

RECORDS TRANSMITTAL AND RECEIPT

Complete and send original and one copy of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.

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1 TO (Complete the address for the records center serving your area as shown in 36 CFR 1228.150.)

5 FROM (Enter the name and complete mailing address of the office retiring the records. The signed receipt of this form will be sent to this address.)

**Federal Records Center
Stop 386
Washington, DC**

**NIH Records Management Officer
6011 Executive Blvd., Room 601, MSC 7669
Rockville, MD 20852**

2	AGENCY TRANSFER AUTHORIZATION	TRANSFERRING AGENCY OFFICIAL (signature and title) NIH Records Management Officer	DATE
3	AGENCY CONTACT	TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No) NAME; Phone #; NIH/IC; BLDG/Room#; CAN #	
4	RECORDS CENTER RECEIPT	RECORDS RECEIVED BY (Signature and Title) (Leave this section blank)	DATE

Fold Line

RECORDS DATA

ACCESSION NUMBER			VOLUME (cu. ft.)	AGENCY BOX NUMBER	SERIES DESCRIPTION (with inclusive dates of records)	RESTRICTION	DISPOSAL AUTHORITY (schedule and item number)	DISPOSAL DATE	COMPLETED BY RECORDS CENTER			
RG	FY	NUMBER							LOCATION	SHELF PLAN	CONT. TYPE	AUTO. DISP.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
443	07	xxxx	25	1/25	^XX (charge code) National Institutes of Health National Cancer Institute Molecular and Cell Biology, BRL Records of basic experimental & statistical data "2006" Privacy Act Records – NO These Records Are Not Tobacco Related These Records Are Not Related to Prescription Drug Pricing These records are eligible for destruction – 1/2012 <u>Name of PI/Records Owner Date</u>	R	Chapter 1743 3000G-3b	1/2012 <i>(disposals take place Jan, Apr, July, Oct)</i>				