Attachment G 5 Automated Data Transmittal Notice

National Hospital Discharge Survey
T R A N S M I T T A L N O T I C E

DATA SOURCE

No. Name:

Contact Name:

_ _

Telephone # (___)_____

Fax # (___)_____

SHIP TO

Carol DeFrances
N.C.H.S.
3311 Toledo Road, Rm. 3230
Hyattsville, MD 20782

Voice (301) 458 – 4440
Fax (301) 458 – 4032
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PHYSICAL CHARACTERISITCS OF DATA

A. File Name_____

B. Media: ☐ Reel Tape ☐ Cartridge Tape ☐ Disk ☐ CD-ROM

C. Record Length _____ (Standard 135 Fixed Record Length)

D. Data Structure: ☐ EBCDIC ☐ ASCII

E. Block Size _____

F. Internal Label: ☐ None ☐ Standard IBM (Complete data set name and vol/ser)

DATA SET NAME_____ Vol=Ser=___ ___ ___ ___ ___ ___

INTERNAL CHARACTERISTICS OF DATA

A. Data Period Covered: _____ to _____

B. Type of Data: ☐ All Discharges ☐ Sampled Discharges

INSTRUCTIONS: Please provide STATISTICAL INFORMATION when submitting sample discharges.

MONTH	BIRTHS	DISCHARGES	Records	MONTH	BIRTHS	DISCHARGES	Records
JAN				JUL			
FEB				AUG			
MAR				SEP			
APR				OCT			
MAY				NOV			
JUN				DEC			