



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF VITAL STATISTICS
6 HAZEN DRIVE, CONCORD, NH 03301-6527
TDD Access: Relay NH 1-800-735-2964
Agency Phone: 603-271-4651

June 13, 1995

Hasmukh C. Shah, Ph.D. D.A.B.T.
Manager, Vinyl Chloride Panel
Chemical Manufacturers Association
2501 M Street, NW
Washington, DC 20037

Dear Dr. Shah:

Enclosed is the necessary application that needs to be completed before any search for records filed at the Bureau can be performed. Please have this application filled out by AEI. This application needs to be completed before your request dated March 1, 1995 can be responded to.

To avoid any delay in the processing of your request, please make certain that all items have been completed and the form signed and returned to:

Bureau of Vital Records and Health Statistics
Health and Welfare Building
6 Hazen Drive
Concord, NH 03301

If you have any questions in this regard, please feel free to contact me at (603) 271-4651.

Sincerely,

Karen Grady
Acting State Registrar and Chief
Bureau of Vital Records
and Health Statistics

KG/mjc6126

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division of Public Health Services
Bureau of Vital Records and Health Statistics

- REQUEST FOR VITAL EVENTS RECORD DATA -

A. INDIVIDUAL AND ORGANIZATION REQUESTING RECORD DATA

1. Project Director: Linda D. Dell, M.S. Title: Epidemiologist
2. Office, Division, Department, etc.: _____
3. Organization: Applied Epidemiology, Inc.
4. Street Address or P.O. Box: P.O. Box 2424
5. City, State, Zipcode: Amherst, MA 01004-2424
6. Telephone Number (Include Area Code): (413) 256-3556
7. Other contact person if more information is needed: Kenneth A. Mundt, Ph.D.
8. Date of Request: June 26, 1995

B. REQUESTED DATA

1. Type of record data requested: ☐ Birth ☒ Death ☐ Marriage ☐ Divorce
2. Form of requested data: ☒ Copies of Documents ☐ Magnetic Tape ☐ Diskette
3. Time Period of requested data: 1942-1993
4. If copies of documents are requested, please complete attached payment information form.
5. If record data on magnetic tape/diskette are requested, see attachment listing data items and check items requested.

C. TITLE OF STUDY OR PROJECT: _____

An Update of the Epidemiologic Mortality Study of Vinyl Chloride Workers

— FOR OFFICE USE ONLY —

Date request received: _____

Request: ☐ Approved ☐ Disapproved

Date of Approval/Disapproval: _____

State Registrar's Signature: _____

R&S 146559

In answering the following questions, please be brief but as complete as possible and attach a copy of your research/study/project protocol. If you require additional space for answers please attach a separate page(s) and number each answer.

D. SUMMARY OF RESEARCH/STUDY PROTOCOL OR PROJECT ACTIVITIES

1. Describe the health or medical problem(s) addressed by your research/study. What are the primary objectives? State hypotheses to be tested.

See Attachment.

2. Summarize the research/study/project activities. Indicate specifically each way in which the information on the records you have requested will be used.

See Attachment.

3. Will the activities involve any type of followback to contact any of the persons who are the subjects of the records or who are named in the records? ☒ No ☐ Yes

If yes, can you modify your research to exclude followback? ☐ No ☐ Yes

If no, please explain why followback cannot be excluded:

R&S 146560

- REQUESTOR ASSURANCES -

The undersigned agrees to the following terms and conditions related to this request for vital record data.

- A. The record data shall not be used for any purpose other than that specified in this request.
- B. No data, statistics or information derived from the record data which identifies individuals shall be published or released in any form and no derived tabular data or statistics prepared for publication or public presentation or distribution of research/study results, shall display cells with frequencies of fewer than three, or information that allows the derivation of cells with frequencies of fewer than three, when a single town is the unit of analysis.
- C. No record data or copies of the record data shall be further released to any other party without the written consent of the New Hampshire Bureau of Vital Records and Health Statistics.
- D. A copy of any report using data or statistics derived from the record data which has been prepared for publication, or public presentation or distribution shall be provided to the New Hampshire State Registrar of Vital Statistics prior to release, for the review of any statements describing the technical aspects of the data or statistics.
- E. Any report using data or statistics derived from the record data which has been prepared for publication, or public presentation or distribution shall:
 1. acknowledge the Bureau of Vital Records and Health Statistics of the New Hampshire Division of Public Health Services as the data source along with a disclaimer on behalf of the Bureau and the Division with respect to any conclusions, estimates or interpretations which the authors have made from the data.
 2. state any relevant qualifications in interpretations of the data or statistics as for example, when data observations do not satisfy conditions required for statistical tests of significance.
- F. The record data provided to the requestor shall remain the property of the Bureau of Vital Records and Health Statistics of the New Hampshire Division of Public Health Services.
- G. All record data provided to the requestor shall be destroyed within one year of the conclusion of the research/study project or, at a later date if the State Registrar has approved a written request for an extension of the time. In either case, when the records have been destroyed the requestor shall so notify the State Registrar by means of a notarized statement.
- H. I have reviewed the request form. All statements made in the request form are true, complete and correct to the best of my knowledge and belief.

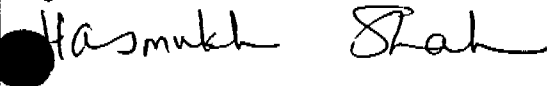
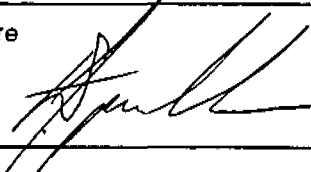
Name of principal investigator or project officer Linda D. Dell, M.S.	Name of official authorized to execute agreements Kenneth A. Mundt, Ph.D.
Title Project Director	Title President
Organization Applied Epidemiology, Inc.	Organization Applied Epidemiology, Inc.
Signature <i>Linda D. Dell</i> Date 6/26/95	Signature <i>Kenneth A. Mundt</i> Date 6/26/95

R&S146561

- REQUESTOR ASSURANCES -

The undersigned agrees to the following terms and conditions related to this request for vital record data.

- A. The record data shall not be used for any purpose other than that specified in this request.
- B. No data, statistics or information derived from the record data which identifies individuals shall be published or released in any form and no derived tabular data or statistics prepared for publication or public presentation or distribution of research/study results, shall display cells with frequencies of fewer than three, or information that allows the derivation of cells with frequencies of fewer than three, when a single town is the unit of analysis.
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- E. Any report using data or statistics derived from the record data which has been prepared for publication, or public presentation or distribution shall:
1. acknowledge the Bureau of Vital Records and Health Statistics of the New Hampshire Division of Public Health Services as the data source along with a disclaimer on behalf of the Bureau and the Division with respect to any conclusions, estimates or interpretations which the authors have made from the data.
 2. state any relevant qualifications in interpretations of the data or statistics as for example, when data observations do not satisfy conditions required for statistical tests of significance.
- F. The record data provided to the requestor shall remain the property of the Bureau of Vital Records and Health Statistics of the New Hampshire Division of Public Health Services.
- G. All record data provided to the requestor shall be destroyed within one year of the conclusion of the research/study project or, at a later date if the State Registrar has approved a written request for an extension of the time. In either case, when the records have been destroyed the requestor shall so notify the State Registrar by means of a notarized statement.
- H. I have reviewed the request form. All statements made in the request form are true, complete and correct to the best of my knowledge and belief.

Name of principal investigator or project officer Hasmukh Shah	Name of official authorized to execute agreements Langley A. Spurlock
Title Manager, Vinyl Chloride Panel	Title Vice President
Organization Chemical Manufacturers Association	Organization Chemical Manufacturers Association
Signature  Date 7/3/95	Signature  Date 7/3/95

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- REQUEST FOR COPIES OF DOCUMENTS: PAYMENT INFORMATION -

1. Project Director: Linda D. Dell, M.S. Title: Epidemiologist
2. Organization: Applied Epidemiology, Inc.
3. Type of organization requesting copies of documents: (check all that apply)
- ☐ Non-profit ☐ State Funded ☐ Federally Funded ☒ Privately Funded
4. How often will copies be required?
- ☐ Weekly ☐ Monthly ☐ Annually ☒ Other, Specify
- 1-3 times over a 2 year period
- ~~5. How do you prefer to be billed for the copies?~~
- ~~☐ Per Batch ☐ Monthly~~

Project Director's Signature: Linda D. Dell

Date: 6/26/95

R&S 146563

ATTACHMENT

D. SUMMARY OF RESEARCH/STUDY PROTOCOL OR PROJECT ACTIVITIES

1. Mortality in the industry-wide cohort of vinyl chloride workers has previously been updated through 1982. Since that date, it is anticipated that a substantial number of additional deaths has occurred among the cohort. Updating the study through 1992 will allow a number of important scientific questions regarding human exposure to vinyl chloride to be addressed:
 - 1) How does the overall mortality experience of this cohort compare with a) that of the general U.S. male population and b) regional mortality patterns in those parts of the U.S. in which the majority of study plants were located?
 - 2) Does the previously observed excess of mortality due to angiosarcoma of the liver (ASL) continue to appear as the cohort ages? Does the magnitude of the excess increase, decrease, or remain the same as the cohort ages?
 - 3) Is there evidence of an association between vinyl chloride exposure and cancer at any anatomical site other than the liver? If so, how does this association(s) compare with that of ASL in terms of the influence of age at first exposure, duration of employment, period(s) of exposure, estimated latency, etc.?
2. Deaths that have occurred in the cohort since 1982 will be identified using the National Death Index and any other relevant sources of information (e.g., company records). Death certificates will be requested from the appropriate state vital records offices. All death certificates will be reviewed by a professional nosologist who will identify and code all underlying and contributing causes of death according to the ICD revision in effect at the time of death. These data will then be combined with data collected in previous updates for this cohort. ICD codes will be computerized and translated into a common code for uniform analysis and reporting. Overall and cause-specific Standardized Mortality Ratios (SMRs) will be calculated using the observed numbers of deaths in the cohort and expected numbers derived by applying age-, calendar year-, and sex-specific national and regional mortality rates to the person-year distribution of the cohort. SMRs and 95% confidence intervals will be calculated and reported for total deaths and for cause-specific deaths. Additional statistical analysis will be conducted as deemed appropriate. A technical report and a manuscript suitable for publication in the peer-reviewed literature will be prepared when the analyses are completed. No death record followback investigation will be performed as part of this study.