CHEMICAL
MANUFACTURERS
ASSOCIATION

FAX Cover Sheet

To: Jonathan Barlow

Company: Dow

Telephone #:

Fax Number: 517-636-1875

From: Has Shah
Chemical Manufacturers Association
(202)887-1191

Number of Pages (including cover sheet) 2

Dear Jonathan:

FYI: This was sent to Ken for completion!

Sincerely,

Kim

R&S152877

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

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

KG/mjc6126

R&S152878

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: _____ Title: _____
2. Office, Division, Department, etc.: _____
3. Organization: _____
4. Street Address or P.O. Box: _____
5. City, State, Zipcode: _____
6. Telephone Number (*Include Area Code*): _____
7. Other contact person if more information is needed: _____
8. Date of Request: _____

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: _____
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: _____

_____

_____

FOR OFFICE USE ONLY

Date request received: _____

Request: ☐ Approved ☐ Disapproved

Date of Approval/Disapproval: _____

State Registrar's Signature: _____

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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 f r 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.

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

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:

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- REQUESTOR ASSURANCES -

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

A. Th 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 c lls with fr quencies of fewer than three, when a single town is the unit of analysis.

C. No r cord data or copies of the record data shall be further released to any other party without the written consent of th New Hampshire Bureau of Vital Records and Health Statistics.

D. A c py 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 H alth 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. Th 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 th r cords have been destroyed the requestor shall so notify the State Registrar by means of a notarized statem nt.

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	Name of official authorized to execute agreements
Title	Title
Organization	Organization
gnatur Date	Signature Date

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- REQUEST FOR COPIES OF DOCUMENTS: PAYMENT INFORMATION -

1. Project Director: _____ Title: _____

2. Organization: _____

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

_____

~~5. How do you prefer to be billed for the copies?~~

~~☐ Per Batch ☐ Monthly~~

Project Director's Signature: _____

Date: _____

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