**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, 5292

Hyattsville, MD 20782–2064

Phone 301–458–4444

Be sure to enclose:

1. Study subjects’ records (sFTP or CD-ROM)
2. Completed *NDI Transmittal Form*

# Worksheet for calculating NDI charges

1. 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: | Person to contact if NCHS has |
| (Include street address and room number, not just P.O. Box) | problems processing your records: |
|  | Name of Person: |
|  | Phone number: |
|  | E-mail: |
| Phone number: E-mail:  |   |

|  |  |  |
| --- | --- | --- |
| **1. What year(s) of death do you want to search?****If you are submitting MORE THAN ONE FILE (SEE ITEM 7 FOR REFERENCE), submit a separate *NDI Transmittal Form* for each file. Contact NDI staff if you are not sure which years are currently available.)** | **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:** | **4. Records (100 characters) submitted on:** **CD–ROM  sFTP** |
| **5. TOTAL number of (100-character) records: Number of study subjects\*** \*Charges are based only on number of subjects **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duplicate/alias records** (optional) 0  |

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

CDC estimates the average public reporting burden for this collection of information as 18 minutes per response, including the time for reviewing instructions, searching existing data 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, GA 33033, ATTN: PRA (0929–0215).

 Form Approved

OMB No. 0920-0215

Exp. Date xx/xx/20xx

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7a. File type:** Routine | Unknown | Known | Certificate | **7b. Did your original application form only request routine searches?** | **Yes** | **No** |
| **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 separateNDI 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 | **10. Amount of payment:**(Confirm with NDI staff if necessary)Service charge Total record charges (duplicate records at no charge)TOTAL PAYMENT $ 0.00 |
|  Check  attached  pending  Credit card (limit $100,000.00) Purchase order: #  Interagency agreement (specify):  Other (specify):  |
| **Person authorized to request this NDI search (print):** | **Signature:***Only federal employees may sign digitally* | **Date** |

**6. Preferred output medium:**

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

**CD–ROM**

**sFTP**

**FOR NCHS OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| Date data recieved: Date searched: Date NDI output sent:  | **Total records:** | **NDI CHARGES:**Service charges Total record charges $ 0.00**TOTAL PAYMENT** |
| **Rejected records:** |
| Type of output: CD/ROM sFTP**Programmer’s initials:**  |

## Required action:

Deposit check Invoice against purchase order Charge interagency agreement #

## Special instructions or comments: