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.

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

Federal Records Center
Stop 386
Washington, DC

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.)*

NIH Records Officer
National Institutes of Health
6011 Executive Blvd., Suite 601, MSC 7669
Rockville, MD 20852

2 AGENCY TRANSFER AUTHORIZATION	TRANSFERRING AGENCY OFFICIAL *(signature and title)* Kimberly Johnson, 301-496-4606 NIH Records Officer	DATE – **Leave blank**
3 AGENCY CONTACT	TRANSFERRING AGENCY LIAISON OFFICIAL (*Name, office and telephone No)* Your IC Record Liaison Contact Information goes in here and your name and other information	
4 RECORDS CENTER RECEIPT	RECORDS RECEIVED BY (*Signature and Title)*	DATE

6 **RECORDS DATA**

ACCESSION NUMBER									COMPLETED BY RECORDS CENTER			
RG (a)	FY (b)	NUMBER (c)	VOLUME *(Cu. ft.)* (d)	AGENCY BOX NUMBERS (e)	SERIES DESCRIPTION *(with inclusive dates of records)* (f)	RESTRICTION (g)	DISPOSAL AUTHORITY *(schedule and item number)* (h)	DISPOSAL DATE (i)	LOCATION (j)	SHELF PLAN (k)	CONT. TYPE (l)	AUTO. DISP. (m)
			Total Boxes	**1/Total Boxes**	**(1st) A2** **(2nd)** National Institutes of Health **National Cancer Institute** **Office/Lab/Branch/Section** **Contact Name** **Address** **Phone** **(3rd) Record(s) Name:** **(example: Grant Files:** **(Inclusive dates: 10/2000 thru 9/2001)** **& Cutoff date: Sept. 30, 2001** **(4th)** Privacy Act Records – Yes/No Tobacco Related –Yes/No Related to Prescription Drug Pricing – Yes/No Related to Hurricane Katrina – Yes/No Related to American Indians – Yes/No BP/DeepWater Horizon - Yes/No Related to National Law Center on Homelessness & Poverty - Yes/No Related to US Conference of Catholic Bishops - Yes/No Answer the above questions with either YES or NO, but not both. **(5th) Contact Name** **Date**	**"P"** (Privacy Act Information) **Or** **N/A** – (Not Applicable)	**Chapter 1743** **Section and Item #** **Or** **DAA-0443-2012-0007-00XX** **P** – (If Permanent)	MM/DD/YYYY Or (if Permanent) **01/31/YYYYP**				

Directions for Completing the SF135

Box #6 – **RECORDS DATA**

Accession Number -

Box 6(a) RG, 6(b) FY, 6(c) - Leave blank. These boxes will be completed when the request to transfer records has been approved by the FRC. The FRC will fill in these blocks.

Volume - Cubic Feet

Box 6(d) - *(cu. ft.)* – A standard-size box equals one cubic foot. This is equal to the number of cartons if the standard cartons for legal or letter-sized files are used. Enter total cubic feet of all the boxes on the form. (Example: 24)

Agency Box Numbers -

Box 6(e) – First and last box numbers separated by a slash. (Example, if there is only one box in an accession; enter "1/1"; if 30 boxes enter "1/30".) Indicate **"special-purpose boxes,"** if applicable (i.e., half-size; magnetic tape; microfiche; and X-ray boxes). The special-purpose boxes must be authorized by the WNRC prior to shipping records.

Series Description - ***(with inclusive dates of records)*** – this box has several requirements as listed below:

Box 6 (f) – ***1st item*:** (Top Left): Charge Code NCI Charge Code is always A2.

***2nd item*:** National Institutes of Health, National Cancer Institute, and also identify the office/lab/branch/section which has the records.

***3rd item*:** Record(s) Name: Describe the records in sufficient detail to allow the NCI RMO to verify compliance with Manual Chapter 1743 which describes the records. No description is completed without the **closing date (and/or inclusive dates)** of the records. Specify the earliest and most recent dates of records in the accession by calendar or fiscal year, as appropriate.

***4th item*:** Contact Name: add your office Contact name, address, and phone number

5th item*:** ***Special description requirements apply for certain records:

a. Identify the basis of any restriction or use of the records as specified in 6.g. Restrictions are not allowed unless permitted by the Freedom of Information Act. Indicate either **YES** or **NO** in 6(f) and enter code P (Privacy Act Information) in box 6(g).

b. Identify, by indicating ***Yes*** or ***No*** to any records related to the Preservation Orders listed on the SF-135 form.

Restrictions -

Box 6(g): Indicate “P” for Privacy Act system records. All other records should be “N/A”.

Disposal Authority (include schedule and item number) -

Box 6(h): Enter 1743 (NIH Manual Chapter), followed by the Section and Item number which applies to the records in the accession **OR** DAA-0443-2012-0007-00XX if the NIH Manual Chapter is superseded by the Intramural Research Records Schedule, effective April 2, 2014 (see ‘cheat sheet’). If the records are Permanent Records, enter the code “**P and Permanent**” in this box after the item number.

Disposal Date -

Box 6(i): Calculate the month and year in which the records must be destroyed or offered to the NARA, from the disposition instruction in the NIH Manual Chapter, and the most recent dates of the records in the accession.

Disposable Records - Because disposal is accomplished in quarterly cycles, you may advance the date to the beginning of the next calendar quarter (for example, 1/01/2020, 4/01/2020, 7/01/2020, 10/01/2020) to obtain the actual date of disposal.

Permanent Records - Permanent records are offered to NARA on an annual basis; enter the month of January (01), the offer year, and place a "P" after the offer year (01/2025P).