Publications Division (MVA), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208–7312, or by faxing your request to (202) 501–4067. Please cite 3090–0279, Online Survey of Vendors Using FedBizOpps Survey in all correspondence.

Dated: April 17, 2003.

Michael W. Carleton,

Chief Information Officer (I).

[FR Doc. 03–11218 Filed 5–6–03; 8:45 am]

BILLING CODE 6820–24–P

GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Record (ICMR); Automation of Medical Standard Form 603A

AGENCY: Office of Communications, GSA.

ACTION: Guideline on automating medical standard forms.

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

Background

The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/Optional 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 required fields standards and that activities developing computer-generated versions adhere to the required fields 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 fields which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add or delete 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 entry 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. This guideline controls the ''image'' or required fields but not the actual entered into the field.

ELECTRONIC ELEMENTS FOR SF 603A

Item	Placement*
Dental—Continuation	Top of form
Standard Form 603A (Rev. 11/2002) (Form ID)	Bottom right corner of form.
Data Entry Fields:	
Section III. Attendance Record (text)	Above items listed below.
15. Restorations and Treatments (Completed during service) (text)	Above Items listed below.
(Graphic of full set of teeth with each tooth numbered. Numbers will range from 1 to 32)	
Remarks	
16. Subsequent Diseases and Abnormalities	Above items listed below.
(Graphic of full set of teeth with each tooth numbered. Numbers will range from 1 to 32)	
Remarks	
17. Services Rendered (text)	Above Items listed below.
Date (Allow for at least 21 entries)	
Diagnosis-Treatment (Allow for at least 21 entries)	
Class (Allow for at least 21 entries)	
Operator and Dental Facility (Allow for at least 21 entries)	
Initials (Allow for at least 21 entries)	
Relationship to Sponsor	
Sponsor's Name—Last	
Sponsor's Name—First	
Sponsor's Name—Middle Initial	
Sponsor's Identification Number (Social Security Number or Other)	
Department/Service	
Hospital or Medical Facility	
Records Maintained At	
Register Number	
Ward Number	
If collected data covers more than one page, the following elements apply:	
Last Name	Top of every even page.
First Name	Do.
Middle Initial	Do.
ID Number	Do.

*If no specific placement, data element may be in any order.

FOR FURTHER INFORMATION CONTACT: CDR Katherine Ciacco Palatianos, Indian Health Service, Department of Health and Human Services, Rockville, MD 20857 or e-mail at *kciacco@hqe.ihs.gov.*

Dated: April 24, 2003.

Katherine Ciacco Palatianos,

Chairperson, Interagency Committee on Medical Records.

[FR Doc. 03–11217 Filed 5–6–03; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards and Security (SSS).

Time and Date: 9 a.m. to 5 p.m., May 20, 2003. 9 a.m. to 5 p.m., May 21, 2003. 8:30 a.m. to 3 p.m., May 22, 2003.

Place: Crowne Plaza Hotel, 1489 Jefferson Davis Highway, Arlington, VA 22202, (703) 416–1600.

Status: Open.

Purpose: On May 20th the National Committee on Vital and Health Statistics (NCVHS) through the Subcommittee on Standards and Security (SSS) will address two topics. The first topic involves HIPAA contingency planning in which the subcommittee will hear testimony from the Workshop for Electronic Data Interchange (WEDI), healthcare payers, and healthcare providers. The second topic will be a roundtable discussion with members of the Consolidated Health Informatics (CHI) initiative, one of the 24 projects within the federal E-Government Strategy. The roundtable discussions will include the CHI healthcare industry outreach plan, the CHI target portfolio of clinical vocabulary domains, and the clinical messaging/vocabulary standards adopted and under consideration by CHI.

On May 21st–22nd NCVHS/SSS will address two issues. The first issue is the next phase of activities on Patient Medical Record Information (PMRI), which will recommend PMRI terminology standards to the Secretary of the Department of Health and Human Services. The first two steps of the process were to hear testimony from terminology experts for defining the scope and criteria when selecting standard PMRI terminologies and to obtain information from PMRI terminology developers. The third step, which is planned for this day-and-a-half portion of this meeting, is to hear the experiences of the users of these terminologies. For this step, the Subcommittee will hear testimony from software application vendors, terminology server vendors and healthcare end-users of the PMRI terminologies that were identified in the initial steps of the process. On the afternoon of May 22nd, NCVHS/SSS will address the final topic, which is an update about the ICD–10 cost/benefit analysis project being conducted by the Subcommittee.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of Committee members may be obtained from Karen Trudel, Senior Technical Advisor, Security and Standards Group, Centers for Medicare and Medicaid Services, MS: C5–24–04, 7500 Security Boulevard, Baltimore, MD 21244–1850, telephone: (410) 786–9937; or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone: (301) 458–4245. Information also is available on the NCVHS home page of the HHS Web site: *http://www.ncvhs.hhs.gov/* where an agenda for the meeting will be posted when available.

Dated: April 29, 2003.

James Scanlon,

Acting Director, Office of Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 03–11224 Filed 5–6–03; 8:45 am]

BILLING CODE 4151–05–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03068]

Primate Model for Studying the Pathogenesis of Measles Infections and for Development of Improved Measles Vaccines; Notice of Availability of Funds

Application Deadline: June 23, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the sections 301 and 317(k)(1) of the Public Health Service Act, as amended, [42 U.S.C. 241 and 247b(k)(1)]. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement program for a Primate Model for Studying the Pathogenesis of Measles Infections and for Development of Improved Measles Vaccines. This program addresses the ''Healthy People 2010'' focus area of Immunization and Infectious Diseases.

The purpose of the program is to define the genetic and immunologic basis for the pathogenesis of measles virus and to use this information to develop improved vaccines for worldwide measles control efforts.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Center for Infectious Diseases (NCID): Protect Americans from infectious diseases.

Any research project involving the construction and/or handling of recombinant deoxyribonucleic acid (DNA) molecules or organisms or viruses containing recombinant DNA molecules will be subject to review and approval by the CDC Institutional Biosafety Committee using the National Institutes of Health (NIH) Guidelines: *http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html*

C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies, this includes:

- Universities
- Colleges
- Technical schools
- Research Institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized Indian tribal governments
- Indian Tribes
- Indian tribal organizations
- State and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Approximately $200,000 is available in FY 2003 to fund one award. It is expected that the award will begin on or about September 15, 2003, and will be made for a 12-month budget period within a project period of up to 3 years. The funding estimate may change.