principal Investigator/Project Director:	Phone number:	Assigned NDI application (search) number:
Organization:		

Recipient of express-mailed NDI results: (Include street address and room number, not just P.O. Box)	Person to contact if NCHS has problems processing your records:
Phone number: _____ E-mail: _____ Fax: _____	Phone number: _____ E-mail: _____

1. What year(s) of death do you want to search? If you are submitting MORE THAN ONE FILE , submit a separate <i>NDI Transmittal Form</i> for each file. Contact NDI staff if you are not sure which years are currently available.)	Beginning year	
	Ending year	

2. Is this a REVISED data submission to correct errors from a previous submission?	YES	NO
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3. Date sent to NCHS:	4. Records (100 characters) submitted on:
5. TOTAL number of (100-character) records: _____	
Number of study subjects* _____ *Charges are based only on number of subjects Duplicate/alias records (optional) _____	

6. Preferred output medium:	CD-ROM
Your NDI results are sent on a CD-ROM unless a different medium is indicated.	sFTP



Centers for Disease Control and Prevention
 National Center for Health Statistics

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7. File type:			
Routine	Unknown	Known	Certificate

8. Special instructions:
 (Use this box if there is anything you need to tell us about how your records were prepared. NOTE: If your data submission contains more than one file, complete a separate NDI TRANSMITTAL FORM for each file, clearly indicating which YEAR(S) OF DEATH each file should be searched against.)

9. Payment is being made by: <div style="text-align: right; border: 1px solid black; padding: 2px;">EIN 58-605-1157</div> <p>Check attached pending</p> <p>Credit card (limit \$100,000.00)</p> <p>Purchase order: # _____</p> <p>Interagency agreement (specify): _____</p> <p>Other (specify): _____</p>	10. Amount of payment: (Confirm with NDI staff if necessary) <p>Service charge _____</p> <p>Total record charges (duplicate records at no charge) _____</p> <p>TOTAL PAYMENT _____</p>
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Person authorized to request this NDI search (print):	Signature:	Date
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FOR NCHS OFFICE USE ONLY

Date data recieved: _____ Date searched: _____ Date NDI output sent: _____ Type of output: CD/ROM sFTP Programmer's initials: _____	Total records: _____ Rejected records: _____	NDI CHARGES: Service charges _____ Total record charges _____ TOTAL PAYMENT _____
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Required action:

Deposit check Invoice against purchase order Charge interagency agreement # _____

Special instructions or comments:

Public reporting burden of this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 33033, ATTN: PRA (0929-0215).