**Early Release**

**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, 7318

Hyattsville, MD 20782

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:(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:  |
| Phone number: E-mail: Fax:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1. What year(s) of death do you want to search?****If you are submitting MORE THAN ONE FILE, submit Beginning year****a separate *NDI Transmittal Form* for each file. Contact****NDI staff if you are not sure which years are currently available. Ending year****available.)** |  |  |  |
|  |  |  |
| **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) |

**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 2 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).**

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 Form Approved

OMB No. 0920-0215

Exp. Date: xx/xx/20xx

**6. Preferred output medium:**

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

**CD–ROM**

**sFTP**

|  |
| --- |
| **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, complete a separate NDI TRANSMITTAL FORM for each file, clearly indicating which YEAR(S) OF DEATH each file 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  |
|  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:** | **Date** |

|  |
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| **FOR NCHS OFFICE USE ONLY** |
| Date data received: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date searched: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date NDI output sent: | **Total records:** | **NDI CHARGES:**Service charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total record charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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:** |