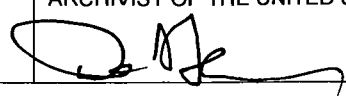


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |                                                                                                                                                                                                                                           |                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         | JOB NUMBER<br><i>NI-510-09-8</i>                                                                                                                                                                                                          |                                                                                                                       |
| To NATIONAL ARCHIVES & RECORDS ADMINISTRATION<br>8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         | Date received<br><i>9/23/09</i>                                                                                                                                                                                                           |                                                                                                                       |
| 1 FROM (Agency or establishment)<br>Department of Health and Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | NOTIFICATION TO AGENCY<br><br>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<br>Agency for Healthcare Research and Quality (AHRQ)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                           |                                                                                                                       |
| 3 MINOR SUBDIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                                                                           |                                                                                                                       |
| 4 NAME OF PERSON WITH WHOM TO CONFER<br>Patricia Bosco, AHRQ Enterprise Architect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5 TELEPHONE NUMBER<br>301-427-1207                                                                      | DATE<br><i>12 April 11</i>                                                                                                                                                                                                                | ARCHIVIST OF THE UNITED STATES<br> |
| 6 AGENCY CERTIFICATION<br>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.<br><br><input checked="" type="checkbox"/> is not required <input type="checkbox"/> is attached, or <input type="checkbox"/> has been requested |                                                                                                         |                                                                                                                                                                                                                                           |                                                                                                                       |
| DATE<br>09/18/2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGNATURE OF AGENCY REPRESENTATIVE<br><i>Yvonne K. Wilson</i><br>Yvonne K. Wilson                       |                                                                                                                                                                                                                                           | TITLE<br>HHS Records Officer                                                                                          |
| 7 ITEM NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8 DESCRIPTION OF ITEM AND PROPOSED DISPOSITION                                                          | 9 GRS OR SUPERSEDED JOB CITATION                                                                                                                                                                                                          | 10 ACTION TAKEN (NARA USE ONLY)                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Electronic Records Schedule AHRQ Publications Clearinghouse ( <del>EO</del> Orders)<br><br>See attached |                                                                                                                                                                                                                                           |                                                                                                                       |

Attachment to SF-115, AHRQ Request for Records Disposition Authority for Electronic Records—Publications Clearinghouse Database

Item 1 AHRQ Publications Clearinghouse Database

The AHRQ Publications Clearinghouse is a web-based catalog of publications and electronic information products. The Publications Clearinghouse works in tandem with AHRQ's physical publications warehouse. The database also serves as an editorial management system used by AHRQ employees to track publications as they are prepared and disseminated. The web interface allows users to access and download electronic copies of AHRQ publications.

(Note: Publications Clearinghouse web content will be scheduled separately.)

- Master file: Contains searchable bibliographic information on AHRQ publications, including electronic copies of printed publications and links to available electronic copies on AHRQ's website, user registration information, and editorial workflow tracking data.

Disposition: TEMPORARY. Cut off at the end of the fiscal year in which information is placed in the system. Delete or destroy 5 years after cut off or whenever no longer needed for business purposes, whichever is later.