

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT PROGRAM

SCHEDULE  
NUMBER 2138

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 1 of 1

DEPARTMENT OF HEALTH & MENTAL HYGIENE  
Deer's Head Center, Salisbury, Maryland - Laboratory Department

Item No.	Record Series Description	Retention
1.	<p><i>This schedule supersedes schedule #1146</i> <b>DAILY ACCESSION AND WORKLOAD REPORTS</b> Workbooks contain the patients' name, time and date specimen was collected, time and date specimen was finished, doctor's name, lab tests ordered, and the results of the lab tests. The workbook is not part of the patient's permanent record.</p>	Retain for two (2) years and then destroy by burning or shredding.
2.	<p><b>QUALITY CONTROL RECORDS</b> College of American Pathologists surveys consisting of known values of blood and urine samples used to monitor the lab as compared to other labs. Quality control charts used daily to monitor the accuracy and precision of lab equipment and quality of reagents. This is not part of the patients' permanent record.</p>	Retain for two (2) years, then destroy.
3.	<p><b>REFERENCE LAB RECORDS OF REQUISITIONS SENT</b> Back copies of requisitions sent to the reference labs or workbooks containing the patient's name, date test sent out, the tests sent out, and the date the test comes back. This does not contain patient test results and is not part of the patient's permanent record.</p>	Retain for two (2) years, then destroy by burning or shredding.
4.	<p><b>LABORATORY COPY OF LAB REQUISITIONS</b> This is a copy of the lab tests ordered by the doctor and the lab results of the test ordered. There is an original placed on the patient's chart as a permanent record. The lab carbon copy is filed in the lab and is occasionally used for reference.</p>	Retain for two (2) years, then destroy by burning or shredding.

APPROVED BY: (Agency/Unit Manager)

DATE: May 7, 2001

SIGNATURE: M. Shrestha M.D.

NAME/TITLE: M. Shrestha, M.D., Pathologist

AUTHORIZED BY: Edward C. Papenfuse, Jr.

DATE: AUG 22 2001

SIGNATURE: Edward C. Papenfuse Jr.

NAME/TITLE: \_\_\_\_\_

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
STATE RECORDS CENTER  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794  
(410) 799-1379

AGENCY RECORDS INVENTORY

PAGE 1 OF 4

1. Department/Agency  
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Division  
DHMH / DHC

3. Unit or Section  
LABORATORY

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title  
DAILY ACCESSION AND WORKLOAD REPORTS

5. Earliest Year/Latest Year  
1996 to current

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
Workload Reports, Workbooks or Boxes contain DAILY ACCESSION LOG SHEETS which contain the patient's name, time date specimen was collected, time date specimen was finished, doctor's name, lab tests ordered, and results of the lab tests. The workbook is not part of the patient's PERMANENT RECORD.

7. Record Series Format(s)  
 Letter Size       Microfilm  
 Legal Size       Computer Tape  
 Bound Book       Floppy Disk  
 Audio Tape       Video Tape  
 Other (specify) \_\_\_\_\_

8. Record Series Sequence  
 Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume  
23  
Number  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

10. Annual Accumulation  
7  
Number  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

11. File is Used  
 Daily       Weekly       Monthly

12. File Becomes Inactive After  
2       Month(s)       Year(s)  
Number

13. Current Location(s) (Bldg., Floor, Room)  
DHC 3rd floor storage room LAB File Cabinets &

14. Is Record Series Duplicated Elsewhere?  
(If yes, specify agency or office)  
 Yes       No

15. Access Restrictions       Yes       No  
(If Yes, cite Law(s) & Regulation(s))  
Confidential - contain patients names

16. Audit Requirements  
 None       State       Federal       Independent  
JCAHO REVIEWS RANDOMLY ON INSPECTION/2yrs.

17. Is an Index System used?  
(If yes, explain briefly and describe any hardware/software requirements)  
 Yes       No

18. Recommended Retention  
2 yrs.

19. Name and Title of Preparer  
Carla Carter LAB Manager

20. Room Number LAB  
Telephone Number  
410-543-4044

21. Date  
5/17/01

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1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division DHMH / OHC		3. Unit or Section LABORATORY	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title QUALITY CONTROL RECORDS				5. Earliest Year/Latest Year 1996 to Current	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) College of AMERICAN Pathologist surveys consisting of known values of blood AND URINE SAMPLES used to monitor the lab against other labs. QUALITY Control charts USED DAILY TO MONITOR the accuracy and precision of lab equipment and quality of reagents. This is not part of the patient's PERMANENT RECORD.					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <b>BINDER</b> <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>10</u> Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <b>BINDER</b>	
				10. Annual Accumulation <u>2</u> Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <b>BINDER</b>	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <u>2</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) OHC 3rd floor storage & LAB File Cabinets			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent JCAHO Random REVIEW ON INSPECTIONS / 2 YRS.		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  2 yrs		
19. Name and Title of Preparer Carla Currier LAB Manager		20. Room Number LAB Telephone Number 410-543-4044		21. Date 5/17/01	

<p><b>DHMH Instructions</b> - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>3</u> OF <u>4</u></p>	
<p>1. Department/Agency DEPT OF HEALTH &amp; MENTAL HYGIENE</p>		<p>2. Office/Administration/Division OHMH / OHC</p>		<p>3. Unit or Section LABORATORY</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title REFERENCE LAB RECORDS OF REQUISITIONS SENT</p>				<p>5. Earliest Year/Latest Year 1999 to Current</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) BACK COPIES OF REQUISITIONS SENT TO REFERENCE LABS OR WORKBOOKS CONTAINING the Patient's NAME, DATE TEST SENT OUT, THE TEST SENT OUT, AND THE DATE THE TEST COMES BACK. THIS DOES NOT CONTAIN PATIENT'S TEST RESULTS AND IS NOT PART OF THE PATIENT'S PERMANENT RECORD.</p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape <input checked="" type="checkbox"/> Bound Book      <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (specify) <u>Requisitions</u></p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><u>5</u>      <input checked="" type="checkbox"/> File Drawer(s) Number      <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p><u>1</u>      <input checked="" type="checkbox"/> File Drawer(s) Number      <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After</p> <p><u>2</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s) Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) LAB-Hematology Room &amp; 3rd floor storage room <sup>OHC</sup></p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		
<p>15. Access Restrictions      <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No (If Yes, cite Law(s) &amp; Regulation(s)) Confidential - Contains Patients Names</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None      <input type="checkbox"/> State      <input type="checkbox"/> Federal      <input checked="" type="checkbox"/> Independent JCAHO Randomly Reviews on inspection / 2 yrs</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention  2 yrs.</p>		
<p>19. Name and Title of Preparer Carla Carter Lab Manager</p>		<p>20. Room Number      LAB Telephone Number      410-543-4044</p>		<p>21. Date 5/17/01</p>	

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<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Division <b>DHMH / OHC</b></p>		<p>3. Unit or Section <b>LABORATORY</b></p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <b>LABORATORY COPY OF LAB REQUISITIONS</b></p>				<p>5. Earliest Year/Latest Year <b>1996 to Current</b></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>This is a copy of the LAB TESTS ORDERED BY THE DOCTOR AND/OR the LAB RESULTS of the test ORDERED. THERE is an ORIGINAL PLACED on the Patient's chart as a PERMANENT RECORD. The LABORATORY COPY is filed in the LAB AND is OCCASIONALLY USED FOR REFERENCE.</b></p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book      <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume <u>10</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation <u>2</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. <input checked="" type="checkbox"/> File is Used <input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After <u>2</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s) Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) <b>LAB file CABINETS &amp; OHC 3rd floor storage</b></p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No      <b>on patient's chart</b></p>		
<p>15. Access Restrictions      <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No (If Yes, cite Law(s) &amp; Regulation(s)) <b>Confidential - Contains Patients NAMES</b></p>			<p>16. Audit Requirements <input type="checkbox"/> None      <input type="checkbox"/> State      <input type="checkbox"/> Federal      <input checked="" type="checkbox"/> Independent <b>JCAHO REVIEWED Randomly on inspection / 2 yrs.</b></p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention <b>2 yrs.</b></p>		
<p>19. Name and Title of Preparer <b>Carla Carter LAB Manager</b></p>		<p>20. Room Number <b>LAB</b> Telephone Number <b>410-543-4044</b></p>		<p>21. Date <b>5/17/01</b></p>	