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R	EQUEST FOR RECORDS DISPOSIT	ION AUTHORIT	t I Y	LEAVE BLANK (NA	
				N1-512-96-1	
TO: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408				7-23-96	
1. FROM (Agency or establishment)				NOTIFICATION TO AGENCY	
	partment of Health and Human Servio AJOR SUBDIVISION Public Health Servio			In accordance with the	provisions of 44
	alth Resources and Services Adminis			U.S.C. 3303a the dispo including amendments, is	osition request,
-	NOR SUBDIVISION reau of Health Professions			for items that may be ma not approved" or "withdra	what reliant the second s
_	ME OF PERSON WITH WHOM TO CONFER	5. TELEPHONE		ATE JUY ARCHIVIST OF	THE UNITED STA
	rilyn E. Foreman SA Records Management Officer	301-443-3780		9/3-196 James	WMoon
		501-445-5780		1/09 10 James	wrrow
Age		RESENTATIVE T	ha ITLE	AO Manual for Guid s been requested. cords Management 0	,
7.				9. GRS OR	10. ACTIC
TEM NO.	8. DESCRIPTION OF ITEM AND PRO	POSED DISPOSITIC		SUPERSEDED JOB CITATION	TAKEN (NA USE ONL
1.	NATIONAL VACCINE INJURY COMPENS The purpose of this program is to of petitioners to receive compensat National Vaccine Injury Compensat compensate successful petitioners determine by the court; and to eva through research programs. The re by the Division of Vaccine Injury	determine eligi ation under the ion Program; to in the amount aluate vaccine s ecords are maint	lbility safety	(3/28/90)	
	Case files and electronic records petition for compensation, includ and name of person vaccinated if petitioner, Social Security number medical records (including autops appropriate assessments, evaluation such other records and documents necessary for the determination of the amount of compensation to be of, the person who suffered such from the administration of the va The records are maintained in Priv 09-15-0056, National Vaccine Injun Program, HHS/HRSA/BHPr.	contain data or ing petitioner's different from r, and all relev y reports, if ar ons, prognoses, as are reasonabl f eligibility fo paid to, or on t injury or who da ccine.	n s name vant ny), and Ly or and oehalf		
	petition for compensation, includ and name of person vaccinated if petitioner, Social Security number medical records (including autops appropriate assessments, evaluation such other records and documents necessary for the determination of the amount of compensation to be of, the person who suffered such from the administration of the va The records are maintained in Priv 09-15-0056, National Vaccine Injun Program, HHS/HRSA/BHPr.	contain data or ing petitioner's different from r, and all relev y reports, if ar ons, prognoses, as are reasonabl f eligibility fo paid to, or on t injury or who da ccine.	n s name vant ny), and ly or and oehalf ied		

REQUEST FOR RECORDS DISPOSITION AUTHORITY - CONTINUATION

7. ITEM NO.

8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION

9. GRS OR SUPERSEDED JOB CITATION

JGB NC.

2 of 2 10. AC' ICN AKEN (NARA USE ONLY)

AGE

Disposition: TEMPORARY

Cut off closed case files at end of fiscal year. Retire + to the Federal Records Center, Destroy (25) 15 years after cutoff. 2 years often cuto

> These records may be reappraised upon date of disposal.

Thomas E. Director Division of Vaccine Injury Compensation

ichard . Henrichsen HRSA Privacy Act Officer

<u>6-3-96</u> Date

eman 6/3/96 Date

Marilyn E. Foreman HRSA Records Management Officer