



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*
 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?	<input type="radio"/> YES	<input type="radio"/> NO
3. Date sent to NCHS:	4. Records (100 characters) submitted on:	
5. TOTAL number of (100-character) records: *Charges are based only on number of subjects	<input type="radio"/> CD-	<input type="radio"/> ROM
Duplicate/alias records (optional)	<input type="radio"/> sFTP	Number of study

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).



Centers for Disease Control and Prevention
National Center for Health Statistics

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

7. File type:

6. Preferred output medium: Unknown Known Certificate

8. Special instructions: CD-ROM
You NDI results are sent on a CD-ROM unless a different medium is indicated. (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

- 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

Date data received: _____

Date searched: _____

Date NDI output sent: _____

Type of output: CD-ROM sFTP

Programmer's initials: _____

Total records: _____

Rejected records: _____

NDI CHARGES:

Service charges _____

Total record charges _____

TOTAL PAYMENT _____

Required action:

Deposit check Invoice against purchase order Charge interagency agreement #

Special instructions or comments: