



Attachment C

National Death Index Transmittal Form

Express mail THIS FORM and your FILE to:

NATIONAL DEATH INDEX
Division of Vital Statistics
National Center for Health Statistics
6525 Belcrest Road, Room 820
Hyattsville, MD 20782
Phone: 301-458-4444

Be sure to enclose:

1. Study subjects' records (on diskette or CD-ROM)
2. Completed *NDI Transmittal Form*
3. Worksheet for calculating NDI charges
4. Payment (check or purchase order)*

* Make check payable to the *U.S. Dept. Of Health and Human Services* and include your *NDI* number.
NOTE: Our Employer Identification Number (EIN) is 58-605-1157.

Name of Principal Investigator/Project Director:	Phone number:	Assigned NDI application (search) number:
Organization:		

To whom should we express mail the NDI results? (Include street address and room number; not just a P. O. Box):	Person to contact if NCHS has problems processing your records:
Phone number:	Name:
	Phone Number:

1. What year(s) of death do you want to search? (If you are submitting MORE THAN ONE FILE, see "SPECIAL INSTRUCTIONS" on back. Contact NDI staff if you are not sure which years are currently available.)	(Earliest year is 1979) Beginning Year _____ Ending Year _____
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2. Is this a REVISED data submission to correct errors from a previous submission? _____ YES _____ NO

3. Date sent to NCHS: _____	5. Records submitted on: (100 character records) _____ CD-ROM _____ Diskette _____ Mainframe magnetic tape
4. TOTAL number of records: (100 character records) _____ Number of study subjects* _____ <small>*Charges are only based on the number of subjects</small> Duplicate/alias records (at no charge) (optional) _____	

6. PREFERRED OUTPUT MEDIUM:

We plan to send your NDI results on a CD-ROM unless you indicate that you prefer a different medium.

_____ CD-ROM _____ Mainframe magnetic tape
 _____ Diskette _____ Printout

7. 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, please clearly indicate HOW MANY RECORDS are on each file and which YEAR(S) OF DEATH each file should be searched against.)

8. Payment is being made by: EIN: 58-605-1157

_____ Check: _____ attached _____ pending

_____ Purchase order: # _____

_____ Interagency agreement (specify): _____

_____ Other (specify): _____

9. Amount of payment: (Confirm with NDI staff if necessary.)

Service charge \$ _____

Total record charges \$ _____

TOTAL PAYMENT \$ _____

Person authorized to request this NDI search (print):	Signature:	Date:
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FOR NCHS OFFICE USE ONLY

Date data RECEIVED: _____	Total Records:	NDI CHARGES:
Date NDI output SENT: _____	Rejected records:	
Type of output: _____ CD-ROM _____ Diskette		Service charge \$ _____
_____ Mainframe tape _____ Printout		Total record charges \$ _____
		TOTAL PAYMENT \$ _____

Required action:

_____ Deposit check _____ Invoice against purchase order _____ Charge interagency agreement # _____

Special instructions or comments:

Public reporting burden of this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 33033, ATTN: PRA (0929-0215).