



## NATIONAL DEATH INDEX REPEAT REQUEST FORM

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention • National Center for Health Statistics

Mail form to: **NATIONAL DEATH INDEX, Division of Vital Statistics, National Center for Health Statistics,  
3311 Toledo Road, Room 7318, Hyattsville, Maryland 20782**

Once a National Death Index (NDI) user's initial NDI Application Form has been approved for a particular study or project and the initial NDI file search has been performed, the user must submit this abbreviated request form prior to each subsequent NDI file search.

The user should not submit records for a repeat NDI file search until the user is notified by the National Center for Health Statistics that this repeat request has been approved.

CURRENT PROJECT DIRECTOR, TITLE, AND COMPLETE ADDRESS:

TIM BULLMAN  
DEPARTMENT OF VETERANS AFFAIR  
OFFICE OF ENVIRONMENTAL EPIDEMIOLOGY SERVICE (135)  
810 VERMONT AVENUE NW  
WASHINGTON, DC 20420

ASSIGNED NDI APPLICATION NUMBER:

**83-K030 A20**

TYPE OF NDI SEARCH (check all that apply):

- Routine search  
 NDI Plus (unknown vital status)  
 NDI Plus (known decedents)

PHONE NUMBER:

E-MAIL:

TIM.BULLMAN@VA.GOV

FAX NUMBER:

202 254-0380

KEY CONTACT PERSON:

TIM BULLMAN

PHONE NUMBER:

202 254-0370

E-MAIL:

TIM.BULLMAN@VA.GOV

Please answer each of the following questions based on the information which was provided in the NDI Application Form. The **USER MUST ATTACH AN UPDATED OR REVISED NDI APPLICATION FORM ONLY IF THERE IS A RESPONSE OF "YES" TO ONE OR MORE OF THESE QUESTIONS** (with the exception of B.a).

YES NO

1. Excluding any new FEDERAL GRANTS, is the project being supported by any new organization(s)?

X

2. Will any new organization(s) be receiving any IDENTIFYING information from the NDI, State death records, or death record followback investigations?

X

3. Are there any changes in the provisions for maintaining the confidentiality of such IDENTIFYING information?

X

4. Are there any changes in the provisions for disposing of such IDENTIFYING information?

X

5. Will any IDENTIFYING death record information obtained via the NDI be used for LEGAL, ADMINISTRATIVE, or OTHER ACTIONS which may DIRECTLY affect particular individuals or establishments as a result of their specific identification in this project?

X

6. Will the proposed NDI file search be used for a study or project which is different from what was described in the approved NDI Application form?

X

7. Are there any changes in the project's research objectives described in the approved NDI Application Form?

X

8.a. Are you continuing your PROPOSED death record followback investigations? (Enter "NA" if not applicable.) IF "YES," you should attach a copy of a CURRENT approval from your Institutional Review Board for the Protection of Human Subjects.

NA

8.b. Are there any changes in your PROPOSED followback methodology? (Enter "NA" if not applicable.)

NA

8.c. If you did not propose any death record followback investigations, will you be initiating such activities? (Enter "NA" if not applicable.)

NA

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 30333, ATTN: PRA (0920-0215).

CDC/NCHS-6205-6  
(Rev. 4/04)

FORM APPROVED  
OMB No. 0920-0215  
Expires 11/30/04


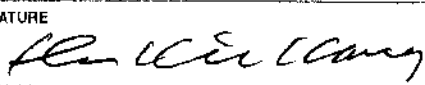


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## NATIONAL DEATH INDEX CONFIDENTIALITY AGREEMENT

The undersigned hereby agrees to the following terms and conditions associated with this National Death Index (NDI) application and to the use of the information obtained from (1) the NDI, (2) State death records, and (3) death record followback investigations:

- A. Except for persons or organizations specified in the approved NDI application form, no data will be published or released in any form to any party if a particular individual or establishment is identifiable. **ALL REQUESTS FOR IDENTIFIABLE DATA OBTAINED VIA THE NDI WILL BE REFERRED IMMEDIATELY TO NCHS.** In accordance with Section 308(d) of the Public Health Service Act, such identifiable data will specifically not be provided in response to a direct order from an official of any government agency, the Administration or Congress, nor in response to an order from a court of justice.
- B. The identifying information will be used **ONLY** for statistical purposes in medical and health research.
- C. The identifying information will not be used as a basis for *legal, administrative, or other actions* which may directly affect those particular individuals or establishments as a result of their specific identification in this project.
- D. The identifying information will be used only for the study or project proposed and the purpose described in the approved NDI application form. Use of the information for a research project other than the one described in the application form will not be undertaken until after a separate NDI application form for that project has been submitted to, and *approved by*, the National Center for Health Statistics.
- E. NCHS obtains death record information via contracts with the State vital statistics offices. These contracts contain specific restrictions on the use of the information by the NDI and by the NDI *Plus* service (which gives NDI users cause of death codes). By providing NCHS with these assurances, I understand that I am *also* providing the same assurances to the State vital statistics offices. Violation of the terms of this agreement may result in my and/or my organization's being denied (1) future use of the NDI and/or (2) copies of death certificates or other identifying death record information from the State vital statistics offices.
- F. I understand that while State vital statistics offices may receive copies of this application, States may require additional information and/or assurances before responding to requests for copies of death certificates or for death record information. Some States may not be able to honor certain requests because of the proposed uses of the State data. Furthermore, once data from a particular State are received, I understand that users of the data are subject to that State's laws and regulations relating to disclosure of information on individuals or establishments.
- G. I have reviewed this NDI Repeat Request Form and the related NDI Application Form. All the statements made in these documents and in any confidentiality assurances related to this application are true, complete, and correct to the best of my knowledge and belief.

NAME OF PRINCIPAL INVESTIGATOR, PROJECT DIRECTOR, PROJECT OFFICER OR OTHER RESPONSIBLE OFFICIAL		NAME OF OFFICIAL AUTHORIZED TO EXECUTE AGREEMENTS	
TIM BULLMAN		Han K. Kang, Dr P.H.	
TITLE Health Statistician		TITLE Director – Environmental Epidemiology Service	
ORGANIZATION Department of Veterans Affairs Environmental Epidemiology Service (135)		ORGANIZATION Department of Veterans Affairs Environmental Epidemiology Service (135)	
SIGNATURE 	DATE 3/2/06	SIGNATURE 	DATE 3/2/06

The collection of the information requested in this form is authorized by Section 308 of the Public Health Service Act (42 U.S.C. 242k). The principal purpose of the information requested in this form is to approve requests for the use of the National Death Index (NDI) based on a determination of whether the proposed uses of the NDI conform with the criteria agreed upon between the National Center for Health Statistics and the State vital statistics offices. The form is also used to obtain assurances from the NDI user that the information obtained from NCHS will be kept confidential and will only be used for the study proposed by the user. Copies of the completed form may be sent to the advisers for the NDI program and the State vital statistics offices. A completed form must be submitted to NCHS in order for individuals or organizations to receive the NDI services. Provision of the requested information is voluntary; however, failure to supply all information may delay or prevent action on your application. Voluntary disclosure of information, after being informed of the routine uses and disclosures described above, is an acknowledgement of consent to such uses and disclosures.