

National Institutes of Health Request for Publication and Speech Clearance <i>(Use prescribed by NIH Manual 1183)</i>	FOR EOB USE ONLY	
	Date Received	Publication No.
	Approved By	Date

<p style="text-align: center;">Instructions</p> <p>Forward the original (white) and second (yellow) copies of this form, with two copies of the material to be cleared, to:</p> <p style="padding-left: 40px;">Editorial Operations Branch, Division of Public Information, OC/OD.</p> <p>Keep the last copy for your records. For detailed instructions, refer to NIH Manual Chapters 1183 and 1184.</p> <p style="text-align: center;">Privacy Act Statement</p> <p>The Privacy Act of 1974 [5 U.S.C. 552a(e)(3)] requires that when an individual is asked to furnish information to a government agency certain information about the request is to be provided to the individual. NIH</p>	<p>seeks this information pursuant to Executive Order 11222 which is the authority underlying the DHHS Standards of Conduct (45 CFR part 73). Your providing this information is entirely voluntary, but necessary in order to obtain advance administrative approval of the proposed activity.</p> <p>The purpose for which the information is to be used is to determine whether the proposed publication or speech is consistent with, and approvable under, applicable regulations (45 CFR part 73) governing outside activities by employees. Routine use: Administrative reference and availability to the affected employee for 1 year after which the form is destroyed. There are no uses of this information that contemplate its transfer outside of the DHHS. Failure to provide the information requested shall result in the request being denied. Copies of approved forms are maintained in the Editorial Operations Branch, OC, OD.</p>
--	--

Requester and Material Information

Requester's Name	Title		
Institute, Center, or Division	Phone No.	Building	Room
Title of material to be cleared			

Author(s) <i>(Name and title)</i>

Intended Distribution or Use <i>(For scientific manuscripts or speeches, show name of journal or name, date, and sponsor of meeting)</i>
--

Reviews and Approval

WITHIN ORIGINATING INSTITUTE, CENTER, OR DIVISION			
--	--	--	--

Signature	Title	Date	
-----------	-------	------	--

OUTSIDE ORIGINATING INSTITUTE, CENTER, OR DIVISION			
---	--	--	--

<i>Complete this section only when subject matter involves – to an important degree – a program of another ICD</i>	Signature	Title	Date
--	-----------	-------	------

DIRECTOR OF INSTITUTE, CENTER, OR DIVISION, OR DESIGNEE			
--	--	--	--

<i>I have reviewed this material and recommend it be published or presented as indicated above. I have determined that it is in compliance with NIH policy and constitutes the best means of reaching the intended audience.</i>	Signature	Title	Date
---	-----------	-------	------