

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER <i>NI-440-08-1</i>	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6009 <b>AUG 22 2008</b>		Date received <b>AUG 22 2008</b>	
1. FROM (Agency or establishment)  Department of Health and Human Services		NOTIFICATION TO AGENCY  In accordance with the provisions of 44 U.S.C. 3303a, the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
2. MAJOR SUBDIVISION Centers for Medicare & Medicaid Services (CMS)			
3. MINOR SUBDIVISION Center for Medicaid & State Operations (Kathy Todd, 410-786-3385)			
4. NAME OF PERSON WITH WHOM TO CONFER <i>Vickie Robey</i> <i>VRobey</i> <i>8/8/08</i>	5. TELEPHONE NUMBER 410-786-7883	DATE <i>1-13-09</i>	ARCHIVIST OF THE UNITED STATES <i>Adrienne Thomas</i>
6. AGENCY CERTIFICATION I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached <u>1</u> page(s) are not needed now for the business for this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,  <input checked="" type="checkbox"/> X is not required <input type="checkbox"/> is attached; or <input type="checkbox"/> has been requested.			
DATE <i>8/19/2008</i>	SIGNATURE OF AGENCY REPRESENTATIVE Larry Gray <i>[Signature]</i>		TITLE DHHS Records Management Officer
7. ITEM NO. 1	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION <b>Clinical Laboratory Improvement Amendments (CLIA) Records</b>  OGC Concurrence: <i>[Signature]</i> Date: <u><i>8/18/2008</i></u>	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)

~~A. CLIA Accreditation Organization/Exempt State Approval Files~~

Documents related to CMS' approval under CLIA of a private nonprofit accreditation organization or a State with a State licensure program for laboratories in accordance with Subpart E of the CLIA regulations [42 CFR 493.551 to 493.575]. These files include the letters, documents and correspondence necessary to determine if the requirements of the accreditation organization or exempt State licensure program are equal to or more stringent than the CLIA condition-level requirements. CMS approval may not exceed 6 years (42 CFR 493.553(c)). Each CMS-approved accreditation organization or State may be approved from 1 to 6 years.

~~DISPOSITION: Maintain the most current approval onsite. Cutoff when the current approval is published in the Federal Register then transfer previous approvals to the CMS Records Storage Facility. Destroy 6 years after cutoff.~~

~~B. Post Clinical Laboratory Survey Questionnaire (Form CMS-668B)~~

The Post Laboratory Survey Questionnaire (form CMS-668B) is a 1-page questionnaire provided to a laboratory after their recent CLIA survey. The response questionnaire is entirely voluntary and is used to collect customer satisfaction data from laboratories to evaluate, on a nationwide basis, the laboratory's satisfaction with their recent CLIA survey. The information and suggestions provided by each laboratory will be used to evaluate and improve the CLIA survey process.

~~DISPOSITION: Maintain onsite the last two calendar years surveys. Transfer remaining survey responses to the CMS Records Storage Facility. Destroy when 6 years old.~~

Superseded by job / item number:

DAA-0440-2015-0006-0001

Date (MM/DD/YYYY):

8/15/2017