



REQUEST FOR AUTHORIZATION TO GIVE ASSURANCE OF CONFIDENTIALITY

UNDER SECTION 308(d) OF THE PUBLIC HEALTH SERVICE ACT

NOTE: Do not obtain signature on this form until OCSO and the Project Officer have agreed on final versions of the 308(d) Justification, Assurance, and Security Statement.

(See "Assurance of Confidentiality Application Procedure" for instructions on completing this form.)

| 1. REQUESTED BY: | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Name of Project Officer/Principal Investigator: <u>Christine R. Schuler, Ph.D.</u> | Bldg/Rm No.: <u>Mgtn 2707</u> | MailStop: <u>H2800</u> | Phone No.: <u>(304) 285-6072</u> |
| Center/Institute/Office: <u>NIOSH</u> | | Division: <u>DRDS/FSB</u> | |
| Request Status: <input type="checkbox"/> New <input type="checkbox"/> Amended Request <input checked="" type="checkbox"/> Extension Request | | Period of time authorization needed for data collection: (Indicate "ongoing" if project will continue indefinitely.) From: <u>04/30/04</u> To: <u>02/28/2010</u> | |
| Approval of Request by Center/Institute/Office Director or Designee: | | | |
| <u>Ainsley Weston, ADS, DRDS</u> <small>Name and Organizational Title</small> | | <small>Signature</small> | <u>02/21/2006</u> <small>Date</small> |
| 2. TITLE OF PROJECT: | | | |
| <u>Longitudinal Surveillance/Beryllium Disease Prevention</u> | | | |
| 3. JUSTIFICATION STATEMENT: | | | |
| <i>Please attach the justification statement. (See "Assurance of Confidentiality Application Procedure" for further details.)</i> | | | |

| 4. - FOR OCSO USE ONLY - | |
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| Transmitted to Confidentiality Review Group: <u>2/13/06</u> <small>Date</small> | |
| Confidentiality Review Group recommends: <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Disapproval <u>2/22/06</u> <small>Date</small> | |
| -- ASSURANCE OF CONFIDENTIALITY IS AUTHORIZED -- | |
| <p>Signature: </p> <p style="text-align: center;">CDC ASSOCIATE DIRECTOR FOR SCIENCE</p> <p><u>March 10, 2006</u> <small>Date</small></p> | |