

## NHLBI DIR Request for Translations

### Instructions:

Please complete one form for each protocol translation request.  
 Please forward copies to NHLBI DIR OCA Translations [nhlbi\\_dirocatrans@mail.nih.gov](mailto:nhlbi_dirocatrans@mail.nih.gov) ([nhlbi\\_dirocatrans@mail.nih.gov](mailto:nhlbi_dirocatrans@mail.nih.gov))

**NHLBI Office of Clinical Affairs (Tel: 301-594-7272)**  
**Bldg 10, CRC Suite 6-5140 (Fax: 301-594-8099)**

<b>Name of Requestor :</b>			<b>Date of Request:</b>
<b>Branch:</b>	<b>Bldg/Rm:</b>	<b>Phone #:</b>	<b>E-mail Address :</b>
<b>Principal Investigator:</b>			<b>Protocol Number:</b>
<b>Protocol Title:</b>			

### Material(s) to be Translated

<input type="checkbox"/> Consent Document(s) <input type="checkbox"/> Advertisements: <input type="checkbox"/> Letters : <input type="checkbox"/> Surveys: <input type="checkbox"/> Patient Teaching Tools :	Check below if Initial Translation  <input type="checkbox"/> <b>Initial Translation Request</b>  Approved by the IRB on _____  Submit the OPS processed consent document	Check below if Translation is based on Recent Amendment  <input type="checkbox"/> <b>Amendment Translation Request</b>  Amendment _____ Approved by the IRB on _____  Submit the previously approved translated consent document in addition to the annotated English Document in MS Word and the OPS final processed consent document
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### Language of Translation Requested

**Check Appropriate Box:**

Amharic _____	Arabic _____	Bengali _____	Chinese _____	Farsi _____	French _____
German _____	Greek _____	Hindi _____	Hebrew _____	Italian _____	Japanese _____
Korean _____	Mongolian _____	Nepalese _____	Other _____	Polish _____	Portuguese _____
Russian _____	Spanish _____	Urdu _____	Vietnamese _____		

If "Other," please indicate what language you are requesting \_\_\_\_\_

**Translation(s) Needed by :** \_\_\_\_\_  
 Please note the average turn around time for an initial translation can be from 3 weeks and for an amendment 2 weeks

**Justification for Translations/Other Instructions:**

### For Contractor to Complete

Date Received from the NHLBI OCA:	Date Completed/Sent from Contractor to the OCA:
Translator's Name :	Certification of Translation _____ Translated Document in MS Word _____ Translated Document in PDF _____

The Office of Clinical Affairs will retain an electronic copy of the certification and the translation that has been requested  
 Palladian Partners will retain a copy of the translation for 1 year following the completion of the request.