

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 data entered into the field.

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:

ELECTRONIC ELEMENTS FOR SF 503

Item	Placement
Autopsy Protocol (Title)	Top of form.
Standard Form 503 (Rev. 7/2000) (Form ID)	Bottom right corner of form.
Data Entry Fields:	
Date Died	
Hour Died	
Date Autopsy Performed	
Hour Autopsy Performed	
Prosecutor (Name)	
Assistant (Name)	
Full Autopsy (Checkbox)	
Head Only (Checkbox)	
Trunk Only (Checkbox)	
Clinical Diagnosis (Including operations)	
Pathological Diagnosis	
Approved—Signature	
Military Organization (When required)	
Age	
Autopsy Number	
Relationship to Sponsor	
Sponsor's Name—Last	
Sponsor's Name—First	
Sponsor's Name—MI	
Sponsor's ID Number (SSN or other)	
Dept./Service	
Hospital or Medical Facility	
Records Maintained At	
Register No.	
Ward No.	
Patient Information (Text)	Above below listed items.
Last Name	
First Name	
Middle Name	
Id No. or SSN	
Sex	
Date of Birth	
Rank/Grade	

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, 5600 Fishers lane, Room 6A-55, Rockville, MD 20857 or e-mail at kciacco@hgs.ihs.gov.

DATES: Effective March 8, 2002.

Dated: February 12, 2002.

Katherine Ciacco Palatianos,

Chairperson, Interagency Committee on Medical Records.

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GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 512

AGENCY: Office of Communications, GSA.

ACTION: Guideline on automating medical standard forms.

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 data entered into the field.

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:

ELECTRONIC ELEMENTS FOR SF 512

Item	Placement ¹
(Plotting Chart (Title) (Standard Form 512 (Rev. 3/1994) (Form ID)	Top of form. Bottom right corner of form.
Data Entry Fields Title of Purpose of Graph Data (Allow for at least 14 entries) Time (Allow for at least 14 entries) Graphic (Allow for at least 14 plots)	
Patient Information (Text) Last Name First Name Middle Name Rank Rate Hospital or Medical Facility Register No. Ward No.	Above below listed items.

¹ 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, 5600 Fishers Lane, Room 6A-55, Rockville, MD 20857 or e-mail at kciacco@hgs.ihs.gov.

DATES: Effective March 8, 2002.

Dated: February 12, 2002.

Katherine Ciacco Palatianos,
Chairperson, Interagency Committee on Medical Records.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities: Submission for OMB Review; Comment Request

The Department of Health and Human Services, Office of the Secretary publishes a list of information collections it has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) and 5 CFR 1320.5. The following are those information collections recently submitted to OMB.

1. Wave 3 Survey of Youth for the Federal Evaluation of Initiatives Funded Under Section 510 of the Maternal and Child Health Block Grant Programs—The Personal Responsibility and Work Opportunity Reconciliation Act

established Section 510 of the Maternal and Child Health Block Grant Program, the purpose of which is to support state efforts supporting abstinence only education. This data collection is needed to fulfill the requirements for a Congressionally mandated evaluation of the program. *Respondents:* Individuals; *Number of Respondents:* 2,872; *Average Burden per Response:* 5 hours; *Total Burden:* 1,436 hours. *OMB Desk Officer:* Allison Herron Eydt.

Copies of the information collection packages listed above can be obtained by calling the OS Reports Clearance Officer on (202) 690-6207. Written comments and recommendations for the proposed information collection should be sent directly to the OMB desk officer designated above at the following address:

Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street NW., Washington, DC 20503.

Comments may also be sent to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue SW., Washington DC 20201. Written comments should be received within 30 days of this notice.

Dated: February 26, 2002.

Kerry Weems,

Acting, Deputy Assistant Secretary, Budget.
[FR Doc. 02-5510 Filed 3-7-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Minority Health

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Minority Health.

ACTION: Notice of meeting.

SUMMARY: The Advisory Committee on Minority Health will meet to discuss racial and ethnic disparities in health, as well as other related issues. The meeting is open to the public. There will be an opportunity for public comment which will be limited to five minutes per speaker. Individuals who would like to submit written statements should mail or fax their comments to the Office of Minority Health at least two business days prior to the meeting.

DATES: The Advisory Committee on Minority Health will meet on Thursday, March 21, 2002 from 9 a.m. to 5 p.m., and Friday, March 22, 2000 from 8:30 a.m. to 12 noon.

ADDRESSES: The meeting will be held at the Hamilton Crowne Plaza, Oasis Room, 1001 14th Street, NW., Washington, DC.

FOR FURTHER INFORMATION CONTACT: Ms. Sheila P. Merriweather, Office of Minority Health, Rockwall Building, 5515 Security Lane, Suite 1000, Rockville, MD 20852. Phone: 301-443-9923, Fax: 301-443-8280.