

QUEST FOR RECORDS RETENTION SCHEDULE
To be submitted to the Records Management Division
Hall of Records Commission

SCHEDULE NO. **221**
PAGE NO. **1**

1. Requesting Agency: **STATE DEPARTMENT OF HEALTH**
2. Division or Bureau of Requesting Agency: **BUREAU OF LABORATORIES
CANCER CYTOLOGY LABORATORY**

3. Authorization Requested (Check only one of the squares below).

- A** Dispose of present accumulation. No additional accumulation is anticipated. Records have ceased to have value to warrant retention.
- B** Establish retention schedule for records for which there is a continuing accumulation. The records will cease to have value to warrant their retention after the period of time indicated.
- C** Microfilm and destroy originals. Originals if not microfilmed would be retained for the period of time indicated.

4. Item No. | 5. Description of Records
Describe records accurately. Include title, form number, size of documents, work or activity to which the records relate, inclusive dates, and quantity (cubic or linear feet). Show recommended retention period. | 6. Recommendation of Hall of Records and Board of Public Works.

1. CANCER CYTOLOGY LABORATORY REPORT

Form No.: BL-159
Size: 6" x 5" folded for filing to 3" x 5"
Quantity: 4 1/2 drawers (9 cubic feet)
Dates: 1946 - -
File Arrangement: By year and alphabetical therein
Disposable Amount: 3 drawers (3/2 cubic foot)

This report shows the names and addresses of the patient and physician, abnormal conditions of the patient, bodily origin of the specimen, and the laboratory report. For each suspicious or positive case, a history or follow-up card is prepared (See Item 2). No card is prepared for negative reports, but occasionally the negative reports are necessary to compare a previous negative report and specimen with specimens submitted later. For this purpose the negative report must be retained for several years. Copies of the report, negative, positive, or suspicious, are transmitted both to the County Health Officer and to the physician submitting the specimen, and a copy is also filed in the Division of Cancer Control, if the report is suspicious or positive. No copy is filed in the laboratory registration office.

- A. RECOMMENDATION: RETAIN SUSPICIOUS OR POSITIVE REPORT FOR THREE YEARS AND THEN DESTROY.**
- B. RECOMMENDATION: RETAIN NEGATIVE REPORTS FOR FIFTEEN YEARS AND THEN DESTROY.**

APPROVED
HALL OF RECORDS COMMISSION

17. Agency, Division or Bureau Representative
edp Clemens W. Gansan Chief Bus. Mgt. 1/5/56
Signature Title Date

Schedule Authorized as Indicated in Col. 6 by Hall of Records Commission.
1/5/56 Morris S. Duff
Date Archivist

Disposal Authorized as Indicated in Col. 6 by Board of Public Works.
1/5/56 J. Melusker
Date Secretary

| | | |
|--------------------|---|--|
| <p>4. Item No.</p> | <p>5. Description of Records Describe records accurately. Include title, form number, size of documents, work or activity to which the records relate, inclusive dates, and quantity (cubic or linear feet). Show recommended retention period.</p> | <p>6. Recommendation of Hall of Records and Board of Public Works.</p> |
|--------------------|---|--|

2. CANCER FOLLOW-UP AND HISTORY FILE

Form No.: BL-27
 Size: 3" x 5"
 Quantity: 5 linear feet
 Dates: 1952 - -
 File Arrangement: Alphabetical
 Annual Accumulation: 1½ linear feet

In cases where cancer malignancy is doubtful or positive this form is prepared, showing patient's and doctor's names and addresses, treatment given and dates specimens were taken, and results of laboratory findings. As a part of the follow-up procedure, a post card form (BL 283) is used showing disposition and final diagnosis of the disease and signed by the physician. It is filed with the history card.

RECOMMENDATION: RETAIN UNTIL DEATH OF PATIENT OR FOR TWENTY-FIVE YEARS, WHICHEVER OCCURS EARLIER, AND THEN DESTROY.

3. PHYSICIAN'S RECORD

Form No.: BL-260
 Size: 5" x 8"
 Quantity: 1 linear foot
 Dates: 1952 - -
 File Arrangement: By type of specimen and alphabetical therein
 Annual Accumulation: ½ linear foot

This card form is prepared for each physician submitting a specimen for laboratory investigation. In addition to the physician's name and address, the number of specimens submitted each month is indicated. The form is ruled for sixteen year's entries.

RECOMMENDATION: RETAIN FOR FIVE YEARS AFTER DATE OF LAST ENTRY, AND THEN DESTROY.

4. DAILY REGISTRATION

Form No.: BL-169
 Size: 8½" x 11"
 Quantity: 1½ linear feet
 Dates: 1946 - -
 File Arrangement: Chronological
 Annual Accumulation: 2 linear inches

This form shows the specimens reviewed in the laboratory each day and is used for reference purposes. On a single-line entry, it shows the county, laboratory number, type of specimen, name of patient, and laboratory finding.

RECOMMENDATION: RETAIN FOR THREE YEARS AND THEN DESTROY.

APPROVED
HALL OF RECORDS COMMISSION

APPROVED BY
BOARD OF PUBLIC WORKS
[Signature]
SECRETARY

14/3/55