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ATTACHMENT D

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



National Death Index 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, Room 7318
Hyattsville, MD 20782
Phone: 301-458-4444

Be sure to enclose:

1. Study subjects' records (on diskette or CD-ROM)
2. Completed *NDI Transmittal Form*
3. Worksheet for calculating NDI charges
4. Payment (check or purchase order)*

*Make check payable to the *U.S. Dept. of Health and Human Services* and include your *NDI* number.

NOTE: Our Employer Identification Number (EIN) is 58-605-1157.

Name of Principal Investigator/Project Director:

Phone number:

Assigned NDI application (search) number:

Organization:

To whom should we express mail the NDI results?
(Include street address and room number; not just a P. O. Box):

Person to contact if NCHS has problems
processing your records:

Name:

Phone number:

Phone number:

E-mail:

Fax:

E-mail:

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

(Earliest year is 1979) Beginning Year

Ending Year

2. Is this a REVISED data submission to correct errors from a previous submission?

_____ YES

_____ NO

3. Date sent to NCHS:

5. Records submitted on: (100 character records)

4. TOTAL number of records: (100 character records) _____

_____ CD-ROM

Number of study subjects* _____

*Charges are only based on the number of subjects

_____ Diskette

Duplicate/alias records (at no charge) (optional) _____

6. PREFERRED OUTPUT MEDIUM:

We plan to send your NDI results on a
CD-ROM unless you indicate that you
prefer a different medium.

_____ CD-ROM

_____ Computer printout

_____ Diskette

(CONTINUE ON BACK OF PAGE)

FORM APPROVED
OMB No. 0920-0215



CDC 64.25
(Rev. 4/04)

7. 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, please complete a separate NDI TRANSMITTAL FORM for each file, clearly indicating which YEAR(S) OF DEATH each file should be searched against.)

<p>8. Payment is being made by:</p> <p style="text-align: right;">EIN: 58-605-1157</p> <p>_____ Check: _____ attached _____ pending</p> <p>_____ Purchase order: # _____</p> <p>_____ Interagency agreement (specify): _____</p> <p>_____ Other (specify): _____</p>	<p>9. Amount of payment: (Confirm with NDI staff if necessary.)</p> <p>Service charge \$ _____</p> <p>Total record charges \$ _____</p> <p>TOTAL PAYMENT \$ _____</p>
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<p>Person authorized to request this NDI search (print):</p>	<p>Signature:</p>	<p>Date:</p>
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FOR NCHS OFFICE USE ONLY

<p>Date data RECEIVED: _____</p> <p>Date SEARCHED: _____</p> <p>Date NDI output SENT: _____</p>	<p>Total Records:</p> <hr/> <p>Rejected records:</p>	<p>NDI CHARGES:</p> <p>Service charge \$ _____</p> <p>Total record charges \$ _____</p> <p>TOTAL PAYMENT \$ _____</p>
<p>Type of output: _____ CD-ROM _____ Diskette _____ Printout</p> <p>Programmer's initials: _____</p>		

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-24, Atlanta, GA 33033, ATTN: PRA (0929-0215).