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Author(s) (Initial to Show Approval): (If authors are from other Centers/Institute/Offices [C/I/Os], include their affiliations.)

Title of Work: _____

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Chapter in Book (Editor/Title/Publisher) _____

CDC Publication Manual Pamphlet Report Other (Specify) _____

FOR PRESENTATION

Abstract Meeting/Place/Date _____

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FOR CROSS-CLEARANCE

Needed C/I/Os to be Contacted Date Obtained Comments

FOR EDITING

Required (for EIS officers) Not needed Requested

Note to Author(s):

If this manuscript reports a study that involved research on human subjects, was IRB approval obtained?

Yes No Determined to be Exempt Not Applicable Human Subjects Review No. _____

Does this research constitute a new discovery, e.g., a new device, biologic or chemical composition, method, or use or improvement of existing technology? Yes No

If yes

Has an Employee Invention Report (PHS 6364, Rev. 1/93) been filed with CDC's Technology Transfer Office? Yes No

If report has not been filed, please complete and forward the ORIGINAL Employee Invention Report to the Technology Transfer Office and three copies to your C/I/O Technology Transfer representative.

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