

Request for Translation Service

Instructions:

Complete one form for each item to be translated. One form may be used for several personal documents for a single individual.

In house translations with no charge:

- Russian to English
- English to Russian
- German to English
- Spanish to English
- French to English
- Italian to English

Additional Charges:

Other translations are done by contractors. Contractor completed translations are paid by your IC.

Submitting a translation request:

Drop off your request at the NIH Library Translations Office
Bldg. 10 / Room 1L21
Phone: (301-496-2257). Fax (301-402-0254) or
email your request(s)
NIHLibraryTranslationsStaff@mail.nih.gov

Please include a signature of approving official and a Common Account Number (CAN) for any request to be translated by a contractor.

Notice: Translation service is available to NIH staff for material relevant to employment/research.

Name:		Date of Request:
Institute or Center:	Building and Room:	Phone No.
Signature of Approving Official (who is authorized to approve expenditure and who certifies that this translation is essential to the research effort of NIH). Only for items to be translated by a contractor.		Common Account Number (Only for items to be translated by a contractor)
Material to be Translated:		
DOCUMENT	PROTOCOL CONSENT	ARTICLE
Type of document (letter, diploma, certificate, etc.):	Study number:	Author:
Document owner's name:	Amendment/Type:	Journal citation:
Translate from:	Translate from:	Translate from:
Translate into:	Translate into:	Translate into:
TYPE OF TRANSLATION DESIRED	DEADLINE	CERTIFICATION / NOTARIZATION
Check one: <input type="radio"/> Written <input type="radio"/> Oral – inquire in office	Deadline (if any) for translation:	Certification needed (please mark with "x"): Yes () No () Notarization needed (please mark with "x"): Yes () No ()
Other Instructions:		
FOR NIH LIBRARY USE ONLY		
ACTION	DATE	COST
Translated by:	Date Translation Request Received by Translations Office (date logged in):	BPA Call Number HHSN: Other:
Reviewed by:	Started	APPROVED FOR PAYMENT:
Returned to:		
Received:	Completed	FINAL CHARGE:
Language:		
Number of Words:		