

1	TO	(Complete the address for the records center serving your area as shown in 36 CFR 1228.150.)  <div style="text-align: center;"> <b>Federal Records Center</b>  <b>Stop 386</b>  <b>Washington, DC</b> </div>	
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) <b>NAME; Phone #; NIH/IC; BLDG/Room#; CAN #</b>	
4	RECORDS CENTER RECEIPT	RECORDS RECEIVED BY (Signature and Title)  (Leave this section blank)	DATE

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

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