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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><b>8. Payment is being made by:</b></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><b>9. Amount of payment:</b> (Confirm with NDI staff if necessary.)</p> <p>Service charge \$ _____</p> <p>Total record charges \$ _____</p> <p><b>TOTAL PAYMENT</b> \$ _____</p>
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<p><b>Person authorized to request this NDI search (print):</b></p>	<p><b>Signature:</b></p>	<p><b>Date:</b></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>Type of output: _____ CD-ROM _____ Diskette _____ Printout</p> <p>Programmer's initials: _____</p>	<p><b>Total Records:</b></p> <hr/> <p><b>Rejected records:</b></p>	<p><b>NDI CHARGES:</b></p> <p>Service charge \$ _____</p> <p>Total record charges \$ _____</p> <p><b>TOTAL PAYMENT</b> \$ _____</p>
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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-24, Atlanta, GA 33033, ATTN: PRA (0929-0215).