

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

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: _____	Name of Person: _____ 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

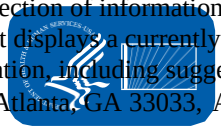
5. TOTAL number of (100-character) records:

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).



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 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 **\$ 0.00**

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

Total records:

Rejected records:

Date data received: _____

Date searched: _____

Date NDI output sent: _____

NDI CHARGES:

Service charges _____

Total record charges _____

TOTAL PAYMENT **\$ 0.00**

Type of output: CD-ROM sFTP

Programmer's initials: _____

Required action:

Deposit check
 Invoice against purchase order
 Charge interagency agreement # _____

Special instructions or comments: