FOR FURTHER INFORMATION CONTACT: CDR Patricia Buss, MC, USN; (202) 762–3131.

Dated: May 13, 1997.

CDR Patricia Buss, MC, USN,

Chairperson, Interagency Committee on Medical Records.

[FR Doc. 97–13089 Filed 5–19–97; 8:45 am]

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GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 526

AGENCY: General Services Administration.

ACTION: Guideline on automating medical standard forms.

Background

The Interagency Committee on Medical Records (ICMR) are aware of numerous activities using computer-generated medical forms, many of which are not mirror images of the genuine paper Standard Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set data standards and require that activities developing computer-generated versions adhere to the required data elements but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those data elements which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements.

Summary

With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following data elements must appear on the electronic version of the following form:

ELECTRONIC ELEMENTS FOR SF 526

Item	Placement*
Text:	
Title Interstitial/Intercavitary Therapy	Top of form.
Form ID Standard Form 526 (Rev. 2–95)	Bottom right corner of form.
Data Entry Fields:	
Diagnosis	
Date (treatment beginning date and time)	
Isotope	
Total Quantity (MG/mCi)	
Applicator	
Total Time (Hrs.)	
Diagram	
Dose Information	
Signature of Physician	
Date (Physician's signature)	
Identification No.	
Organization	
Patient's Name (last, first, middle)	Bottom left corner of form.
Patient's ID No. or SSN	
Hospital or medical facility	
Register No.	
Ward No.	
Date (of treatment)	
Record of Treatments	

*If no placement indicated, items can appear anywhere on the form.

FOR FURTHER INFORMATION CONTACT:

CDR Patricia Buss, MC, USN; (202) 762–3131.

Dated: May 13, 1997.

CDR, Patricia Buss, MC, USN,

Chairperson, Interagency Committee on Medical Records.

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GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR)

Automation of Medical Optional Form 523B

AGENCY: General Services Administration.

ACTION: Guideline on automating medical standard forms.

Background

The Interagency Committee on Medical Records (ICMR) are aware of numerous activities using computer-generated medical forms, many of which are not mirror images of the genuine paper Standard Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set data standards and require that activities developing computer-generated versions adhere to the required data elements but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly

used and/or commonly computer-generated. We will identify those data elements which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements.

Summary

With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following data elements must appear on the electronic version of the following form:

ELECTRONIC ELEMENTS FOR OF 523B

Item	Placement*
Text:	
Title Authorization For Tissue Donation	Top of form.
Form ID: Optional Form 523B (12–94)	Bottom right corner of form.
Data Entry Fields:	
Name of Hospital.	
Location of Hospital.	
Date of Authorization.	
Name of Deceased.	
Tissue Bank (Name of Hospital).	
Specify Tissue.	
Signature of Witness.	
Full Address of Witness.	
Signature of Person Authorized to Consent.	
Full Address of Person Authorized to Consent.	
Authority to Consent.	
Patient's Name (last, first, middle)	Bottom left corner of form.
Patient's ID No. or SSN.	
Hospital or medical facility.	
Register No..	
Ward No..	

*If no placement indicated, items can appear anywhere on the form.

FOR FURTHER INFORMATION CONTACT: CDR Patricia Buss, MC USN; (202) 762–3131.

Dated: May 13, 1997.

CDR Patricia Buss, MC, USN,

Chairperson, Interagency Committee on Medical Records.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–97–11]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. National Inventory of Clinical Laboratory Testing Services (NICLTS)—New—This is a new data collection. CDC proposes to gather data through the use of a mail/telephone-assisted survey of a statistical sample of waived and provider performance microscopy (PPM) certified laboratories. The use of a mail/telephone survey instrument will be a cost-effective approach for performing the inventory of clinical laboratory testing services by analytes, test systems, specimen types and test volume in laboratories with limited menus such as waived and PPM facilities.

The data collected in this study will provide the government, policy makers, practitioners and researchers with national estimates of analytes, test systems, and test volumes being performed in each of the ten defined regions in the United States in waived and PPM laboratories.

This baseline survey will be analyzed and used by CDC in: (1) responding to questions concerning the impact of both regulatory and non-regulatory changes in the delivery of clinical laboratory medicine to Congress, DHHS, and the public; (2) allowing the government to track changes in public access to clinical laboratory testing and to determine what and where tests are available; (3) predicting the impact of proposed regulatory changes on laboratory services, the government can respond to requests for information from a position of more complete knowledge and understanding than the partial information currently available; and (4) monitoring the changes in laboratory