| | · · · · · · · · · · · · · · · · · · · | | | | | |
|---|--|--|-----------------------------|---|---|--|
| REQUEST FOR RECORDS DISPOSITION AUTHORITY (See Instructions on reverse) | | | JOB NO NI-442-88-1 | | | |
| GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408 | | | | DATE RECEIVED | 9-88 | |
| I FROM (Agenc: | y or establishment) nt of Health & Human Services/Publi | NOTIFICATION TO AGENCY | | | | |
| 2 MAJOR SUBD | IVISION | | | the disposal request, in | cluding amendmi | ents, is approved |
| Centers 3 MINOR SUBD | for Disease Control | | , | except for items that approved" or "withdrain are proposed for dispos | wn" in column 1 | 10 If no records |
| National | Center for Health Statistics-HCSB | | ! | not required | ar, the signature of | THE ATCHIVISTIS |
| 4 NAME OF PERSON WITH WHOM TO CONFER Linda Querec, PHS Records Officer 443-20 | | | | 8/24/19 1C | lay Aud | Lueile. |
| | OF AGENCY REPRESENTATIVE | 1 | | 1 ((0) | Jacob | Joe Jan |
| that the reco agency or w Accounting (attached | cify that I am authorized to act for this agenoreds proposed for disposal in this Request of the interest of the second perior of the provisions of Tourness of the contract of the provisions of Tourness of the provisions of the contract of the provisions | f 1 ods specified title 8 of the | page(s I, and | s) are not now need that written concu | ed for the bu irrence from | siness of this the General |
| B DATE | C SIGNATURE OF AGENCY REPRESENTATIVE | D | TITLE | | | |
| 5/5/88 | George Déalign en | 1 | DHHS I | Records Manageme | ent Office | c |
| 7 ITEM NO | 8 DESCRIPTION (With Inclusive Dates or Re | | | | 9 GRS OR SUPERSEDED JOB CITATION | 10 ACTION TAKEN (NARS USE ONLY) |
| 1 19 | NCHS conducts periodic surveys in areas in order to obtain data on providing long-term care, ambulate and family planning services. | n of facilities | NC1-90- 81-4 19B. 1&2 | 2 | | |
| | B. <u>Source Documents</u> | | | | | |
| | 1.a. Selected National Hospital Discharge Survey abstracts and National Ambulatory Medical Care Survey patient records forms used for comparability studies. These studies are based on different adaptations of the International Classifications of Diseases. Authorized Disposition: Transfer to WNRC after study is completed. Destroy 30 years after transfer. | | | | | |
| | Verbal concurrence of Linda Qu received August 23, 1988 PURPOSE OF THIS REQUEST: | Change d | lescr | iption of | | |
| | records to more accurately change authorized disposit | ion time | .y re | coras sua | | |

| FOLIEST FO | R RECORDS DISPOSITION AUTHORITY - CONTINUATION | JOB NO. | | PAGE |
|-----------------|---|---|---|---|
| 7 ITEM NO | 8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods) | <u> </u> | 9 GRS OR SUPERSEDED JOB CITATION | OF 10 ACTION TAKEN (NARS US ONLY) |
| | b. Completed official questionnaires, patient records forms, abstracts, or other source documents for other surveys of this type. Authorized Disposition: Transfer to WNRC with two years old and destroy when seven years | <i>i</i> hen | | |
| | Earlier destruction is authorized. c. Questionnaires used for pretest purposes a conduct of actual survey. Based on result these tests, actual survey questionnaires prepared. | ts of | | |
| | Authorized Disposition: Destroy 2 years a pretest or analysis is completed, whicheve earlier. | | | - |
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| Cor | neur: Alla J. Ba Administrative Officer, DHCS Extension | <u>7//3/8</u> Da t é | 7 | |
| Cor | Administrative Officer, DHCS Stylians Officer, DHCS Extension Stylians Officer, DHCS Administrative Officer, DHCS Extension H34-7006 Extension HKKaun FTS 236-6706 | 7/13/8 Date 7/14/1 Date 7/16/87 Date | 7 | |