

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, 5292
Hyattsville, MD 20782-2064
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: Name of Person: _____ Phone number: _____ E-mail: _____ |
| Phone number: _____ E-mail: _____ | |

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| 1. What year(s) of death do you want to search? If you are submitting MORE THAN ONE FILE (SEE ITEM 7 FOR REFERENCE) , 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 | |

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|---|-----|----|
| 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: <div style="text-align: center;">CD-ROM</div> <div style="text-align: center;">sFTP</div> |
| 5. TOTAL number of (100-character) records: Number of study subjects* _____ <small>*Charges are based only on number of subjects</small> Duplicate/alias records (optional) _____ | |

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| 6. Preferred output medium: Your NDI results are sent on a CD-ROM unless a different medium is indicated. | <div style="text-align: center;">CD-ROM</div> <div style="text-align: center;">sFTP</div> |
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|--|---------|-------|--|--|-------------|
| 7a. File type: | | | 7b. Did your original application form only request routine searches? | | |
| Routine | Unknown | Known | Certificate | | Yes No |
| 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 type, complete a separate NDI TRANSMITTAL FORM for each file type, clearly indicating which YEAR(S) OF DEATH each file type should be searched against.) | | | | | |
| 9. Payment is being made by: | | | EIN 58-605-1157 | 10. Amount of payment: (Confirm with NDI staff if necessary) | |
| Check attached pending Credit card (limit \$100,000.00) Purchase order: # _____ Interagency agreement (specify): _____ Other (specify): _____ | | | Service charge _____ Total record charges (duplicate records at no charge) _____ TOTAL PAYMENT _____ | | |
| Person authorized to request this NDI search (print): | | | Signature: <i>Only federal employees may sign digitally</i> | | Date |

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 _____ |
| 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).