



**Centers for Disease  
Control and Prevention**  
National Center for  
Health Statistics



Form Approved  
OMB No. 0920-0215  
Exp. Date XX/XX/20XX

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- Staff
- Adviser
- Director
- Support

Status: New

National Death Index  
National Center for Health Statistics  
Phone: 301-458-4444  
Email: ndi@cdc.gov

CDC estimates the average public reporting burden for this collection of information as 2.5 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0215).

Notice: CDC will keep the information you provide on the NDI application and forms private and secure to the extent permitted by law.

Open and download the applicable files. Fill the downloaded copy out and upload the completed forms to your application.

<a href="#">Confidentiality Agreement</a>	<a href="#">Attachment A (Data Disposition Form)</a>	<a href="#">Attachment C</a>
<a href="#">Supplemental Confidentiality Agreement</a>	<a href="#">Attachment B</a>	<a href="#">Attachment D</a>

**NEXT**

**Notes:**

**[IDENTIFYING or IDENTIFIABLE death record information](#)**

**\* Required Input**

**SAVE AND EXIT**

**SAVE AND CONTINUE**

**CANCEL**



**5. Will EXTERNAL organizations (other than the NDI applicant's organization) be receiving IDENTIFYING or IDENTIFIABLE death record information? \***

Yes  No

List the names of all parties (organizations or outside consultants) that will obtain **IDENTIFYING or IDENTIFIABLE death record information** or data derivatives from NDI.

**Important:** Under each organization (or consultant) listed below, specify that organization's role and what project will be performed. Also specify (1) what **IDENTIFYING or IDENTIFIABLE death record information** will be received, (2) in what form it will be received ( e.g. death certificates or computer files), and (3) how the information will "flow" from one organization to another. Parties employed by your organization must complete and sign the Confidentiality Agreement. Each party in other organizations must complete and sign an NDI Supplemental Confidentiality Agreement. Scan and Upload each agreement. **UPLOAD PDF DOCUMENTS ON TAB LABELED "Page 7"**

Name of Organization - Principal Investigator or Project Director *	Administrative Relationship *	Data Type *
<input type="text"/>	<input type="text"/>	Please select <input type="button" value="v"/> <input type="button" value="x"/>
Role and project activities to be performed:		
<input type="text"/>		

[+ Add More External Organizations](#)

PREVIOUS

NEXT

**Notes:**

**IDENTIFYING or IDENTIFIABLE death record information**

\* **Required Input**

SAVE AND EXIT

SAVE AND CONTINUE

CANCEL



**6. Summary of study protocol or project activities**

In responding to the following questions, please provide sufficient detail to describe your study or project and how data obtained via NDI will be used.

**6a.** Will the information obtained via NDI be included in a registry or any other type of study with long-term use or an indefinite end date? \*  Yes  No

What type of study is this? (e.g., disease registry, longitudinal cohort study, cross-sectional study, case-control study) \*

**6b. Are you getting causes of death? \***  Yes  No

All applicants must complete item 6c. If your application involves a registry, be sure also to include the following information in item 6c. below: (1) the date the registry was founded, (2) the purpose of the registry, and (3) the eligibility criteria for including person in the registry. A registry should also refer to **Attachment B** for additional information to be included in this application.

**6c. Purpose of study or project \*** Describe the health or medical problem(s) addressed by your study or project. Include some background information to support why the study or project is being done. What are the primary objectives? If appropriate, include a description of hypotheses to be tested.

**\*\*\* 250 Word Maximum! \*\*\* Extra words will be truncated!**

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\* Required Input

SAVE AND EXIT

SAVE AND CONTINUE

CANCEL



**7. Death record follow-back investigations \***

**7a.** Does this study or project plan to perform "death record follow-back" investigations? ("Follow-back investigations" means that **once NDI identifies that certain study subjects are deceased**, your staff plans to collect additional information on those subjects' by going **BACK** to individuals or establishments that are mentioned in the subjects' actual death certificates.) NOTE: Follow-up refers to contacting the next-of-kin or health providers based on information already contained in researchers' file.

Yes  No

If yes, refer to **Attachment C** for additional documentation needed.

**ALL DOCUMENTATION SHOULD BE UPLOAD AS PDF DOCUMENTS ON TAB LABELED "Page 7"**

**7b.** If yes, what type of respondents will be contacted? Check all that apply. \*

- Decedent's next-of-kin
- Physicians
- Hospitals
- Other individuals or establishments mentioned on death record

**7c.** What information will be obtained from EACH type of respondent? \*

**7d.** Name the organization(s) or consultant(s) who will be contacting EACH type of respondent: \*

[+ Add More Organizations/Consultants](#)

**7e.** Name the methods to be used in conducting follow-back investigations, including how EACH type of contact will be made: \*

PREVIOUS

NEXT

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\* Required Input

SAVE AND EXIT

SAVE AND CONTINUE

CANCEL



8. Institutional Review Board (IRB) for the Protection of Human Subjects

(Defined by the U.S. Department of Health and Human Services in the Code of Federal Regulations, Title 45, Part 46)

Evidence of a current IRB review is REQUIRED for all NDI applications (please ensure that NDI applicant's name is referenced in the IRB letter). If this study or project involves death record follow-back investigations as described in item 7, a special letter from the IRB is REQUIRED (as explained in Attachment C).

ALL DOCUMENTATION SHOULD BE UPLOAD AS PDF DOCUMENTS ON TAB LABELED "Page 7"

8.a. IRB approval status: \* [radio] Full [radio] Expedite [radio checked] Exempt

8.b. Provide the following and upload a PDF copy of the IRB review on tab labeled "Page 7":

Name of IRB: \* [input field]

IRB's Multiple Project Assurance (MPA) number or Federalwide Assurance (FWA) number: \* [input field]

Date of most recent IRB review \* [input field] [calendar icon]

(NOTE: If death record follow-back investigation will be performed as described in item 7, an explanation of why your organization does not require an IRB approval for such a study or project is not acceptable. If your organization does not have an IRB [that has been approved by the Office for Human Research Protections, Department of Health and Human Services], you may have the study reviewed by an approved IRB in another organization.)

9. Maintaining the Confidentiality of IDENTIFYING or IDENTIFIABLE death record information

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9a. Name the organization(s), including your own, that will:

(1) Submit records of study subjects for the NDI file search(es): \*

Org. Name: <input type="text"/>	Site Indicator: Ind: <input type="text" value="Ind"/>	<input type="button" value="x"/>
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[+ Add new row](#)

(2) Receive the results of the NDI search directly: \*

Org. Name: <input type="text"/>	Site Indicator: Ind: <input type="text" value="Ind"/>	<input type="button" value="x"/>
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[+ Add new row](#)

Based on the results of the NDI file search(es), will copies of death certificates be requested from state vital statistics offices?

(3) Request copies of death certificates from the state vital statistics offices: \*

9b. Describe the following controls that would be used to store and maintain the confidentiality of the **IDENTIFYING or IDENTIFIABLE death record information** at your organization:

**Physical controls** - building guards, identification badges, key cards, closed circuit TV, and locked offices. \*\*\* 250 Word Maximum! \*\*\* Extra words will be truncated! \*

**Technical controls** - user identification, passwords, firewalls, encryption, virtual private network, intrusion detection system, and stand-alone desktop use only. Please be aware that the standard encryption requirement for sensitive federal information, like the NDI data, is FIPS-140-2 in accordance with NIST 800-53 (see: <https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-2.pdf> and <https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf> ). \*\*\* 250 Word Maximum! \*\*\* Extra words will be truncated! \*

**Administrative controls** - frequency of backing up files, where backup files will be stored, methods to ensure least privilege access, methods for ensuring **IDENTIFYING or IDENTIFIABLE death record information** is not co-mingled with administrative records not part of this project, how use will be monitored to prevent use for purposes not approved for this project, how personnel using the system will be trained and made aware of their responsibilities for protecting the **IDENTIFYING or IDENTIFIABLE death record information**, methods for monitoring who has access to the data, and methods for ensuring return or destruction of data. Please include text indicating the number of persons who will have access to the backup files containing IDENTIFYING OR IDENTIFIABLE death record information. \*\*\* 250 Word Maximum! \*\*\* Extra words will be truncated! \*

NOTE: If multiple sites are involved in the above-mentioned study project, each site must describe its own controls that would be used to maintain the confidentiality of the **IDENTIFYING or IDENTIFIABLE death record information**.

Notes:

[IDENTIFYING or IDENTIFIABLE death record information](#)

\* Required Input



10. Completion of study or project

10a. Is the study or project ongoing or open-ended? \* [Yes selected] No

10b. In what form (e.g., aggregate, statistical, report, etc.) and to whom (e.g., peer reviewed scientific journals, monographs) will the results of your study or activities be released? (NDI would appreciate a courtesy copy of any publications that may result from the use of NDI data) \*

[Empty text box for 10b response]

10c. Will study subjects be notified of study results? \* [Yes selected] No

If yes, how will the subjects be notified? \*

[Empty text box for 10c response]

11. Data disposition plan

Some state vital statistics offices have expressed concern about indefinite retention of IDENTIFYING or IDENTIFIABLE death record information that could be used in the future by other persons for other purposes.

Except for data stored in registries, or other approved long-term studies, all identifying or identifiable data received from NDI must be removed from all research records at the conclusion of the study or within 5 years after receipt of the NDI data -- regardless of the data set in which the data are kept. This means that all identifiers or potentially identifiable data elements associated with cause-of-death codes must be removed from all analysis files unless there is no way to identify an individual decedent. This also means that any linked files (with crosswalks) must be destroyed. As long as there are no identifiers or linkage variables remaining in the analytic or public-use file(s), cause(s) of death codes may remain in such file(s). (NOTE: Death certificates obtained directly from state offices may have to be shredded in less than 5 years depending on each state's requirements.)

1. Based on the above requirements, when do you plan to dispose of all IDENTIFYING or IDENTIFIABLE death record



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1. Based on the above requirements, when do you plan to dispose of all **IDENTIFYING or IDENTIFIABLE death record information** obtained from NDI? Give the proposed **month and year** of destruction, or enter **UNKNOWN** or **99/9999** if this is an open-ended or ongoing study that has no specific disposition plan at this time. \*

(Use **MM/YYYY** format)

2. Only complete items 2a. and 2b. if the above date is UNKNOWN or if the date is more than 5 years after the month and year that you submitted this NDI application.

a. Please provide a strong justification for why the data need to be retained beyond this 5-year period. \*

b. Within 5 years of submitting your NDI application, you are responsible for either (1) requesting an extension or (2) certifying the NDI data have been returned to NCHS or destroyed. (see attachment A) The extension request or certification of data disposal must be submitted to NDI staff within 5 years - no later than the month and year stated in the box below.

PREVIOUS

NEXT

### Notes:

[IDENTIFYING or IDENTIFIABLE death record information](#)

\* Required Input

SAVE AND EXIT

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OMB No. 0920-0215  
Exp. Date 12/31/2022

Disclaimer Page 1 Page 2 Page 3 Page 4 Page 5 Page 6 Page 7

Status: New

**Attachments:**

*Please convert all documents to PDF format before uploading.*

***Please upload ALL files that apply:***

IRB: \* [+ Add Attachment](#)

CONFIDENTIALITY AGREEMENTS: \* [+ Add Attachment](#)

OTHER DOCUMENTS: [+ Add Attachment](#)

SUBMIT TO NDI

PREVIOUS

**Notes:**

**IDENTIFYING or IDENTIFIABLE death record information**

\* **Required Input**

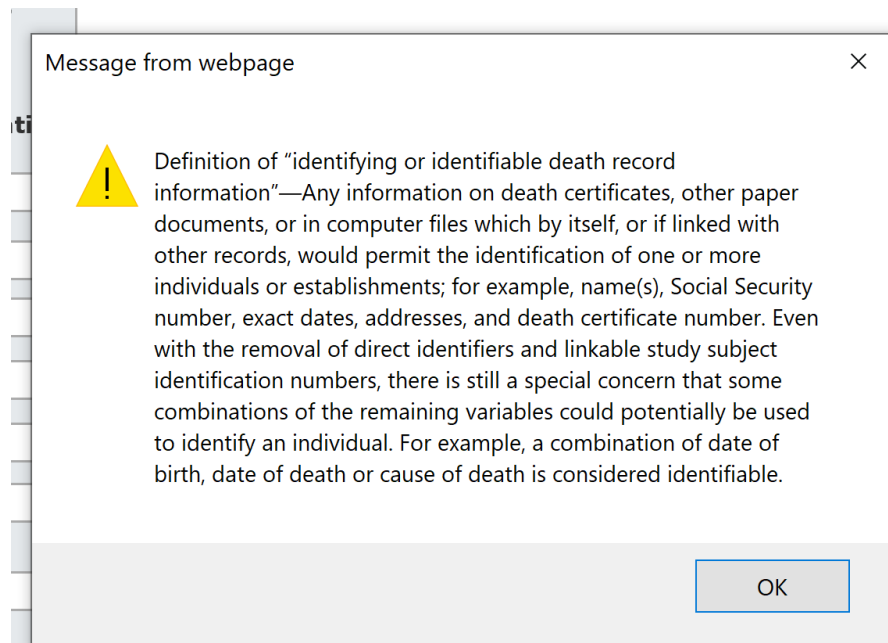
SAVE AND EXIT

SAVE AND CONTINUE

CANCEL

This page required at least two PDF attachments - but users can upload up to 99 attachments.

When IDENTIFYING or IDENTIFIABLE death record information is clicked, the following pops up:



more information is needed?