

Transmittal Form

NDI
National Death Index

Express mail **THIS FORM** and your **FILE**
to:

NATIONAL DEATH INDEX
Division of Vital Statistics
National Center for Health Statistics
3311 Toledo Road, 7318
Hyattsville, MD 20782
Phone 201-458-4444

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:
Phone number:E-mail:Fax:	Phone number: E-mail:

1. What year(s) of death do you want to search? If you are submitting MORE THAN ONE FILE, 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	<input type="text"/>
	Ending year	<input type="text"/>

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

YES

NO

3. Date sent to NCHS:	4. Records (100 characters) submitted on:
5. TOTAL number of (100-character) records: _____ How many of these are duplicate/alias records (optional) _____	<input type="radio"/> CD-ROM <input type="radio"/> sFTP

6. Preferred output medium:

Your NDI results are sent on a CD-ROM unless a different medium is indicated.

CD-ROM

sFTP

(CONTINUE ON BACK OF PAGE)



Centers for Disease
Control and Prevention
National Center for
Health Statistics

7. File type:

Routine Unknown Known Certificate

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

Check attached pending
 Credit card (limit \$100,000.00)
 Purchase order: # _____
 Interagency agreement (specify): _____
 Other (specify): _____

10. Amount of payment:

(Confirm with NDI staff if necessary)

Service charge _____
Total record charges _____
(duplicate records at no charge)
TOTAL PAYMENT _____

Person authorized to request this NDI search (print):

Signature:

Date

FOR NCHS OFFICE USE ONLY

Total records:

Rejected records:

Date data received: _____
Date searched: _____
Date NDI output sent:

Type of output: CD/ROM sFTP

Programmer's initials: _____

NDI CHARGES:

Service charges _____
Total record charges _____
TOTAL PAYMENT _____

Required action:

Deposit check Invoice against purchase order Charge interagency agreement # _____

Special instructions or comments:

Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). In addition, NCHS complies with the Cybersecurity Enhancement Act of 2015. This law requires the Federal government to protect its information by using computer security programs to identify cybersecurity risks against federal computer networks.

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, Exp. Date xx/xx/20xx).