



This schedule applies to: U.W. Medicine

Scope of records retention schedule

This records retention schedule authorizes the destruction/transfer of the public records of U.W. Medicine relating to the functions of agency management, asset management, health care and treatment, hospital support services, human resource management, laboratory and pathology management, pharmacies, and research. The schedule is to be used in conjunction with the *State Government General Records Retention Schedule (SGGRRS)* which authorizes the destruction/transfer of public records common to all state agencies.

Disposition of public records

Public records covered by records series within this records retention schedule (regardless of format) must be retained for the minimum retention period as specified in this schedule. Washington State Archives strongly recommends the disposition of public records at the end of their minimum retention period for the efficient and effective management of state resources.

Public records designation as “Archival (Permanent Retention)” must not be destroyed. Records designated as “Archival (Appraisal Required)” must be appraised by the Washington State Archives before disposition. Public records must not be destroyed if they are subject to ongoing or reasonably anticipated litigation. Such public records must be managed in accordance with the agency’s policies and procedures for legal holds. Public records must not be destroyed if they are subject to an existing public records request in accordance with chapter 42.56 RCW. Such public records must be managed in accordance with the agency’s policies and procedures for public records requests.

Revocation of previously issued records retention schedules

All previously issued records retention schedules to U.W. Medicine are revoked. U.W. Medicine must ensure that the retention and disposition of public records is in accordance with current, approved records retention schedules.

Authority

This records retention schedule was approved by the State Records Committee in accordance with RCW 40.14.050 on April 5, 2023.

Signature on File

For the State Auditor:
Al Rose

Signature on File

For the Attorney General:
Suzanne Becker

Signature on File

For the Office of Financial Management:
Gwen Stamey

Signature on File

The State Archivist:
Heather Hirota



REVISION HISTORY

Version	Date of Approval	Extent of Revision
1.0	August 3, 2011	Initial version.
1.1	June 5, 2013	Minor revisions.
1.2	September 3, 2014	Minor revisions.
1.3	December 3, 2014	Addition of a new Student Management section and minor revisions to the Agency Management – Community Relations; Health Care and Treatment – Patient Billing; and Hospital Support Services – Quality Assurance and Compliance sections.
1.4	March 12, 2015	Revision of Research Management section.
1.5	March 2, 2016	Minor revisions to the “Hospital Support Services – Quality Assurance and Compliance” and “Pharmacy Management – Drug Accountability” sections.
1.6	December 7, 2016	Minor revisions and corrections to the Agency Management, Health Care and Treatment, Hospital Support Services, and Human Resource Management sections. Corrections made to Research Management and Student Management sections. Essential and Subject Indexes updated to reflect minor revisions and corrections.
1.7	April 4, 2018	Minor revisions and corrections to the Asset Management, Health Care and Treatment, Hospital Support Services, Human Resource Management, and Pharmacy Management sections.
1.8	August 1, 2018	Minor revisions to the Agency Management, Asset Management, Health Care and Treatment, and Hospital Support Services sections. Major revisions to the Laboratory and Pathology Management section.
1.9	October 2, 2019	Minor revisions to Hospital Support Services, Human Resource Management, and Laboratory and Pathology Management sections.



1.10	December 7, 2022	Minor revisions to Community Relations and Quality Assurance and Compliance sections.
1.11	April 5, 2023	Minor revisions to Long Term Care/Nursing Facility Management, Maintenance, Patient Administration, Pharmacy Management, and Quality Assurance and Compliance sections.

For assistance and advice in applying this records retention schedule,

please contact the U.W. Medicine’s Records Officer

or Washington State Archives at:

recordsmanagement@sos.wa.gov



TABLE OF CONTENTS

1.	AGENCY MANAGEMENT	6
1.1	COMMUNITY RELATIONS	6
2.	ASSET MANAGEMENT	8
2.1	DISPOSAL.....	8
2.2	INFORMATION TECHNOLOGY	9
2.3	INVENTORY.....	10
2.4	LEASING/USAGE	11
2.5	MAINTENANCE.....	12
2.6	PURCHASING/ACQUISITION.....	17
3.	HEALTH CARE AND TREATMENT	18
3.1	DIAGNOSTIC AND MEDICAL IMAGING	18
3.2	LONG TERM CARE/NURSING FACILITY MANAGEMENT	22
3.3	PATIENT ADMINISTRATION.....	24
3.4	PATIENT BILLING	28
3.5	PATIENT MEDICAL RECORDS.....	30
3.6	RADIATION PROTECTION PROGRAM	39
4.	HOSPITAL SUPPORT SERVICES.....	45
4.1	FOOD SERVICES	45
4.2	QUALITY ASSURANCE AND COMPLIANCE	46
4.3	REPORTING.....	58
5.	HUMAN RESOURCE MANAGEMENT	59
5.1	PERFORMANCE MANAGEMENT.....	59
5.2	PERSONNEL	60
5.3	STAFF DEVELOPMENT/TRAINING	61



6.	LABORATORY AND PATHOLOGY MANAGEMENT	62
7.	PHARMACY MANAGEMENT	69
7.1	ADMINISTRATION	69
7.2	DRUG ACCOUNTABILITY.....	71
7.3	QUALITY ASSURANCE AND CONTROL	73
8.	RESEARCH MANAGEMENT	76
9.	STUDENT MANAGEMENT	85
9.1	STUDENT TRAINING	85
	GLOSSARY	86
	INDEXES	88



1. AGENCY MANAGEMENT

This section covers records relating to the overarching management of agency business and its general administration not currently covered by the *State Government General Records Retention Schedule*.

See *State Government General Records Retention Schedule* for additional records relating to agency management.

1.1 COMMUNITY RELATIONS

The activity of the agency interacting with its community.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69299 Rev. 0	<p>Clinical Observation Records</p> <p>Records relating to the application for and granting of observational privileges in a clinical setting. Includes, but is not limited to, signed agreements, background checks, health surveys and immunizations, and correspondence.</p> <p>Excludes records covered by <i>Medical Staff Credentialing/Privileging/Enrollment (DAN 11-08-62587)</i>.</p>	<p>Retain for 8 years after end of observation <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62511 Rev. 2	<p>Patient Relations</p> <p>Records relating to the agency’s interactions with patients or their representatives, such as inquiries, complaints, and grievances.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Inquiries/complaints/grievances received; • Documentation of agency response(s). <p>Excludes records covered by <i>Compliance Investigations (DAN 11-08-62584)</i>.</p>	<p>Retain for 8 years after inquiry/complaint/grievance <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM



1.1 COMMUNITY RELATIONS

The activity of the agency interacting with its community.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
13-06-68446 Rev. 4	<p><i>Patient Relations – Telephone Records (Routine)</i></p> <p>Records documenting routine phone calls and referral processes directed to UW Medicine call centers and other units, relating to health care, appointments, inquires, complaints, and financial matters.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Recordings of interactions; • Call reports and statistics. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Patient Relations (DAN 11-08-62511);</i> • <i>Compliance Investigations (DAN 11-08-62584);</i> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain until no longer needed for agency business <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OFM</p>



2. ASSET MANAGEMENT

The function of managing hospital and affiliated entities' physical assets and infrastructure including buildings and facilities, equipment, and environmental exposure, where not covered by the *State Government General Records Retention Schedule*.

See the *State Government General Records Retention Schedule* for additional record series relating to disposal, hazardous waste/environmental management, inventory, leasing/usage, and maintenance.

2.1 DISPOSAL

The activity of disposing of the agency's assets through sale or otherwise, where not covered by the State Government General Records Retention Schedule.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62513 Rev. 0	Decay In Storage Records relating to the disposal of radioactive materials due to decay in storage pursuant to WAC 246-240-128. <i>Note: WAC 246-240-584 requires the retention of records relating to the disposal of decay-in-storage radioactive material for 3 years.</i>	Retain for 3 years after date of final disposal <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62514 Rev. 0	Decay – Strontium-90 Records documenting the activity of strontium-90 sources, used to determine treatment times for ophthalmic treatments, pursuant to WAC 246-240-272. <i>Note: WAC 246-240-602 requires the retention of records relating to the activity of strontium-90 sources used for ophthalmic treatments for the life of the source.</i>	Retain for the life of the source <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62512 Rev. 0	Radioactive Material – Disposal Records relating to the disposal of byproduct or radiopharmaceutical material, including burials in soil. <i>Note: WAC 246-221-230(8)(a) requires the retention of records relating to disposal of radioactive material until termination of pertinent license or registration.</i>	Retain until termination of last pertinent license or registration <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



2.2 INFORMATION TECHNOLOGY

The activity of managing the agency's information technology and services, where not covered by the State Government General Records Retention Schedule.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-04-69199 Rev. 0	<p>Computer Forensic Investigations</p> <p>Records relating to the acquisition, examination, analysis, and reporting of digital evidence found in computers and digital storage media.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Compliance Investigations (DAN 11-08-62584);</i> • <i>Information Security Records (DAN 14-09-68535).</i> 	<p>Retain for 8 years after end of investigation <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
14-09-68535 Rev. 0	<p>Information Security Records</p> <p>Raw data such as files, logs, or electronic content created to monitor the organization's enterprise computer systems, used to assess and identify potential or actual security incidents.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Security logs; • Firewall logs; • System file use data; • System activity data; • User activity data; • Anti-virus data. <p>Excludes security incidents that warrant further investigations.</p>	<p>Retain for 1 year after end of calendar year <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM



2.3 INVENTORY

The activity of detailing or itemizing goods, materials and resources on a periodic basis.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62516 Rev. 0	<i>Radiation Source Inventories</i> Records relating to semiannual physical inventories of sealed sources and brachytherapy sources pursuant to WAC 246-240-572. <i>Note: WAC 246-240-572 requires the retention of records relating to physical inventories of sealed sources and brachytherapy sources for 3 years.</i>	Retain for 3 years after date of inventory <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62517 Rev. 0	<i>Radioactive Material – Acquisition/Transfer</i> Records relating to the acquisition or transfer of byproduct and/or radiopharmaceutical material. <i>Note: 10 CFR 30.51(a)(1) and (2) require the retention of records relating to the receipt or transfer of byproduct material for 3 years following transfer or disposal of the material.</i>	Retain for 3 years after disposal/transfer <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



2.4 LEASING/USAGE

The activity of acquiring or granting temporary authority to use goods, materials, or resources.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62518 Rev. 0	<p><i>In-Home Equipment</i> Records relating to the provision and maintenance of hospital-owned equipment used in patient residences, including radioactive materials and surveys of associated equipment (mobile medical services). <i>Note: WAC 246-240-581 requires the retention of letters permitting the use of radioactive material at a client’s address, and surveys of associated equipment, for 3 years after the last provision of service.</i></p>	<p>Retain for 8 years after equipment has been removed from patient residence <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



2.5 MAINTENANCE

The activity of managing the use and maintenance of agency facilities and equipment.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62519 Rev. 0	Calibration – Brachytherapy Sources Records relating to the calibration of brachytherapy sources before medical use pursuant to WAC 246-240-269. <i>Note: WAC 246-240-599 requires the retention of records relating to the calibration of brachytherapy sources before medical use for 3 years.</i>	Retain for 3 years after last use of source <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62520 Rev. 0	Calibration – Dosimetry Equipment Records relating to the calibration, intercomparison, and comparisons of dosimetry equipment performed in accordance with WAC 246-240-366. <i>Note: WAC 246-240-611 requires the retention of records relating to the calibration, intercomparison, and comparisons of dosimetry equipment for the duration of the authorized user’s license.</i>	Retain for the duration of authorized user’s license <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62521 Rev. 0	Calibration Expert Evaluations Records relating to the evaluation of calibration experts by teletherapy licensees on behalf of the hospital.	Retain for 5 years after expert’s performance of last full calibration <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62522 Rev. 0	Calibration Instructions – Image Receptors Records relating to calibration instructions for image receptor equipment.	Retain until disposition of image receptor <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM



2.5 MAINTENANCE

The activity of managing the use and maintenance of agency facilities and equipment.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
<p>11-08-62523 Rev. 0</p>	<p><i>Equipment Calibration and Testing</i> Records relating to the calibration and/or testing of instruments and equipment used for the survey or administration of byproduct material <i>where not covered by a more specific record series.</i> Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Calibration of instruments used for quantitative radiation measurements in accordance with WAC 246-221-110(2); • Calibration of survey instruments in accordance with WAC 246-240-104; • Calibration of teletherapy units, remote afterloader units, and gamma stereotactic units in accordance with WAC 246-240-369; • Calibration of instruments used to measure the activity of unsealed radioactive material in accordance with WAC 246-240-101; • Records relating to testing of high radiation entry control devices in accordance with WAC 246-221-106(3). <p><i>Note: WAC 246-240-566 requires the retention of survey instrument calibration records for 3 years.</i> <i>Note: WAC 246-240-614 requires the retention of teletherapy unit, remote afterloader unit, and gamma stereotactic radiosurgery unit full calibrations for 3 years.</i> <i>Note: WAC 246-240-563 requires the retention of records of each calibration of instruments used to measure the activity of unsealed radioactive material for 3 years.</i></p>	<p>Retain for 3 years after date of calibration/test <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



2.5 MAINTENANCE

The activity of managing the use and maintenance of agency facilities and equipment.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62524 Rev. 3	<p><i>Infection Control and Prevention – Operations</i> Records documenting the application of the hospital’s precautionary standards, guidelines, or measures designed to prevent the spread of healthcare-associated infections (HAIs) in accordance with WAC 246-320-176. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Equipment/facility sterilization and/or disinfection logs; • Records of testing facilities/equipment for infectious substances. 	<p>Retain for 8 years after end of calendar year <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OFM</p>
11-08-62525 Rev. 0	<p><i>Instructions – Manufacturer</i> Instructions supplied by manufacturers and kept by the licensee of any sealed source or brachytherapy source in accordance with 10 CFR 35.67(a).</p>	<p>Retain for duration of source use <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OFM</p>
11-08-62526 Rev. 0	<p><i>Instructions/Procedures – Radiation Protection</i> Written procedures, safety instructions, and/or operating procedures for remote afterloader units, teletherapy units, and/or gamma stereotactic radiosurgery units as described in WACs 246-240-360(1)(d) and 246-240-360(4)(b). <i>Note: WAC 246-240-608 requires the retention of written procedures, safety instructions, and operating procedures for remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units until disposition of the unit.</i></p>	<p>Retain for 3 years after disposition of equipment <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



2.5 MAINTENANCE

The activity of managing the use and maintenance of agency facilities and equipment.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62527 Rev. 0	Radiation Machine Registrations Records relating to the registration of radiation machines with the Department of Health in accordance with Chapter 246-224 WAC.	Retain for 6 years after termination of registration <i>then</i> Destroy.	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR
11-08-62529 Rev. 0	Surveys – Treatment Equipment Records relating to radiation surveys of treatment equipment in accordance with WAC 246-240-390. <i>Note: WAC 246-240-629 requires the retention of records relating to radiation surveys of treatment units for the duration of use of the unit.</i>	Retain for the duration of the use of the treatment unit <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62530 Rev. 0	Teletherapy Calibration Calculations Records relating to calibration inter-comparisons and comparisons of dosimetry equipment for teletherapy.	Retain until termination of equipment license <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62531 Rev. 0	Teletherapy Five-Year/Source Replacement Inspections Records relating to five-year inspections or servicing of teletherapy and gamma stereotactic radiosurgery units in accordance with WAC 246-240-393. <i>Note: WAC 246-240-632 requires the retention of records relating to five-year inspections for teletherapy and gamma stereotactic radiosurgery units for the duration of use of the unit.</i>	Retain for the duration of the use of the unit <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



2.5 MAINTENANCE

The activity of managing the use and maintenance of agency facilities and equipment.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62532 Rev. 0	<p>Teletherapy Source Installation Surveys</p> <p>Records relating to radiation surveys of teletherapy sources prior to medical use and/or after each installation of a teletherapy source in accordance with 10 CFR 35.641.</p> <p><i>Note: 10 CFR 35.641(c) requires the retention of records relating to teletherapy source installation radiation measurements for the duration of the license.</i></p>	<p>Retain until termination of equipment license</p> <p><i>then</i></p> <p>Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62533 Rev. 0	<p>X-Ray/Electron Therapy Spot Checks</p> <p>Records relating to spot check measurements of x-ray and electron therapy systems pursuant to WAC 246-225-130.</p> <p><i>Note: WAC 246-225-130(2)(u)(iii)(H) requires the retention of records relating to spot checks of x-ray and electron therapy spot checks for one year or for twice as long as the spot check cycle, whichever is greater.</i></p>	<p>Retain for 1 year after completion of spot check</p> <p><i>and</i></p> <p>for twice as long as spot check cycle</p> <p><i>then</i></p> <p>Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR



2.6 PURCHASING/ACQUISITION

The activity of acquiring assets through purchase or donation. Includes records documenting ownership of assets.

*See the **State Government General Records Retention Schedule** for record series relating to the purchasing/acquisition of agency assets.*

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62534 Rev. 0	<p>Acceptance Testing</p> <p>Records relating to purchase specifications and acceptance testing of diagnostic radiology equipment pursuant to 21 CFR 1000.55.</p> <p><i>Note: 21 CFR 1000.55(c)(2) requires the retention of purchase specifications and records of acceptance testing throughout the life of the equipment.</i></p>	<p>Retain until disposition of equipment <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OFM</p>



3. HEALTH CARE AND TREATMENT

The function relating to the assessment, diagnosis, and treatment of patients.

See the State Government General Records Retention Schedule’s **HUMAN RESOURCE MANAGEMENT – Occupational Health and Safety** activity for additional records relating to employee/occupational health. See the State Government General Records Retention Schedule for additional financial records.

3.1 DIAGNOSTIC AND MEDICAL IMAGING

The activity of imaging the human body for clinical assessment and/or diagnosis.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62535 Rev. 4	<p><i>Diagnostic Imaging and Testing Records – Age 18 and Over</i></p> <p>Records relating to examinations, assessments, or tests performed in order to determine condition, disease, or injury, which may take the form of graphs, images, tracings, video, or other formats produced by diagnostic equipment. Also includes signed orders, requisitions, or other documented requests by providers for diagnostic tests and images to be performed, as well as reports, summaries, or other documentation of interpretations of diagnostic assessments.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Endoscopy and Colonoscopy Images (DAN 18-08-69300);</i> • <i>Endoscopy and Colonoscopy Videos (DAN 18-08-69301);</i> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Mammograms (DAN 11-08-62537);</i> • <i>Sleep Test Data (DAN 18-04-69204).</i> 	<p>Retain for 10 years after date of test or assessment <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



3.1 DIAGNOSTIC AND MEDICAL IMAGING

The activity of imaging the human body for clinical assessment and/or diagnosis.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62536 Rev. 4	<p><i>Diagnostic Imaging and Testing Records – Under Age 18</i></p> <p>Records relating to examinations, assessments, or tests performed in order to determine condition, disease, or injury, which may take the form of graphs, images, tracings, video, or other formats produced by diagnostic equipment. Also includes signed orders, requisitions, or other documented requests by providers for diagnostic tests and images to be performed, as well as reports, summaries, or other documentation of interpretations of diagnostic assessments.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Endoscopy and Colonoscopy Images (DAN 18-08-69300);</i> • <i>Endoscopy and Colonoscopy Videos (DAN 18-08-69301);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562);</i> • <i>Mammograms (DAN 11-08-62537);</i> • <i>Sleep Test Data (DAN 18-04-69204).</i> 	<p>Retain for 10 years after patient attains age 18 <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
18-08-69300 Rev. 0	<p><i>Endoscopy and Colonoscopy Images</i></p> <p>Still images and other documentation generated during examinations of the digestive system.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Diagnostic Imaging and Testing Records – Age 18 and Over (DAN 11-08-62535);</i> • <i>Diagnostic Imaging and Testing Records – Under Age 18 (DAN 11-08-62536);</i> • <i>Endoscopy and Colonoscopy Videos (DAN 18-08-69301);</i> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62531);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 10 years after date of procedure or 10 years after patient’s last procedure performed at the facility, <i>whichever is longer</i> <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR



3.1 DIAGNOSTIC AND MEDICAL IMAGING

The activity of imaging the human body for clinical assessment and/or diagnosis.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69301 Rev. 0	<p>Endoscopy and Colonoscopy Videos</p> <p>Videos generated during examinations of the digestive system.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Diagnostic Imaging and Testing Records – Age 18 and Over (DAN 11-08-62535);</i> • <i>Diagnostic Imaging and Testing Records – Under Age 18 (DAN 11-08-62536);</i> • <i>Endoscopy and Colonoscopy Images (DAN 18-08-69300);</i> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62531);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 2 years after date of procedure <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62537 Rev. 3	<p>Mammograms</p> <p>X-ray images of the breast used primarily for diagnostic and screening purposes.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562);</i> • <i>Diagnostic Imaging and Testing Records – Age 18 and Over (DAN 11-08-62535);</i> • <i>Diagnostic Imaging and Testing Records – Under Age 18 (DAN 11-08-62536).</i> <p><i>Note: The Mammography Quality Standards Act (MQSA) Title 42, Chapter 6A, Subchapter II, Part F, subpart 3 (f)(G)(i)(I) requires the retention of mammograms for not less than 5 years, or not less than 10 years if no subsequent mammograms of such patient are performed at the facility.</i></p>	<p>Retain for 5 years after date of mammogram <i>or</i> 10 years after patient’s last mammogram performed at the facility, <i>whichever is longer</i> <i>then</i> Destroy.</p>	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR



3.1 DIAGNOSTIC AND MEDICAL IMAGING

The activity of imaging the human body for clinical assessment and/or diagnosis.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69308 Rev. 0	<p>Operating Room Videos</p> <p>Videos and associated images generated during surgical procedures conducted in hospital operating rooms.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 2 years after date of procedure <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
18-04-69204 Rev. 0	<p>Sleep Test Data</p> <p>Raw data collected from sleep tests.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Polysomnography (PSG) data; • Multiple Sleep Latency Testing (MSLT) data; • Maintenance of Wakefulness Testing (MWT) data; • Home Sleep Apnea Testing (HSAT) data. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Diagnostic Imaging and Testing Records – Age 18 and Over (DAN 11-08-62535);</i> • <i>Diagnostic Imaging and Testing Records – Under Age 18 (DAN 11-08-62536).</i> <p><i>Note: Retention period required to meet the accreditation standards of the American Academy of Sleep Medicine.</i></p>	<p>Retain for 5 years after date of test <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM



3.2 LONG TERM CARE/NURSING FACILITY MANAGEMENT

The activity of managing long term care or nursing home programs and facilities.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62539 Rev. 1	Drug Logs – Therapeutic Leave Logs documenting the provision of prescription drugs to residents for consumption during leave away from the long term care/nursing facility.	Retain for 8 years after date of last entry <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62540 Rev. 1	Emergency Kit Drugs Records relating to the receipt and removal of drugs in emergency kits maintained by long term care/nursing facilities.	Retain for 6 years after date of receipt/removal <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62541 Rev. 2	Long Term Care Facility/Nursing Home Resident Medical Records – Age 18 and Over Records created by long term care facilities or nursing homes on a per-patient basis which document services provided to patients. <i>Note: see RCW 18.51.300.</i>	Retain for 8 years after last discharge <i>then</i> Destroy.	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR
11-08-62542 Rev. 2	Long Term Care Facility/Nursing Home Resident Medical Records – Under Age 18 Records created by long term care facilities or nursing homes on a per-patient basis which document services provided to patients. <i>Note: see RCW 18.51.300.</i>	Retain for 10 years after last discharge <i>or</i> 3 years after patient attains age 18, <i>whichever is longer</i> <i>then</i> Destroy.	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR



3.2 LONG TERM CARE/NURSING FACILITY MANAGEMENT

The activity of managing long term care or nursing home programs and facilities.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62543 Rev. 0	Persons Seeking Admission Records relating to individuals on waiting lists for admission to the long term care/nursing facility in accordance with WAC 388-97-0040(6), but who have not yet been admitted.	Retain for 1 year after date of last activity <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62544 Rev. 0	Resident Administration Records documenting summary patient information pertinent to the administration of long term care/nursing services, such as information relating to resident identification, family contacts, and financial details (i.e. "face sheets"). Excludes long term care/nursing home patient records covered by 11-08-62541 or 11-08-62542.	Retain for 1 year after death/discharge of resident <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62545 Rev. 0	Resident Censuses Records documenting census information and statistics about long term care/nursing residents.	Retain until no longer needed for agency business <i>then</i> Transfer to Washington State Archives for appraisal and selective retention.	ARCHIVAL (Appraisal Required) NON-ESSENTIAL OFM
11-08-62546 Rev. 0	Resident In/Out Logs Logs documenting residents signed in or out as they physically enter or leave the long term care/nursing facility.	Retain for 3 years after last entry <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



3.3 PATIENT ADMINISTRATION

The activity of administering health care and treatment services provided for patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
14-09-68534 Rev. 2	<p>Admitting and Registration</p> <p>Records relating to the process of admitting, registering, and coordinating care in inpatient and outpatient settings. Includes utilization and case management records, census and patient health statistics, and patient safety and satisfaction surveys.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562);</i> • <i>Referrals – To the Agency (DAN 11-08-62552);</i> • <i>Referrals – Outside of the Agency (DAN 11-08-62553).</i> 	<p>Retain for 10 years after date of document <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
16-12-69015 Rev. 0	<p>Clinic Business Operations</p> <p>Records relating to the routine operations and coordination of care in physician’s offices, ambulatory clinics, and nursing units.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Patient resources; • Patient appointments, schedules, and sign-in sheets; • Office task lists, checklists, and worksheets; • Staff signature lists. <p>Excludes records covered by <i>Staff Plans/Schedules (DAN 11-08-62595).</i></p>	<p>Retain for 8 years after end of calendar year <i>or</i> until superseded, <i>whichever is longer</i> <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OFM</p>



3.3 PATIENT ADMINISTRATION

The activity of administering health care and treatment services provided for patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-04-69202 Rev. 0	<p>Emergency Response Records</p> <p>Records relating to the preparation, coordination, and/or deployment of personnel and equipment for pre-hospital care and treatment in medical emergencies, including dispatch records.</p> <p>Excludes records incorporated into the Electronic Health Record, covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 3 years after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL</p> <p>ESSENTIAL</p> <p>(for Disaster Recovery)</p> <p>OPR</p>
11-08-62547 Rev. 2	<p>Master Patient Index</p> <p>Records documenting patient identification, registration, medical, and billing information for each individual registered at the hospital. Includes demographic data, encounter data, and admissions, discharge, transfer (ADT) data.</p>	<p>Retain for the life of the agency</p> <p><i>then</i></p> <p>Transfer to Washington State Archives for appraisal and selective retention.</p>	<p>ARCHIVAL</p> <p>(Appraisal Required)</p> <p>ESSENTIAL</p> <p>OPR</p>
11-08-62548 Rev. 0	<p>Maternity Registers</p> <p>Registers of maternity cases at the hospital.</p>	<p>Retain for 3 years after date of entry</p> <p><i>then</i></p> <p>Transfer to Washington State Archives for permanent retention.</p>	<p>ARCHIVAL</p> <p>(Permanent Retention)</p> <p>NON-ESSENTIAL</p> <p>OFM</p>



3.3 PATIENT ADMINISTRATION

The activity of administering health care and treatment services provided for patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62549 Rev. 1	<p>Operative Indexes</p> <p>Logs of surgical operations performed by the hospital and pertinent staff, equipment, or facility information.</p> <p><i>Note: The American Health Information Management Association (AHIMA) recommends the retention of operative indexes for 10 years.</i></p>	<p>Retain for 10 years after date of entry <i>then</i> Transfer to Washington State Archives for permanent retention.</p>	<p>ARCHIVAL (Permanent Retention) NON-ESSENTIAL OFM</p>
11-08-62551 Rev. 0	<p>Operative Scheduling/Assignments</p> <p>Records relating to the scheduling and assignment of staff, equipment, or other medical resources for pre-operative, operative, or post-operative procedures performed by the hospital and/or its ancillary departments (e.g. perioperative services).</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Anesthesia/activity logs; • Equipment schedules; • Medical, nursing, anesthesia, and support staff schedules; • Perfusion records. 	<p>Retain for 8 years after date of operation <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



3.3 PATIENT ADMINISTRATION

The activity of administering health care and treatment services provided for patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
23-04-69688 Rev. 0	<p>Patient Property Records documenting the agency's management of personal property/belongings of patients who are admitted into the hospital and the withdrawal/return of the property before or at discharge.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Patient property/belongings tracking forms; • Records documenting authorization to withdraw property; • Records documenting disposal of biohazardous property; • Records documenting patient refusal to secure valuables. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Lost and Found Property (DAN GS 21012).</i> <p><i>Note: Retention based on 3-year statute of limitations for taking, detaining, or injuring personal property (RCW 4.16.080).</i></p>	<p>Retain for 3 years after patient discharge <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62552 Rev. 0	<p>Referrals – To the Agency Pre-admission records relating to patients referred to the agency by outside providers.</p>	<p>Retain until no longer needed for agency business <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62553 Rev. 0	<p>Referrals – Outside of the Agency Records relating to agency referrals of patients to non-agency providers.</p>	<p>Retain for 2 years after date of receipt <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM



3.4 PATIENT BILLING

The activity of billing patients for services provided by the hospital or its ancillary departments.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62557 Rev. 1	<p>Compliance – Uncompensated Care</p> <p>Records documenting agency compliance with uncompensated care requirements of 42 CFR Part 124.510(b).</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Any documents from which the information required to be reported to Health and Human Services once every three fiscal years was obtained (see 42 CFR 124.510(a)(i)); • Accounts which clearly segregate uncompensated services from other accounts; • Copies of written determinations of eligibility under 42 CFR Part 124.507. 	<p>Retain for 3 years after report submitted to Health and Human Services</p> <p><i>or</i></p> <p>180 days after close of Health and Human Services investigation, <i>whichever is longer</i></p> <p><i>then</i></p> <p>Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM



3.4 PATIENT BILLING

The activity of billing patients for services provided by the hospital or its ancillary departments.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62556 Rev. 1	<p>Patient Financial Records</p> <p>Records relating to patient billing, the revenue cycle of payments and reimbursement claims by the healthcare provider to a third party payer, and the documentation to support these functions. Also may include records relating to financial assistance requested and/or granted.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Applications for financial assistance (Medicaid/Medicare eligibility, Hill-Burton eligibility, etc.); • Medicaid/Medicare applications, questionnaires, billing records, and reimbursements; • Insurance and patient reimbursements; • Institutional and professional claims; • Patient billing statement (discharge); • Cost/Fee sheets and supporting documentation; • Facility Only Billing (FOB); • Reconciliations; • Audits; • Refunds; • Write-offs/charity; • Appeals; • Correspondence (patient and third party payer). 	<p>Retain for 10 years after date of document</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69291 Rev. 0	<p>Assisted Reproduction – Donor Records – Not Successful</p> <p>Records relating to genetic materials donated for assisted reproduction not resulting in conception.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 10 years after donated materials are disposed of or no longer viable</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
18-08-69292 Rev. 0	<p>Assisted Reproduction – Donor Records – Successful</p> <p>Records relating to genetic materials donated for assisted reproduction resulting in conception, including donor charts and the recipient/donor match list.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for the life of the agency</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
18-08-69293 Rev. 0	<p>Assisted Reproduction – Screening Records</p> <p>Records relating to the screening of individuals donating genetic materials for assisted reproduction.</p>	<p>Retain for 10 years after donated materials are disposed of, transplanted, or no longer viable</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62558 Rev. 2	<p><i>Counseling Records – Age 18 and Over</i> Records documenting therapeutic techniques and services provided during counseling, therapy, or other mental/behavioral health treatment sessions.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Progress notes, tests, and other analyses; • Medications; • Registrations, questionnaires, and other intake documents; • Logs, worksheets, and checklists; • Appointments and attendance sheets; • Consent and authorization forms. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Psychotherapy Notes (DAN 16-12-69018);</i> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561).</i> 	<p>Retain for 10 years after individual’s last visit <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OFM</p>



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
16-12-69016 Rev. 0	<p><i>Counseling Records – Under Age 18</i> Records documenting therapeutic techniques and services provided during counseling, therapy, or other mental/behavioral health treatment sessions.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Progress notes, tests, and other analyses; • Medications; • Registrations, questionnaires, and other intake documents; • Logs, worksheets, and checklists; • Appointments and attendance sheets; • Consent and authorization forms. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Psychotherapy Notes (DAN 16-12-69018);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 10 years after individual attains age 18 <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OFM</p>



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-04-69200 Rev. 0	<p>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</p> <p>Records relating to the process of ordering and furnishing durable medical equipment, prosthetics, orthotics, and/or supplies, which includes, if applicable, adjusting, replacing, and/or otherwise maintaining furnished items.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Certificates of Medical Necessity; • Delivery tickets; • DME information forms; • Prescription, orders, or requests for items. <p>Excludes records incorporated into the Electronic Health Record, covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> <p><i>Note: 42 CFR 424.516(f) requires the retention of these records for seven years.</i></p>	<p>Retain for 7 years after date of service <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
18-04-69201 Rev. 0	<p>Emergency Care Records</p> <p>Records relating to pre-hospital care and treatment provided during a medical emergency and/or during transportation to a medical facility. Includes patient care reports, images, tests, and drug administration records.</p> <p>Excludes records incorporated into the Electronic Health Record, covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 8 years after end of calendar year <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62559 Rev. 2	<p>Interpretation Services</p> <p>Records relating to the arrangement and delivery of language interpretation during the provision of health care.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Requests for interpreters; • Schedules; • Daily logs and staff encounter sheets; • Appointment and clinic confirmations; • Encounter documentation. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 1 year after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>
18-08-69307 Rev. 0	<p>Medical Coding Records</p> <p>Records documenting the application of standardized diagnosis and procedures codes to clinical activities. Also may include notes and correspondence related to selecting appropriate codes.</p>	<p>Retain for 10 years after date of document</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62560 Rev. 2	<p>Organ Transplant Records – Age 18 and Over</p> <p>Records relating to pre- and post-transplant activities performed and documented by a transplant program or center.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Transplant candidate evaluations, registrations, and waiting lists; • Donor health questionnaires and screening records; • Pre- and post-transplant assessments of organs. <p>Excludes records covered by <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561)</i>.</p>	<p>Retain for 10 years after date of transplant procedure</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
16-12-69017 Rev. 0	<p>Organ Transplant Records – Under Age 18</p> <p>Records relating to pre- and post-transplant activities performed and documented by a transplant program or center.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Transplant candidate evaluations, registrations, and waiting lists; • Donor health questionnaires and screening records; • Pre- and post-transplant assessments of organs. <p>Excludes records covered by <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562)</i>.</p>	<p>Retain for 10 years after candidate/donor attains age 18</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
13-06-68447 Rev. 0	<p>Outside Medical Records – Not Used</p> <p>Medical Records received from non-affiliated hospitals, clinics or healthcare providers for continuity of care that are not requested or determined to be inapplicable, and are not incorporated or uploaded into the UW Medicine medical or imaging records system(s).</p>	<p>Retain for until no longer needed for agency business</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62561 Rev. 3	<p><i>Patient Medical Records – Age 18 and Over</i> Records created by the hospital or its ancillary departments on a per-patient basis to document health care services provided to patients age 18 and over. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Diagnostic, medical, and/or imaging reports or interpretations; • Medication administration records; • Patient treatment history. 	<p>Retain for 10 years after last provision of health-related services <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
11-08-62562 Rev. 3	<p><i>Patient Medical Records – Under Age 18</i> Records created by the hospital or its ancillary departments on a per-patient basis to document health care services provided to patients under age 18. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Diagnostic, medical, and/or imaging reports or interpretations; • Medication administration records; • Patient treatment history. 	<p>Retain for 10 years after last provision of health-related services <i>or</i> 3 years after patient attains age 18, <i>whichever is longer</i> <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
16-12-69018 Rev. 0	<p>Psychotherapy Notes</p> <p>Raw data (e.g., audio/video recordings, hand written notes) created to document or analyze counseling, therapy, or other mental/behavioral health treatment sessions. These data are kept separately from counseling records and/or patient medical records.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Details of fantasies and dreams; • Process interactions; • Intimate personal information. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Counseling Records – Age 18 and Over (DAN 11-08-62558);</i> • <i>Counseling Records – Under Age 18 (DAN 16-12-69016);</i> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain until no longer needed for agency business <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM



3.5 PATIENT MEDICAL RECORDS

The activity of managing documentation relating to the assessment and treatment of patients.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-04-69205 Rev. 0	<p><i>Treatment/Care Planning Data</i></p> <p>Records relating to a projected sequence of treatment procedures, as well as quantitative and methodological information used to develop individualized treatment or care plans or strategies. Includes diagrams, simulations, dosing calculations, and functional measurements.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Diagnostic Imaging and Testing Records – Age 18 and Over (DAN 11-08-62535);</i> • <i>Diagnostic Imaging and Testing Records – Under Age 18 (DAN 11-08-62536);</i> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562);</i> • <i>Counseling Records – Age 18 and Over (DAN 11-08-62558);</i> • <i>Counseling Records – Under Age 18 (DAN 16-12-69016).</i> 	<p>Retain for 10 years after date of plan <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OFM</p>



3.6 RADIATION PROTECTION PROGRAM

The activity relating to compliance with laws and regulations governing the receipt, preparation, use, or storage of radioactive material in hospital facilities.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62564 Rev. 0	<p>Brachytherapy Source Accountability</p> <p>Records documenting information pertinent to licensees' accountability for brachytherapy sources in storage, transport, or use pursuant to WAC 246-240-260.</p> <p>Includes, but is not limited to documentation of:</p> <ul style="list-style-type: none"> • Number and activity of sources removed from storage, time and date removed from storage, name(s) of individuals removing them from storage, and location(s) of use; • Number and activity of sources not implanted or returned to storage, time and date they were returned to storage, and name(s) of individuals who returned them to storage; • Number and activity of sources permanently implanted in the patient or human research subject. <p><i>Note: WAC 246-240-596 requires the retention of records documenting licensees' accountability for brachytherapy sources for 3 years after disposal of the source.</i></p>	<p>Retain for 3 years after disposal of source <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62565 Rev. 0	<p>Byproduct Misadministration</p> <p>Records relating to the misadministration of byproduct material or radiation from byproduct material.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Doses that differ from the prescribed dose by twenty percent or more; • Doses that exceed dose equivalents; • Doses to skin, an organ, or tissue other than the treatment site. 	<p>Retain for 8 years after date of event <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR



3.6 RADIATION PROTECTION PROGRAM

The activity relating to compliance with laws and regulations governing the receipt, preparation, use, or storage of radioactive material in hospital facilities.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62566 Rev. 0	<p>Occupational and Public Dose/Exposure – Reports</p> <p>Records relating to activities, program reviews, measurements, and calculations which may be necessary to determine the extent of occupational and/or public exposure from sources of radiation as required in WAC 246-221-230.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> Records on Department of Health Form RHF-5 or RHF-5A, or equivalent, of doses received by all individuals for whom monitoring is required pursuant to WAC 246-221-090 and/or 246-221-100; Records of doses received during planned special exposures, accidents, and/or emergency conditions; Specific information used to calculate the committed effective dose equivalent pursuant to WAC 246-221-040(3); Results of surveys to determine the dose from external sources of radiation used in the absence of, or in combination with, individual monitoring data, in the assessment of individual dose equivalents; Results of measurements and calculations used to determine individual intakes of radioactive material used in the assessment of internal dose; Records showing results of air sampling, surveys, and bioassays required pursuant to WAC 246-221-117; Results of measurements and calculations used to evaluate the release of radioactive effluents to the environment. 	<p>Retain for 30 years after termination of last pertinent license or registration</p> <p><i>then</i></p> <p>Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR



3.6 RADIATION PROTECTION PROGRAM

The activity relating to compliance with laws and regulations governing the receipt, preparation, use, or storage of radioactive material in hospital facilities.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62567 Rev. 0	Occupational and Public Dose/Exposure – Working Files Records used to prepare Department of Health Form RHF-4 and/or RHF-4A, or equivalent as required in WAC 246-221-230(9)(b). <i>Note: WAC 246-221-230(9) requires the retention of public dose/exposure working files for three years after date of document.</i>	Retain for 3 years after completion of report <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62568 Rev. 0	Patient Releases – Radiation Records relating to the release of individuals containing unsealed radioactive material or implants containing radioactive material as in accordance with WAC 246-240-122. <i>Note: WAC 246-240-578 requires the retention of records relating to the release of individuals containing unsealed radioactive material or implants for 3 years.</i>	Retain for 3 years after patient release <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62569 Rev. 0	Program Approvals/Changes Records relating to management approvals of radiation program licensing, workers, or program changes in accordance with WAC 246-240-551 or WAC 246-240-554.	Retain for 5 years after date of document/approval <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62570 Rev. 0	Public Dose Limit Compliance Records documenting compliance with public dose limits for individuals as required by WAC 246-221-060(4). <i>Note: WAC 246-221-230(8)(b) requires the retention of records documenting compliance with public dose limits for individuals until termination of last pertinent license or registration.</i>	Retain until termination of last pertinent license or registration <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



3.6 RADIATION PROTECTION PROGRAM

The activity relating to compliance with laws and regulations governing the receipt, preparation, use, or storage of radioactive material in hospital facilities.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62571 Rev. 0	Radiation Doses Records relating to the administration of radiation doses for which written directives are required.	Retain for 3 years after administration of dose <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62572 Rev. 0	Radiopharmaceutical Assays Records relating to assays of radiopharmaceuticals.	Retain for 2 years after date of assay <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62573 Rev. 0	Source Surveys and Tests Records relating to the survey and/or testing of byproduct sources or byproduct source doses. Includes, but is not limited to: <ul style="list-style-type: none"> • Surveys of implanted brachytherapy sources in accordance with 10 CFR 35.406(d); • Byproduct dose activity measurements performed in accordance with WAC 246-240-107; • Leak test records of sealed or brachytherapy sources performed in accordance with WAC 246-240-113(1); • Radiopharmaceutical concentration testing of molybdenum-99, strontium-82, and/or strontium-85 in accordance with WAC 246-240-160. 	Retain for 3 years after date of survey/measurement <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM



3.6 RADIATION PROTECTION PROGRAM

The activity relating to compliance with laws and regulations governing the receipt, preparation, use, or storage of radioactive material in hospital facilities.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62574 Rev. 0	<p>Surveys – General</p> <p>Records relating to radiation surveys performed to evaluate the radiological conditions and potential hazards incident to the production, use, release, disposal, or presence of radiation sources.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Ambient radiation exposure surveys performed in accordance with WAC 246-240-119; • General surveys as required by WAC 246-221-110 and/or 246-220-040; • Hot lab surveys; • Mobile medical services surveys performed in accordance with WAC 246-240-125(1)(b) and/or 246-240-125(1)(d); • Mobile nuclear medicine surveys; • Package surveys as required in WAC 246-221-160; • Surveys of patients, human research subjects, and/or remote afterloader units in accordance with WAC 246-240-354 prior to patient release to confirm that the radiation source(s) has been removed from the patient or subject and returned to the safe shielded position; • Working reception surveys. 	<p>Retain for 3 years after date of survey <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR



3.6 RADIATION PROTECTION PROGRAM

The activity relating to compliance with laws and regulations governing the receipt, preparation, use, or storage of radioactive material in hospital facilities.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62575 Rev. 0	Written Directives – Authorizations Written directives from authorized users for the administration of certain radioactive material as required by WAC 246-240-060. <i>Note: WAC 246-240-557 requires the retention of written directives for the administration of radioactive material for 3 years.</i>	Retain for 3 years after date of directive <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62576 Rev. 0	Written Directives – Doses Records relating to the administration of radiation doses for which written directives are required.	Retain for 3 years after administration of dose <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62577 Rev. 0	Written Directives – Procedures Procedures for any administration of radioactive material requiring a written directive pursuant to WAC 246-240-063. <i>Note: WAC 246-240-560 requires the retention of procedures for any administration of radioactive material requiring a written directive for the duration of the authorized user’s license.</i>	Retain for the duration of the authorized user’s license <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



4. HOSPITAL SUPPORT SERVICES

The function of providing services which support the primary mission of the public hospital.

See the **State Government General Records Retention Schedule** for additional community relations records.

4.1 FOOD SERVICES

The activity of providing food services for patients, staff, and the public.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62579 Rev. 1	Menus – Cafeteria Records relating to menus for hospital cafeterias.	Retain for 1 year after last date menu offered <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62581 Rev. 2	Patient Meals Records relating to the provision of meals to patients by kitchen staff including patient-specific dietary orders or requests, menus, and meal counts. Excludes records incorporated into the Electronic Health Record, covered by: <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	Retain for 3 years after end of calendar year <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
23-04-69685 Rev. 0	<p><i>Accident/Incident Reports and Action Plans</i></p> <p>Records relating to reporting accidents/incidents involving patients, non-patients, and visitors that are reported in the course of providing health-related services, and related action plans. Includes but is not limited to:</p> <ul style="list-style-type: none"> • Accident/Incident Reports; • Action Plans; • Plans relating to quality improvement or quality assurance. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Accidents/Incidents – No Claim Filed (Age 18 and Over) (DAN GS 18008);</i> • <i>Accidents/Incidents – No Claim Filed (Under Age 18) (DAN GS 18007);</i> • <i>Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Age 18 and Over) (DAN 16-03-68951);</i> • <i>Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Under Age 18) (DAN 16-03-68952);</i> • <i>Injury Claims (DAN GS 03015);</i> • <i>Injury Claims – Eye Injuries (DAN GS 03016);</i> • <i>Patient Accident/Incident Claims Filed (DAN 23-04-69687);</i> • <i>Quality Improvement or Quality Assurance Audits/Plans/Reporting (DAN 23-04-69689);</i> • <i>Quality Improvement or Quality Assurance Committee Records (DAN 23-04-69690).</i> <p><i>Note: Retention based on 8-year limitation on civil action for damages for injury occurring as a result of healthcare or related services (RCW 4.16.350).</i></p>	<p>Retain for 8 years after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
23-04-69686 Rev. 0	<p>Audit Trails of Access and Changes to Medical Information</p> <p>Automatically generated audit trails of electronic health records systems documenting user access, changes, and deletions to medical information (ePHI).</p> <p>Includes, but is not limited to clinical systems such as:</p> <ul style="list-style-type: none"> • Electronic Health Record (EHR). <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Audit Trails and System Usage Monitoring (DAN GS 14020);</i> • <i>Automated/Scheduled Tasks and Work/Intermediate/Test Files (DAN GS 14015);</i> • <i>Security Incidents and Data/Privacy Breaches (DAN GS 25008).</i> <p><i>Note: Retention based on 6-year requirement for IT security systems reviews and related documentation (45 CFR 164.316).</i></p>	<p>Retain for 6 years after date of creation</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>
14-12-68725 Rev. 1	<p>Clinical Accreditation</p> <p>Records relating to the process of requesting or maintaining a national, state, or other mandatory or voluntary accreditation, certificate, or license, and the documentation related to the approval or denial.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Questionnaires and surveys; • Planning documents; • Policies and procedures; • Performance measures; • Statistics. 	<p>Retain for 6 years after accreditation, certificate, or licensure ends</p> <p><i>or</i></p> <p>until superseded by new accreditation, <i>whichever is longer</i></p> <p><i>then</i></p> <p>Transfer to Washington State Archives for appraisal and selective retention.</p>	<p>ARCHIVAL (Appraisal Required) ESSENTIAL (for Disaster Recovery) OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
14-12-68726 Rev. 1	<p><i>Clinical Engineering/Medical Equipment Records</i></p> <p>Records documenting the inspection, ongoing maintenance, repair, and updating of hospital medical devices and equipment, including diagnostic imaging equipment, vital signs monitors, and life support systems. Also includes records documenting medical equipment preparedness used to ensure the equipment’s safety and efficiency, maintenance history, and to show that supplies and equipment are ready and available.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Initial inspections of medical equipment; • Safety checks of medical equipment; • Emergency equipment checklists. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DAN 18-04-69200).</i> 	<p>Retain for 8 years after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>
11-08-62591 Rev. 1	<p><i>Clinical Guidelines and Protocols</i></p> <p>Records relating to the UW Medicine produced clinical guidelines and/or protocols for the assessment and treatment of particular conditions.</p>	<p>Retain for 8 years after obsolete or superseded</p> <p><i>then</i></p> <p>Transfer to Washington State Archives for permanent retention.</p>	<p>ARCHIVAL (Permanent Retention) ESSENTIAL (for Disaster Recovery) OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
16-03-68951 Rev. 2	<p><i>Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Age 18 and Over)</i></p> <p>Records relating to clinical risk management quality improvement reviews of patient accidents/incidents that occur in the course of providing health-related services, and that aid in the identification and prevention of medical malpractice.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Clinical risk management review files. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Accident/Incident Reports and Action Plans (DAN 23-04-69685);</i> • <i>Accidents/Incidents – No Claim Filed (Age 18 and Over) (DAN GS 18008);</i> • <i>Accidents/Incidents – No Claim Filed (Under Age 18) (DAN GS 18007);</i> • <i>Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Under Age 18) (DAN 16-03-68952);</i> • <i>Injury Claims (DAN GS 03015);</i> • <i>Injury Claims – Eye Injuries (DAN GS 03016);</i> • <i>Patient Accident/Incident Claims Filed (DAN 23-04-69687);</i> • <i>Quality Improvement or Quality Assurance Audits/Plans/Reporting (DAN 23-04-69689);</i> • <i>Quality Improvement or Quality Assurance Committee Records (DAN 23-04-69690).</i> <p><i>Note: Retention based on 8-year limitation on civil action for damages for injury occurring as a result of healthcare or related services (RCW 4.16.350).</i></p>	<p>Retain for 8 years after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
16-03-68952 Rev. 2	<p><i>Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Under Age 18)</i></p> <p>Records relating to clinical risk management quality improvement reviews of patient accidents/incidents that occur in the course of providing health-related services, and that aid in the identification and prevention of medical malpractice.</p> <p>Includes but is not limited to:</p> <ul style="list-style-type: none"> • Clinical risk management review files. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Accident/Incident Reports and Action Plans (DAN 23-04-69685);</i> • <i>Accidents/Incidents – No Claim Filed (Age 18 and Over) (DAN GS 18008);</i> • <i>Accidents/Incidents – No Claim Filed (Under Age 18) (DAN GS 18007);</i> • <i>Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Under Age 18) (DAN 16-03-68952);</i> • <i>Injury Claims (DAN GS 03015);</i> • <i>Injury Claims – Eye Injuries (DAN GS 03016);</i> • <i>Patient Accident/Incident Claims Filed (DAN 23-04-69687);</i> • <i>Quality Improvement or Quality Assurance Audits/Plans/Reporting (DAN 23-04-69689);</i> • <i>Quality Improvement or Quality Assurance Committee Records (DAN 23-04-69690).</i> <p><i>Note: Retention based on toll to 8-year limitation on civil action for damages for injury occurring as a result of healthcare or related services (RCW 4.16.190).</i></p>	<p>Retain for 8 years after patient attains age 18</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62584 Rev. 2	<p>Compliance Investigations</p> <p>Records relating to the discovery, assessment, management and response to alleged violations of federal or state laws and regulations. This includes unauthorized access, disclosure, modification, and destruction of confidential information (e.g. PII & PHI), and billing, privacy, Emergency Medical Treatment and Labor Act (EMTALA), and other investigations and audits. Includes all records of electronic and physical format.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Computer Forensic Investigations (DAN 18-04-69199).</i> 	<p>Retain for 10 years after end of investigation <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>
11-08-62586 Rev. 2	<p>Compliance Training</p> <p>Records relating to compliance training programs provided by the agency. Includes, but is not limited to, curricula, worksheets, presentations, planning materials, attendance, and/or transcripts.</p>	<p>Retain for 10 years after superseded <i>then</i> Transfer to Washington State Archives for appraisal and selective retention.</p>	<p>ARCHIVAL (Appraisal Required) NON-ESSENTIAL OPR</p>
18-08-69303 Rev. 0	<p>Healthcare Programs Exclusion Screening</p> <p>Records relating to the screening of workforce and vendors to ensure that these individuals are not excluded from providing services under federal healthcare programs, such as Medicare or Medicaid, or under state-level healthcare programs.</p>	<p>Retain for 10 years after date of screening <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62587 Rev. 2	<p>Medical Staff Credentialing/Privileging/Enrollment</p> <p>Records relating to reviews of practitioners' qualifications and practice history, determinations and restrictions of privileges, certifications and licensing, peer certifications and evaluations, quality improvement documentation, and payer enrollment applications, determinations, and contracts.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none">• <i>Personnel – Employment History Files (DAN GS 03042).</i> <p><i>Note: RCW 70.41.220 requires the retention of records relating to decisions to restrict or terminate privileges of practitioners.</i></p>	<p>Retain for 8 years after termination of employment <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
23-04-69687 Rev. 0	<p>Patient Accident/Incident Claims Filed</p> <p>Records relating to professional/malpractice claims filed by patients against the agency for damages for injury as a result of health care or related services. Includes but is not limited to clinical risk management quality improvement review files where claims were filed.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • Accidents/Incidents – No Claim Filed (Age 18 and Over) (DAN GS 18008); • Accidents/Incidents – No Claim Filed (Under Age 18) (DAN GS 18007); • Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Age 18 and Over) (DAN 16-03-68951); • Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Under Age 18) (DAN 16-03-68952); • Injury Claims (DAN GS 03015); • Injury Claims – Eye Injuries (DAN GS 03016); • Litigation Case Files – Routine (DAN GS 18004). <p>Note: Retention based on 8-year limitation on civil action for damages for injury occurring as a result of healthcare or related services (RCW 4.16.350).</p>	<p>Retain for 8 years after resolution of claim <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62582 Rev. 2	<p><i>Patient Medical Records – Authorized Disclosures and Amendments</i></p> <p>Records relating to authorized access to and disclosures of medical records and other personal health information, including release of information. Also includes records relating to requests and responses to changes and amendments to medical records and other personal health information.</p> <p>Excludes changes and amendments that have become part of the patient medical record covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> 	<p>Retain for 7 years after date of disclosure or amendment</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
23-04-69689 Rev. 0	<p>Quality Improvement or Quality Assurance Audits/Plans/Reporting</p> <p>Records relating to quality improvement or quality assurance audits and final reports resulting from surveys to measure quality of healthcare services.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Final audit results; • Reports (that are not part of committee records); • Worksheets/checklists to perform audits; • Questionnaires/surveys to perform audits. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Corrective Actions – Audits (DAN GS 04007);</i> • <i>Corrective Actions – Audits (Development of Plans) (DAN GS 04008);</i> • <i>Process Improvement (DAN GS 09012);</i> • <i>Quality Improvement or Quality Assurance Committee Records (DAN 23-04-69690);</i> • <i>Records Documented as Part of More Formalized Records (DAN GS 50012);</i> • <i>Reporting Internally – Routine Program/Project/Work Unit Reports/Statistics (DAN GS 09029);</i> • <i>Reporting to External Agencies (Mandatory) (DAN GS 19004);</i> • <i>Secondary (Duplicate) Copies (DAN GS 50005).</i> <p><i>Note: Retention based on 8-year limitation on civil action for damages for injury occurring as a result of healthcare or related services (RCW 4.16.350).</i></p>	<p>Retain for 8 years after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
23-04-69690 Rev. 0	<p>Quality Improvement or Quality Assurance Committee Records</p> <p>Committee meeting records documenting the activities of Quality Improvement and Quality Assurance committees throughout the agency.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Agendas, meeting/agenda packets (briefs, reference materials, etc.); • Minutes. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Advisory Body Records (DAN GS 10015);</i> • <i>Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Age 18 and Over) (DAN 16-03-68951);</i> • <i>Clinical Risk Management Quality Improvement Reviews – No Claims Filed (Under Age 18) (DAN 16-03-68952);</i> • <i>Governing/Executive/Policy-Setting Body Records (DAN GS 10004);</i> • <i>Meeting Arrangements (DAN GS 09024);</i> • <i>Meeting Materials – Members’ Copies/Notes (DAN GS 09026);</i> • <i>Meetings – Staff and Internal Committees (DAN GS 09009);</i> • <i>Patient Accident/Incident Claims Filed (DAN 23-04-69687);</i> • <i>Quality Improvement or Quality Assurance Audits/Plans/Reporting (DAN 23-04-69689).</i> <p><i>Note: Retention based on 8-year limitation on civil action for damages for injury occurring as a result of healthcare or related services (RCW 4.16.350).</i></p>	<p>Retain for 8 years after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



4.2 QUALITY ASSURANCE AND COMPLIANCE

The function of enacting and evaluating policies and guidelines to provide adequate confidence that the hospital will fulfill requirements for quality.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62590 Rev. 0	<p><i>Radiation Protection Program Audits and Reviews</i></p> <p>Records relating to audits and reviews of radiation protection program content and implementation as required by WAC 246-221-005.</p> <p><i>Note: WAC 246-221-230(9)(e) requires the retention of radiation protection program audit and review records for 3 years.</i></p>	<p>Retain for 3 years after completion of audit/review <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR



4.3 REPORTING

The activity of reporting information to external agencies or organizations.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62592 Rev. 0	Baptismal Registries Logs or registries documenting baptisms performed in the hospital.	Retain until no longer needed for agency business <i>then</i> Transfer to Washington State Archives for permanent retention.	ARCHIVAL (Permanent Retention) NON-ESSENTIAL OPR
11-08-62593 Rev. 0	Birth/Death Registers Registers documenting summary information about births or deaths which have occurred in the hospital.	Retain until no longer needed for agency business <i>then</i> Transfer to Washington State Archives for permanent retention.	ARCHIVAL (Permanent Retention) NON-ESSENTIAL OPR
11-08-62594 Rev. 0	Vital Statistics Supporting Documentation Records relating to the reporting of vital events/statistics to the Washington State Department of Health.	Retain for 1 year after vital event reported to Washington State Department of Health <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



5. HUMAN RESOURCE MANAGEMENT

The function of managing the hospitals' workforce, where not covered by the *State Government General Records Retention Schedule*.

5.1 PERFORMANCE MANAGEMENT

The activity of assessing and directing employee progress toward performance goals.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62596 Rev. 1	Physician Call Schedules Schedules documenting on-call schedules for hospital physicians. Excludes records covered by <i>Staff Plans/Schedules (DAN 11-08-62595)</i> . <i>Note: 42 CFR 489.20(r)(1-3) requires the retention of physician on-call schedules.</i>	Retain for 5 years after superseded <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62597 Rev. 0	Radiation Safety Officer Records relating to the authority, duties, and responsibilities of the radiation safety officer. <i>Note: WAC 246-240-551(2) requires the retention of records relating to the authority, duties, and responsibilities of radiation safety officers until termination/expiration of medical use license.</i>	Retain until termination/expiration of medical use license <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62595 Rev. 3	Staff Plans/Schedules Staff plans, daily assignments, and other scheduling records for nurses, social workers, and/or other medical staff. Excludes records covered by <i>Physician Call Schedules (DAN 11-08-62596)</i> .	Retain for 4 years after end of calendar year <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



5.2 PERSONNEL

The activity of documenting and individual's employment with the agency. Includes volunteers.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62598 Rev. 2	<p>Blood/Tissue Bank Employees</p> <p>Quality assurance and training records relating to blood/tissue bank employees.</p> <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Personnel – Employment History Files (DAN GS 03042).</i> <p><i>Note: The College of American Pathologists recommends the retention of blood bank records relating to employees for 10 years.</i></p>	<p>Retain for 10 years after termination of employment</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>
18-04-69203 Rev. 0	<p>Medical Residents, Fellows, and Interns</p> <p>Records relating to participants in a residency, fellowship, or internship program. Includes, but is not limited to, application materials, letters of recommendation, appointments, evaluations, and certificates of completion.</p>	<p>Retain for 60 years after completion of or withdrawal from program</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OFM</p>



5.3 STAFF DEVELOPMENT/TRAINING

The activity of enhancing employees' competencies and skills through programs and training.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62599 Rev. 0	<p>Instruction/Training – Occupational Doses</p> <p>Records relating to the provision of instruction on occupational radiation doses for employees who work in radiation areas for which notification of destruction eligibility has been received from the Department of Health.</p> <p><i>Note: WAC 246-222-030(2) requires the retention of records relating to worker receipt of instructions regarding occupational doses of radiation until further notice from Washington State Department of Health.</i></p>	<p>Retain until no longer needed for agency business <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62600 Rev. 0	<p>Instruction/Training – Radiation Protection</p> <p>Records documenting the provision of safety instruction to personnel who operate remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units in accordance with WAC 246-240-204, 246-240-263, or 246-240-360, or who care for patients receiving brachytherapy, radiopharmaceutical therapy, and/or teletherapy.</p> <p><i>Note: WAC 246-240-590 requires the retention of records of safety instruction for 3 years.</i></p>	<p>Retain for 3 years after date instruction completed <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62601 Rev. 0	<p>Medical Use Licenses</p> <p>Records relating to byproduct material medical use licenses obtained by individuals in accordance with 10 CFR 35.11.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Byproduct material medical use licenses; • Radioactive materials general and specific licenses. 	<p>Retain for 8 years after termination of employment <i>then</i> Destroy.</p>	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR



6. LABORATORY AND PATHOLOGY MANAGEMENT

The function of providing laboratory and pathology services for the assessment and diagnosis of illness, disease, and death.

Note: For the retention of laboratory and/or pathology specimens, Washington State Archives recommends agencies refer to the retention guidelines issued by the American Association of Blood Banks (AABB), the College of American Pathologists (CAP), the Clinical Laboratory Improvement Amendments (CLIA), and applicable state and federal codes and regulations.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62609 Rev. 3	<p><i>Anatomic Pathology Test Reports</i></p> <p>Preliminary, corrected, and final reports derived from the diagnostic examination of organs, tissues, and other pathological specimens and images.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Surgical pathology reports; • Histopathology reports; • Oral pathology reports. <p>Excludes records covered by <i>Laboratory and Pathology Testing Records (DAN 18-08-69305)</i>.</p> <p><i>Note: WAC 246-338-070 requires the retention of pathology test reports for 10 years.</i></p>	<p>Retain for 10 years after end of calendar year <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62613 Rev. 1	<p>Blood and Blood Products – Donor and Recipient Records</p> <p>Records documenting health, social, and other information about donors and recipients of blood, blood components, and/or blood products.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Recipient consents; • Donor and recipient identifying information; • Donor and recipient medical and social history. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Patient Medical Records – Age 18 and Over (DAN 11-08-62561);</i> • <i>Patient Medical Records – Under Age 18 (DAN 11-08-62562).</i> <p><i>Note: The American Association of Blood Banks (AABB) recommends a 10-year retention for blood and blood product donor or recipient records.</i></p>	<p>Retain for 10 years after final donation/receipt</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
18-08-69294 Rev. 0	<p>Blood Bank and Transfusion Medicine Proficiency Testing and Biannual Verification Records</p> <p>Records relating to the process of ensuring the quality of a blood bank’s testing processes and results through the testing of external specimens and reporting out of results for grading/evaluation (i.e., proficiency testing), or through alternative biannual testing processes.</p> <p>Excludes records covered by <i>Laboratory and Pathology Proficiency Testing and Biannual Verification Records (DAN 18-08-69304).</i></p>	<p>Retain for 5 years after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69295 Rev. 0	<p>Blood Bank and Transfusion Medicine Testing Procedures</p> <p>Records relating to test procedures implemented within blood banks or transfusion services.</p> <p>Excludes records covered by <i>Laboratory and Pathology Testing Procedures (DAN 11-08-62607)</i>.</p>	<p>Retain for 5 years after procedure has been discontinued</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
18-08-69296 Rev. 0	<p>Blood Bank and Transfusion Medicine Testing Records</p> <p>Records documenting the storage, typing, testing, processing, and transfusion of blood, blood components, and/or blood products.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Blood, blood component, and blood product order/release forms; • Test requisitions and authorizations; • Test worksheets and logs; • Typing and cross-matching/compatibility records; • Equipment/instrument calibration and maintenance records; • Specimen identification and tracking records; • Quality control and assurance records; • Test results and reports. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Anatomic Pathology Test Reports (DAN 11-08-62609)</i>; • <i>Clinical Autopsy Test Reports (DAN 18-08-69298)</i>; • <i>Cytology Test Reports (DAN 11-08-62619)</i>; • <i>Laboratory and Pathology Testing Records (DAN 18-08-69305)</i>. 	<p>Retain for 10 years after end of calendar year</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69297 Rev. 0	Blood Bank and Transfusion Medicine Validation Testing Records Records relating to validation studies or tests of blood bank instruments, software, hardware, or methods carried out to ensure the accurate reporting of test results. Excludes records covered by <i>Laboratory and Pathology Validation Testing Records (DAN 18-08-69306)</i> .	Retain for 10 years after life of instrument, software, hardware, or method <i>then</i> Destroy.	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR
18-08-69298 Rev. 0	Clinical Autopsy Test Reports Records resulting from post-mortem examinations conducted to determine the cause, mechanism, and manner of a person’s death from natural causes. Excludes records covered by: <ul style="list-style-type: none"> • <i>Forensic Autopsy Records (DAN 18-08-69302)</i>; • <i>Laboratory and Pathology Testing Records (DAN 18-08-69305)</i>. <i>Note: The College of American Pathologists (CAP) recommends the retention of clinical autopsy test reports for 10 years.</i>	Retain for 10 years after end of calendar year <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62616 Rev. 1	Cytogenetic Diagnostic Images and Final Reports Final reports and diagnostic images resulting from cytogenetic examinations. <i>Note: The College of American Pathologists (CAP) recommends a 20-year retention for diagnostic images and final reports derived from cytogenetic analysis.</i>	Retain for 20 years after date of final report <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62619 Rev. 1	Cytology Test Reports Reports resulting from the examination of cells for the purposes of detecting cellular abnormalities and diagnosing health conditions, including cancer. Excludes records covered by <i>Laboratory and Pathology Testing Records (DAN 18-08-69305)</i> . <i>Note: WAC 246-338-070 requires the retention of cytology reports for 10 years.</i>	Retain for 10 years after end of calendar year <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69302 Rev. 0	<p>Forensic Autopsy Records</p> <p>Records relating to post-mortem examinations conducted to determine the cause, mechanism, and manner of a person’s death, particularly when such a death may have resulted from unnatural causes.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Autopsy accession/test logs; • Gross injury/trauma photographs and negatives; • Test results and final reports. <p>Excludes records covered by <i>Clinical Autopsy Test Reports (DAN 18-08-69298)</i>.</p> <p><i>Note: The College of American Pathologists (CAP) recommends the permanent retention of forensic autopsy records.</i></p>	<p>Retain for the life of the agency <i>then</i></p> <p>Transfer to Washington State Archives for permanent retention.</p>	<p>ARCHIVAL (Permanent Retention) NON-ESSENTIAL OPR</p>
11-08-62617 Rev. 1	<p>Gated Dot Plots and Histograms</p> <p>Records relating to flow cytometry testing involving the use of gated dot plots or histograms.</p> <p><i>Note: The College of American Pathologists (CAP) recommends a 10-year retention for gated dot plots and histograms.</i></p>	<p>Retain for 10 years after end of calendar year <i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69304 Rev. 0	<p>Laboratory and Pathology Proficiency Testing and Biannual Verification Records</p> <p>Records relating to the process of ensuring the quality of a laboratory’s testing processes and results through the testing of external specimens and reporting out of results for grading/evaluation (i.e., proficiency testing), or through alternative biannual testing processes.</p> <p>Excludes records covered by <i>Blood Bank and Transfusion Medicine Proficiency Testing and Biannual Verification Records (DAN 18-08-69294)</i>.</p> <p><i>Note: 42 CFR 493.1105 and WAC 246-338-070 require the retention of proficiency testing records for 2 years.</i></p>	<p>Retain for 2 years after end of calendar year <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
11-08-62607 Rev. 1	<p>Laboratory and Pathology Testing Procedures</p> <p>Records relating to test procedures implemented within the laboratory setting.</p> <p>Excludes records covered by <i>Blood Bank and Transfusion Medicine Testing Procedures (DAN 18-08-69295)</i>.</p> <p><i>Note: 42 CFR 493.1105 and WAC 246-338-070 require the retention of test procedures for 2 years after the procedure has been discontinued within the laboratory.</i></p>	<p>Retain for 2 years after procedure has been discontinued <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
18-08-69305 Rev. 0	<p>Laboratory and Pathology Testing Records</p> <p>Records relating to documenting, tracking, and testing clinical specimens for the purposes of assessing and diagnosing health conditions. Includes microbiology, chemistry, hematology, virology, and other specialties, unless otherwise specified.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Accession/test logs; • Test requisitions and authorizations; • Test worksheets and logs; • Equipment/instrument calibration and maintenance records; • Specimen identification and tracking records; • Quality control and assurance records; • Test results and reports. <p>Excludes records covered by:</p> <ul style="list-style-type: none"> • <i>Anatomic Pathology Test Reports (DAN 11-08-62609);</i> • <i>Blood Bank and Transfusion Medicine Testing Records (DAN 18-08-69296);</i> • <i>Clinical Autopsy Test Reports (DAN 18-08-69298);</i> • <i>Cytology Test Reports (DAN 11-08-62619).</i> <p><i>Note: 42 CFR 493.1105 and WAC 246-338-070 require the retention of these records for 2 years.</i></p>	<p>Retain for 2 years after end of calendar year <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
18-08-69306 Rev. 0	<p>Laboratory and Pathology Validation Testing Records</p> <p>Records relating to validation studies or tests of laboratory instruments, software, hardware, or methods carried out to ensure the accurate reporting of laboratory test results.</p> <p>Excludes records covered by <i>Blood Bank and Transfusion Medicine Validation Testing Records (DAN 18-08-69297).</i></p>	<p>Retain for 2 years after life of instrument, software, hardware, or method <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



7. PHARMACY MANAGEMENT

The function relating to the management of pharmacies that are part of public hospitals.

7.1 ADMINISTRATION

The activity of providing for the general administration of public hospital pharmacies.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62624 Rev. 1	Batch Data Records relating to laboratory data on each batch of drug received.	Retain for 50 years after completion/cessation of batch distribution <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62622 Rev. 2	Patient Profile and Medication Records – Age 18 and Over Records relating to the filling and dispensing of medication for each patient age 18 and over receiving prescription medication from the pharmacy. Includes, but is not limited to: <ul style="list-style-type: none"> • Client details; • Parenteral products dispensed; • Dates and details of dispensations; • Pharmacist identification; • Client notes, diagnoses, and conditions; • Prescription and refill records. 	Retain for 10 years after last provision of health-related services <i>then</i> Destroy.	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR



7.1 ADMINISTRATION

The activity of providing for the general administration of public hospital pharmacies.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62623 Rev. 2	<p><i>Patient Profile and Medication Records – Under Age 18</i></p> <p>Records relating to the filling and dispensing of medications for each patient under age 18 receiving prescription medication from the pharmacy.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Client details; • Parenteral products dispensed; • Dates and details of dispensations; • Pharmacist identification; • Client notes, diagnoses, and conditions; • Prescription and refill records. 	<p>Retain for 10 years after patient attains age 18 <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



7.2 DRUG ACCOUNTABILITY

The activity of documenting the pharmacy's acquisition, use, and disposition of pharmaceutical drugs.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62625 Rev. 1	Home Dialysis Program – Drug Shipment Records relating to the shipment of drugs to persons on home dialysis programs.	Retain for 2 years after date of shipment <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62626 Rev. 1	Legend Drug Orders Records relating to legend drug orders.	Retain for 6 years after date of purchase <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62627 Rev. 3	Pharmaceutical Inventory Accountability Records relating to the pharmacy's acquisition, transfer, distribution, and/or destruction of pharmaceuticals, including controlled substances and those maintained in Automated Drug Dispensing Devices (ADDD). Includes, but is not limited to: <ul style="list-style-type: none"> • Drug registers, formularies, and inventories; • Signature logs. 	Retain for 10 years after date of distribution/destruction <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62628 Rev. 1	Pharmaceutical Wholesaler Inventories Inventory and transaction records maintained by wholesale drug distributors regarding the receipt, distribution, or disposition of prescription drugs.	Retain for 2 years after date of creation <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



7.2 DRUG ACCOUNTABILITY

The activity of documenting the pharmacy's acquisition, use, and disposition of pharmaceutical drugs.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62629 Rev. 0	<i>Schedule V Drugs Dispensed</i> Records documenting the dispensing of Schedule V drugs.	Retain for 6 years after date dispensed <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



7.3 QUALITY ASSURANCE AND CONTROL

The activity of adopting and implementing procedures to provide for quality assurance and control.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62630 Rev. 0	Compounding Practices Reports relating to the evaluation and implementation of compounding best practices and procedures in compounding pharmacies.	Retain for 2 years after date of report <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62631 Rev. 1	Drug Distribution Errors Reports documenting drug distribution errors reported to a prescribing practitioner and/or pharmacy.	Retain for 6 years after date of report <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62632 Rev. 1	Home Dialysis Program Quality Assurance Records relating to quality assurance programs for home dialysis and related drug distribution error, loss, damage, and theft records.	Retain for 6 years after date of shipment <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62633 Rev. 1	Monthly Inspections – Hospital/Nursing Care Units Records relating to the monthly inspection of nursing care units or other areas of hospitals in which medications are dispensed, administered, or stored.	Retain for 3 years after date of inspection <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM



7.3 QUALITY ASSURANCE AND CONTROL

The activity of adopting and implementing procedures to provide for quality assurance and control.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62634 Rev. 1	<p><i>Parenteral Product Contamination Testing</i> Records relating to the testing of parenteral products for microbial contamination and other inadequacies. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Quality assurance records documenting medication errors, adverse drug reactions, patient satisfaction, and product sterility; • Documentation of sampling tests for contamination; • End product testing where bulk compounding of parenteral solutions is performed utilizing non-sterile chemicals; • Documentation justifying chosen expiration dates for compounded parenteral products. 	<p>Retain for 6 years after date of document <i>then</i> Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62635 Rev. 2	<p><i>Pharmaceutical Complaints and Investigations</i> Records of written and oral complaints regarding pharmaceutical products, and related investigation records.</p>	<p>Retain for 2 years after distribution of drug has been completed <i>and</i> 1 year after expiration of drug <i>then</i> Transfer to Washington State Archives for permanent retention.</p>	<p>ARCHIVAL (Permanent Retention) NON-ESSENTIAL OPR</p>



7.3 QUALITY ASSURANCE AND CONTROL

The activity of adopting and implementing procedures to provide for quality assurance and control.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62636 Rev. 1	Pharmacy Policy, Procedure, and Training Manuals Manuals of pharmacy policies and procedures which ensure patient health, safety, and welfare, as well as training manuals for pharmacy employees.	Retain for 2 years after superseded <i>then</i> Destroy.	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OFM
11-08-62637 Rev. 1	Regulated Chemical Tableting Transaction and Drug Enforcement Agency reporting records for regulated transactions involving listed chemicals, a tableting machine, or an encapsulating machine in accordance with 21 CFR 1310.03, 1310.04 and 1310.05.	Retain for 2 years after date of transaction <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62638 Rev. 1	Returned Pharmaceuticals Records relating to pharmaceuticals returned to the pharmacy and any related examination or testing performed on such pharmaceuticals.	Retain until termination of pharmacy license <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OFM
11-08-62639 Rev. 1	Therapeutically Equivalent Drug Substitution Records documenting prior authorization for therapeutically equivalent drug substitution.	Retain for 10 years after patient's last discharge <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



8. RESEARCH MANAGEMENT

The function and activities related to managing or performing human subject research/clinical trials.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62640 Rev. 0	Bioavailability/Bioequivalence Samples – Food and Drug Administration Application Approved Reserve samples of any test articles and reference standards used in conducting in vivo or in vitro bioavailability/bioequivalence studies where a Food and Drug Administration application has been approved, retained in accordance with 21 CFR 320.63 or 320.38.	Retain for 5 years after date on which Food and Drug Administration application or supplemental application is approved <i>then</i> Destroy.	NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR
11-08-62641 Rev. 0	Bioavailability/Bioequivalence Samples – No Food and Drug Administration Application Approved Reserve samples of any test articles and reference standards used in conducting in vivo or in vitro bioavailability/bioequivalence studies where no Food and Drug Administration application has been approved, retained in accordance with 21 CFR 320.63 or 320.38.	Retain for 5 years after date of completion of the bioavailability study <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62642 Rev. 0	<p>Device Trials</p> <p>Records relating to investigational medical device clinical trials retained in accordance with 21 CFR 812.140.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> Investigator records of receipt, use, shipment, or disposition of an investigational device; Investigator protocols and documentation showing dates and reasons of deviation from protocol; Sponsor records of device shipment and disposition; Signed investigator agreements; Sponsor records concerning adverse device effects; Other records required to be maintained by the Food and Drug Administration. 	<p>Retain for 2 years after date investigation completed/terminated</p> <p><i>and</i></p> <p>2 years after records are no longer required as supporting documentation for premarket approval application or a notice of completion of a product development protocol</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
15-03-68736 Rev. 0	<p>Human Subject Research – Consent Forms (Adults)</p> <p>Records relating to the permission granted by adult subjects to participate in human subject research or clinical studies/trials.</p> <p><i>Note: International or multi-site research or trials may have longer retentions, which may be determined by the location of the primary Principal Investigator (PI). Corporate sponsors or federal agencies may also require longer retention periods.</i></p> <p><i>Note: Identifier storage medium, format, location, and accessibility and any master key or list that links coded data to identifiers, must comply with the retention outlined in the approval conditions of the reviewing Institutional Review Board (IRB).</i></p>	<p>Retain for 6 years after close of study</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
15-03-68737 Rev. 0	<p>Human Subject Research – Consent Forms (Minors)</p> <p>Records relating to the permission granted by parents, legal guardians, or other adults for children (usually under the age of 18) to participate in human subject research, as well as records of assent by children for participation in human subject research.</p> <p><i>Note: Minors are defined for specific studies by applicable state, national, and international laws.</i></p> <p><i>Note: International or multi-site research or trials may have longer retentions, which may be determined by the location of the primary Principal Investigator (PI). Corporate sponsors or federal agencies may also require longer retention periods.</i></p> <p><i>Note: Identifier storage medium, format, location, and accessibility and any master key or list that links coded data to identifiers, must comply with the retention outlined in the approval conditions of the reviewing Institutional Review Board (IRB).</i></p>	<p>Retain for 6 years after close of study</p> <p><i>or</i></p> <p>3 years after subject reaches 18, whichever is longer</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
15-03-68738 Rev. 0	<p>Human Subject Research – Financial Records</p> <p>Financial and grant accounting records relating to human subject research, clinical trials/studies, and billing activities.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Budget records and financial reports; • Patient billing and receipts; • Billing support and unresolved billing issues; • Internal and external audits. <p><i>Note: Human subject research records related to patients are to be kept separate from their legal medical record.</i></p> <p><i>Note: International or multi-site research or trials may have longer retentions, which may be determined by the location of the primary Principal Investigator (PI). Corporate sponsors or federal agencies may also require longer retention periods.</i></p>	<p>Retain for 10 years after final expenditure report submitted</p> <p><i>or</i></p> <p>10 years after quarterly or annual financial report submitted</p> <p><i>then</i></p> <p>Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
15-03-68739 Rev. 0	<p>Human Subject Research – HIPAA Authorization Forms</p> <p>Records relating to the permission granted for access to or use of protected health information (i.e., medical records).</p> <p><i>Note: International or multi-site research or trials may have longer retentions, which may be determined by the location of the primary Principal Investigator (PI). Corporate sponsors or federal agencies may also require longer retention periods.</i></p>	<p>Retain for 6 years after close of study <i>or</i> 6 years after date authorization was last in effect, <i>whichever is longer</i> <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
11-08-62645 Rev. 0	<p>Investigators’ Financial Interest</p> <p>Records relating to the financing of clinical investigations or bioequivalence studies from which data are intended to be submitted to the Food and Drug Administration as part of an application for market approval, retained in accordance with 21 CFR 320.36(b) or 21 CFR 54.6.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> Records showing financial interest or arrangement paid to investigators by sponsors as described in 21 CFR 54.4(a)(3)(i); Records showing significant payments made by the sponsor to the investigator as described in 21 CFR 54.4(a)(3)(ii); Records showing financial interests held by clinical investigators as described in 21 CFR 54.4 (a)(3)(iii). 	<p>Retain for 6 years after conclusion of pertinent investigational activities <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL NON-ESSENTIAL OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62646 Rev. 0	<i>In Vivo/In Vitro Batch Tests</i> Records relating to in vivo or in vitro tests conducted on any marketed batch of a drug product to assure it meets bioequivalence requirements, retained in accordance with 21 CFR 320.36(a).	Retain for 2 years after expiration date of the batch <i>and</i> 2 years after submitted to the Food and Drug Administration <i>then</i> Destroy.	NON-ARCHIVAL NON-ESSENTIAL OPR



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
<p>15-03-68740 Rev. 0</p> <p><i>Continued next page</i></p>	<p><i>Research Records and Data</i></p> <p>Records relating to research and data collection methods, as well as to the management and implementation of human subject research activity, including clinical trials or studies (all phases) and human subject research that has “exempt” status. Includes, but is not limited to: research or grant proposal and related documentation; research protocols and instruction documentation; data gathering, responses, (e.g., interviews, notes, questionnaires, abstracted or summarized information), evaluations and research analysis; summary documentation; reports; case history records; logs; forms; PI notes; lab manuals and notebooks; non-study-specific guidelines, protocols, checklists; contracts and other agreements; pre-site documentation; study close out documentation; and all correspondence.</p> <p>Also includes records relating to non-financial compliance activity and industry, federal, state, non-profit, or international regulatory requirements regarding human subject research, including clinical trials or studies (all phases). This includes, but is not limited to: IRB or IRB subcommittee applications, forms and documentation; non-competing renewal documentation; delegation documentation; subject recruitment, screening, selection and eligibility documentation; identifiers collected as part of the research (such as name and birthdate); required training documentation; safety documentation; confidentiality documentation, data and safety monitoring reports; records related to adverse events, data breaches, non-compliance issues, and any unanticipated problems; records related to external monitoring or auditing of research activity; records associated with specialized compliance requirements such as Radiation Safety, Institutional Biosafety, FERPA, Clinical Laboratory Improvement Amendments (CLIA) laboratory certification, and use of embryonic stem cells (Embryonic Stem Cell Research Oversight (ESCRO)).</p> <p><i>Continued next page</i></p>	<p>Retain for 6 years after close of study <i>then</i> Destroy.</p> <p><i>Continued next page</i></p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p> <p><i>Continued next page</i></p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
15-03-68740 Rev. 0 <i>Continued from previous page</i>	<p style="text-align: center;"><i>Continued from previous page</i></p> <p>May also include any records created or gathered during the course of anticipating research activity, but due to lack of funds or termination by sponsor, the trial or study was not opened and human subjects were not enrolled.</p> <p>Excludes research requiring FDA approval or involvement, and consent/assent forms or HIPAA authorizations.</p> <p><i>Note: Human subject research records related to patients are to be kept separate from their legal medical record.</i></p> <p><i>Note: International or multi-site research or trials may have longer retentions, which may be determined by the location of the primary Principal Investigator (PI). Corporate sponsors or federal agencies may also require longer retention periods.</i></p> <p><i>Note: Identifier storage medium, format, location, and accessibility and any master key or list that links coded data to identifiers, must comply with the retention outlined in the approval conditions of the reviewing Institutional Review Board (IRB).</i></p>	<p style="text-align: center;"><i>Continued from previous page</i></p>	<p style="text-align: center;"><i>Continued from previous page</i></p>
15-03-68741 Rev. 0	<p>Research Records: Deliverables</p> <p>Records or products developed or produced as the result of research activity, including those funded by research grants or grant agreements.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Reports, studies, surveys; • Educational materials; • Prototypes; • Publications, videos, records, and multi-media materials. <p><i>Note: International or multi-site research or trials may have longer retentions, which may be determined by the location of the primary Principal Investigator (PI). Corporate sponsors or federal agencies may also require longer retention periods.</i></p>	<p>Retain for 6 years after close of study <i>then</i> Transfer to Washington State Archives for appraisal and selective retention.</p>	<p style="text-align: center;">ARCHIVAL (Appraisal Required) NON-ESSENTIAL OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62647 Rev. 0	<p>Subject Case Histories – Food and Drug Administration Application Filed (Clinical Trials)</p> <p>Records relating to individuals administered investigational drugs or employed as a control in a drug investigation for which a Food and Drug Administration application has been filed.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Case report forms and supporting data; • Signed and dated consent forms; • Medical records. <p><i>Note: 21 CFR 312.64 requires the retention of drug disposition and case history records for 2 years following the date Food and Drug Administration marketing applications is approved for the drug being investigated.</i></p>	<p>Retain for 2 years after date marketing application is approved <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>
11-08-62648 Rev. 0	<p>Subject Case Histories – Food and Drug Administration Application Not Filed (Clinical Trials)</p> <p>Records relating to individuals administered investigational drugs or employed as a control in a drug investigation for which a Food and Drug Administration application has not been filed.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Case report forms and supporting data; • Signed and dated consent forms; • Medical records. <p><i>Note: 21 CFR 312.64 requires the retention of drug disposition and case history records for 2 years after the investigation is discontinued and the Food and Drug Administration is notified.</i></p>	<p>Retain for 2 years after investigation is discontinued and the Food and Drug Administration is notified <i>then</i> Destroy.</p>	<p>NON-ARCHIVAL ESSENTIAL (for Disaster Recovery) OPR</p>



DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
11-08-62643 Rev. 0	<p><i>Trial Drug Management – Food and Drug Administration Application Approved</i></p> <p>Records relating to the acquisition, shipment, or disposition of investigational drugs for which a Food and Drug Administration application has been approved.</p> <p><i>Note: 21 CFR 312.57 requires the retention of records and reports showing the receipt, shipment, or other disposition of investigational drugs for 2 years after a Food and Drug Administration marketing application is approved.</i></p>	<p>Retain for 2 years after date marketing application is approved</p> <p><i>then</i></p> <p>Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR
11-08-62644 Rev. 0	<p><i>Trial Drug Management – No Food and Drug Administration Application Approved</i></p> <p>Records relating to the acquisition, shipment, or disposition of investigational drugs for which a Food and Drug Administration application has not been approved.</p> <p><i>Note: 21 CFR 312.57 requires the retention of records and reports showing the receipt, shipment, or other disposition of investigational drugs for 2 years after shipment and deliver of the drug for investigational use is discontinued and the Food and Drug Administration has been notified.</i></p>	<p>Retain for 2 years after investigation is discontinued and the Food and Drug Administration notified</p> <p><i>then</i></p> <p>Destroy.</p>	NON-ARCHIVAL NON-ESSENTIAL OPR



9. STUDENT MANAGEMENT

The function of managing and providing student services.

9.1 STUDENT TRAINING

The activity of educating and training students.

DISPOSITION AUTHORITY NUMBER (DAN)	DESCRIPTION OF RECORDS	RETENTION AND DISPOSITION ACTION	DESIGNATION
14-12-68727 Rev. 0	Paramedic Student Records Records relating to the training of paramedic students. Includes, but is not limited to, application materials, progress reports, fieldwork documentation, student evaluations, course exams, log books, block information, and student completion certificates and/or letters.	Retain for 10 years after graduation <i>or</i> last contact with student, <i>whichever is longer</i> <i>then</i> Transfer to Washington State Archives for appraisal and selective retention.	ARCHIVAL (Appraisal Required) ESSENTIAL (for Disaster Recovery) OPR
14-12-68728 Rev. 0	Paramedic Training Program Records Records relating to paramedic training programs. Includes, but is not limited to, course planning, schedules, curricula, assessments, and other materials related to program courses. Also includes course submission and approval documentation, course and instructor evaluations, facility and equipment descriptions, student handbooks, and class lists.	Retain for 10 years after end of calendar year <i>or</i> until superseded, <i>whichever is longer</i> <i>then</i> Transfer to Washington State Archives for appraisal and selective retention.	ARCHIVAL (Appraisal Required) NON-ESSENTIAL OPR



GLOSSARY

Appraisal

The process of determining the value and disposition of records based on their administrative, legal, and fiscal use; their evidential and informational or research value; and their relationship to other records.

Archival (Appraisal Required)

Designation for public records that may possess enduring legal and/or historical value and must be appraised by the Archives. Such records are to be evaluated, sampled, and weeded according to archival principles by Archives staff. Records appraised as non-archival may be destroyed after their retention has been met.

Archival (Permanent Retention)

Designation for public records that possess enduring legal and/or historical value and must not be destroyed. State government agencies must transfer these records to the Archives at the end of their minimum retention period. Local government agencies must either transfer these records to the Archives or retain and preserve them according to archival best practice until transferred to the Archives. Other than removing and disposing of duplicates, the Archives will not sample, weed, or otherwise dispose of records with this designation.

Disposition

Actions taken with records when they are no longer required to be retained by an agency. Possible disposition actions include transfer to the Archives and destruction.

Disposition Authority Number (DAN)

Control number for a specific records series in a retention schedule that authorizes a retention period and disposition action for records belonging to that series.

Essential Records

Public records that agencies must have in order to maintain or resume business continuity or to document the legal standing and rights of individuals and organizations. While the retention requirements for essential records may range from very short-term to archival, these records are necessary for an agency to resume its core functions following a disaster. Security backups of these public records should be created and may be deposited with the Archives in accordance with chapter 40.10 RCW. Copies of master indexes, lists, registers, tracking systems, databases, and other finding aids should also be transferred with the records.



Local Records Committee

Committee established by RCW 40.14.070 to review and approve disposition of local government records through records retention schedules. The Committee's three members include the State Archivist and one representative each from the Office of the Attorney General and the State Auditor.

Non-Archival

Designation given to public records that do not possess sufficient historical value to be designated as "Archival." Agencies must retain these records for the minimum retention period specified by the appropriate current records retention schedule. Agencies should destroy these records after their minimum retention period expires, provided the records are not required for litigation, public records requests, or other purposes required by law.

Non-Essential Records

Public records which are not required in order for an agency to resume its core functions following a disaster, as described in chapter 40.10 RCW.

OFM (Office Files and Memoranda)

Public records not defined and classified as official public records in RCW 40.14.010 and other documents or records as determined by the records committee to be office files and memoranda.

OPR (Official Public Records)

Public records necessary to document transactions relating to public property, public finances, and other agency business, or records determined by the records committee to be official public records.

Public Records

Records that have been created or received by any government agency in Washington State in connection with the transaction of public business regardless of physical form or characteristics.

Records Series

A group of records performing a specific function, which is used as a unit, filed as a unit, and may be transferred or destroyed as a unit. A records series may consist of a single type or a number of different types of documents that are filed together to document a specific function.

State Records Committee

Committee established by RCW 40.14.050 to review and approve disposition of state government records. Its four members include the State Archivist and one representative each from the Office of the Attorney General, Office of the State Auditor, and the Office of Financial Management.



INDEXES

ARCHIVAL RECORDS INDEX

See the State Government General Records Retention Schedule for additional "Archival" records.

HEALTH CARE AND TREATMENT		Baptismal Registries.....	58
Long Term Care/Nursing Facility Management		Birth/Death Registers.....	58
Resident Censuses.....	23	LABORATORY AND PATHOLOGY MANAGEMENT	
Patient Administration		Forensic Autopsy Records	66
Master Patient Index.....	25	PHARMACY MANAGEMENT	
Maternity Registers.....	25	Quality Assurance and Control	
Operative Indexes	26	Pharmaceutical Complaints and Investigations	74
HOSPITAL SUPPORT SERVICES		RESEARCH MANAGEMENT	
Quality Assurance and Compliance		Research Records – Deliverables.....	82
Clinical Accreditation	47	STUDENT MANAGEMENT	
Clinical Guidelines and Protocols	48	Student Training	
Compliance Training	51	Paramedic Student Records	85
Reporting		Paramedic Training Program Records	85



ESSENTIAL RECORDS INDEX

See the State Government General Records Retention Schedule for additional "Essential" records.

ASSET MANAGEMENT	
Maintenance	
Instructions/Procedures – Radiation Protection.....	14
Radiation Machine Registrations	15
HEALTH CARE AND TREATMENT	
Diagnostic and Medical Imaging	
Mammograms.....	20
Long Term Care/Nursing Facility Management	
Long Term Care Facility/Nursing Home Patient Medical Records – Age 18 and Over	22
Long Term Care Facility/Nursing Home Patient Medical Records – Under Age 18.....	22
Patient Administration	
Admitting and Registration	24
Emergency Response Records	25
Master Patient Index.....	25
Patient Medical Records	
Assisted Reproduction – Donor Records – Not Successful	30
Assisted Reproduction – Donor Records – Successful	30
Assisted Reproduction – Screening Records	30
Counseling Records – Age 18 and Over	31
Counseling Records – Under Age 18	32
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	33
Emergency Care Records	33
Medical Coding Records.....	34
Organ Transplant Records – Age 18 and Over	35
Organ Transplant Records – Under Age 18.....	35
Outside Medical Records – Not Used	35
Patient Medical Records – Age 18 and Over.....	36
Patient Medical Records – Under Age 18	36
Treatment/Care Planning Data	38
HOSPITAL SUPPORT SERVICES	
Quality Assurance and Compliance	
Clinical Accreditation	47
Clinical Guidelines and Protocols	48
HUMAN RESOURCE MANAGEMENT	
Staff Development/Training	
Medical Use Licenses	61
LABORATORY AND PATHOLOGY MANAGEMENT	
Blood and Blood Products – Donor and Recipient Records.....	63
Blood Bank and Transfusion Medicine Proficiency Testing and Biannual Verification Records	63
Blood Bank and Transfusion Medicine Testing Procedures	64
Blood Bank and Transfusion Medicine Testing Records.....	64
Blood Bank and Transfusion Medicine Validation Testing Records	65
Laboratory and Pathology Proficiency Testing and Biannual Verification Records	67
Laboratory and Pathology Testing Procedures.....	67
Laboratory and Pathology Testing Records	68
Laboratory and Pathology Validation Testing Records.....	68
PHARMACY MANAGEMENT	
Administration	
Patient Profile and Medication Records – Age 18 and Over.....	69
Patient Profile and Medication Records – Under Age 18.....	70
Quality Assurance and Control	
Pharmacy Policy, Procedure, and Training Manuals.....	75
RESEARCH MANAGEMENT	



Bioavailability/Bioequivalence Samples – Food and Drug Administration		Subject Case Histories – Food and Drug Administration Application Filed	
Application Approved.....	76	(Clinical Trials)	83
Device Trials.....	77	Subject Case Histories – Food and Drug Administration Application Not Filed	
Human Subject Research – Consent Forms (Adults)	77	(Clinical Trials)	83
Human Subject Research – Consent Forms (Minors)	78	STUDENT MANAGEMENT	
Human Subject Research – HIPAA Authorization Forms	79	Student Training	
Research Records and Data	81	Paramedic Student Records	85



DISPOSITION AUTHORITY NUMBERS (DAN'S) INDEX

11-08-62511.....	6	11-08-62545.....	23	11-08-62582.....	54	11-08-62631.....	73
11-08-62512.....	8	11-08-62546.....	23	11-08-62584.....	51	11-08-62632.....	73
11-08-62513.....	8	11-08-62547.....	25	11-08-62586.....	51	11-08-62633.....	73
11-08-62514.....	8	11-08-62548.....	25	11-08-62587.....	52	11-08-62634.....	74
11-08-62516.....	10	11-08-62549.....	26	11-08-62590.....	57	11-08-62635.....	74
11-08-62517.....	10	11-08-62551.....	26	11-08-62591.....	48	11-08-62636.....	75
11-08-62518.....	11	11-08-62552.....	27	11-08-62592.....	58	11-08-62637.....	75
11-08-62519.....	12	11-08-62553.....	27	11-08-62593.....	58	11-08-62638.....	75
11-08-62520.....	12	11-08-62556.....	29	11-08-62594.....	58	11-08-62639.....	75
11-08-62521.....	12	11-08-62557.....	28	11-08-62595.....	59	11-08-62640.....	76
11-08-62522.....	12	11-08-62558.....	31	11-08-62596.....	59	11-08-62641.....	76
11-08-62523.....	13	11-08-62559.....	34	11-08-62597.....	59	11-08-62642.....	77
11-08-62524.....	14	11-08-62560.....	35	11-08-62598.....	60	11-08-62643.....	84
11-08-62525.....	14	11-08-62561.....	36	11-08-62599.....	61	11-08-62644.....	84
11-08-62526.....	14	11-08-62562.....	36	11-08-62600.....	61	11-08-62645.....	79
11-08-62527.....	15	11-08-62564.....	39	11-08-62601.....	61	11-08-62646.....	80
11-08-62529.....	15	11-08-62565.....	39	11-08-62607.....	67	11-08-62647.....	83
11-08-62530.....	15	11-08-62566.....	40	11-08-62609.....	62	11-08-62648.....	83
11-08-62531.....	15	11-08-62567.....	41	11-08-62613.....	63	13-06-68446.....	7
11-08-62532.....	16	11-08-62568.....	41	11-08-62616.....	65	13-06-68447.....	35
11-08-62533.....	16	11-08-62569.....	41	11-08-62617.....	66	14-09-68534.....	24
11-08-62534.....	17	11-08-62570.....	41	11-08-62619.....	65	14-09-68535.....	9
11-08-62535.....	18	11-08-62571.....	42	11-08-62622.....	69	14-12-68725.....	47
11-08-62536.....	19	11-08-62572.....	42	11-08-62623.....	70	14-12-68726.....	48
11-08-62537.....	20	11-08-62573.....	42	11-08-62624.....	69	14-12-68727.....	85
11-08-62539.....	22	11-08-62574.....	43	11-08-62625.....	71	14-12-68728.....	85
11-08-62540.....	22	11-08-62575.....	44	11-08-62626.....	71	15-03-68736.....	77
11-08-62541.....	22	11-08-62576.....	44	11-08-62627.....	71	15-03-68737.....	78
11-08-62542.....	22	11-08-62577.....	44	11-08-62628.....	71	15-03-68738.....	78
11-08-62543.....	23	11-08-62579.....	45	11-08-62629.....	72	15-03-68739.....	79
11-08-62544.....	23	11-08-62581.....	45	11-08-62630.....	73	15-03-68740.....	81, 82



15-03-68741.....	82	18-04-69202.....	25	18-08-69297.....	65	18-08-69307.....	34
16-03-68951.....	49	18-04-69203.....	60	18-08-69298.....	65	18-08-69308.....	21
16-03-68952.....	50	18-04-69204.....	21	18-08-69299.....	6	23-04-69685.....	46
16-12-69015.....	24	18-04-69205.....	38	18-08-69300.....	19	23-04-69686.....	47
16-12-69016.....	32	18-08-69291.....	30	18-08-69301.....	20	23-04-69687.....	53
16-12-69017.....	35	18-08-69292.....	30	18-08-69302.....	66	23-04-69688.....	27
16-12-69018.....	37	18-08-69293.....	30	18-08-69303.....	51	23-04-69689.....	55
18-04-69199.....	9	18-08-69294.....	63	18-08-69304.....	67	23-04-69690.....	56
18-04-69200.....	33	18-08-69295.....	64	18-08-69305.....	68		
18-04-69201.....	33	18-08-69296.....	64	18-08-69306.....	68		



SUBJECT INDEX

Note: The use in this index of SGGRRS refers to the State Government General Records Retention Schedule.

A

acceptance testing	17
accreditation, clinical	47
activity logs, anesthesia	26
admitting and registration	24
agreements	<i>see SGGRRS</i>
ambient radiation surveys	43
ambulatory clinics	24
amendments, patient medical records	54
anatomic pathology test reports	62
anesthesia logs	26
appointments, medical staff	52
assays, radiopharmaceutical	42
assessments, diagnostic imaging and testing ...	18, 19
assisted reproduction	
donor records, not successful	30
donor records, successful	30
screening records	30
audits	<i>see also SGGRRS</i>
access & changes to medical information	47
human subject research	78
quality improvement or quality assurance	55
radiation protection program	57
autoclaves	14
automated drug dispensing devices	71
autopsies	
clinical	65

forensic	66
----------------	----

B

backups	<i>see SGGRRS</i>
baptismal registries	58
batch data	69
batch tests (in vivo/in vitro)	80
behavioral health treatment	
counseling records	31, 32
psychotherapy notes	37
biannual verification	
blood banks and transfusion	63
laboratory medicine and pathology	67
billing (financial transactions)	<i>see also SGGRRS</i>
human subject research	78
patient	29
bills (legislation)	<i>see SGGRRS</i>
bioavailability/bioequivalence samples	
FDA application approved	76
FDA application not approved	76
birth certificates	58
birth/death registers	58
blood and blood products	
donors	63
recipients	63
blood banks	
biannual verification	63

equipment and instrument calibration	64
equipment and instrument maintenance	64
proficiency testing	63
quality control and assurance	64
test procedures	64
test requisitions and authorizations	64
test results and reports	64
validation testing	65
blood/tissue banks	
employee records	60
brachytherapy	
source accountability	39
source calibration	12
budgets	<i>see also SGGRRS</i>
human subject research	78
byproduct	
misadministration	39
source surveys and tests	42
byproduct material medical use licenses	61

C

calibration	
brachytherapy sources	12
dosimetry equipment	12
equipment	13
expert evaluations	12
instructions – image receptors	12



call schedules, physician 59
 candidates, organ transplant 35
 care planning data 38
 case management 24
 censuses
 long-term care facility/nursing home 23
 patient 24
 chest films 18, 19
 clinic business operations 24
 clinical accreditation 47
 clinical autopsies 65
 clinical guidelines and protocols 48
 clinical observation records 6
 colonoscopies
 images 19
 videos 20
 comments, preliminary drafts *see SGGRRS*
 complaints *see also SGGRRS*
 patient 6, 7
 pharmaceutical 74
 compliance
 investigations 51
 training 51
 compounding practices 73
 computer forensic investigations 9
 consent forms
 clinical trials
 filed with FDA 83
 not filed with FDA 83
 human subject research
 adults 77
 minors 78
 contamination testing, parenteral products 74
 contracts *see SGGRRS*

controlled substances
 destruction 71
 inventory accountability 71
 counseling records
 age 18 and over 31
 psychotherapy notes 37
 under age 18 32
 credentialing/privileging 52
 cytogenetics
 diagnostic images 65
 final reports 65
 cytology test reports 65

D

daily assignments 59
 death certificates 58
 decay
 in storage 8
 strontium-90 8
 device trials 77
 diagnostic imaging and testing records
 age 18 and over 18
 under age 18 19
 directives, written 44
 disclosures, patient medical records 54
 donors
 assisted reproduction (not successful) 30
 assisted reproduction (successful) 30
 blood and blood products 63
 organ transplant 35
 dose limits 41
 doses, written directives for 44
 dosimetry equipment calibration 12

dosing, byproduct 42
 drafts *see SGGRRS*
 drug
 absorption studies 76
 distribution errors 73
 drug disposal
 controlled substances 71
 decay in storage 8
 radioactive material 8
 trial drugs 84
 drug logs, therapeutic leave 22
 durable medical equipment 33

E

echocardiographs 18, 19
 electroencephalograms 18, 19
 emergency
 care 33
 kit drugs 22
 response 25
 employee records *see also SGGRRS*
 blood/tissue banks 60
 endoscopies
 images 19
 videos 20
 equipment
 calibration (blood banks and transfusion) 64
 calibration (laboratory medicine and pathology) 68
 calibration and testing 13
 dosimetry, calibration 12
 maintenance (blood banks and transfusion) 64
 maintenance (laboratory medicine and pathology) 68



sterilization/infection control..... 14
 validation testing..... 65, 68
 equipment schedules..... 26
 equipment specifications..... 17
 evaluations, calibration experts..... 12
 evoked potential tests 18, 19
 examinations, diagnostic imaging and testing.. 18, 19
 exclusion screening..... 51

F

face sheets 23
 facilities..... *see SGGRRS*
 fellows, medical 60
 financial records.....*see also SGGRRS*
 human subject research 78
 patient 29
 flow cytometry..... 66
 forensic
 autopsies 66
 investigations, computer..... 9
 Form RHF-5/RHF-5A..... 40
 formularies..... 71

G

gated dot plots..... 66
 grants *see SGGRRS*
 graphs 18, 19
 grievances*see also SGGRRS*
 patient 6, 7
 guidelines, clinical 48

H

high radiation area entry control device testing..... 13
 HIPAA authorization forms, human subject research
 79
 histograms 66
 home dialysis programs
 drug shipments..... 71
 quality assurance..... 73
 hot lab surveys..... 43
 human resources *see SGGRRS*
 human subject research
 consent forms
 adults..... 77
 minors 78
 financial records 78
 HIPAA authorization forms..... 79

I

image receptors
 calibration..... 13
 calibration instructions..... 12
 spot checks 13
 images
 colonoscopies 19
 diagnostic 18, 19
 endoscopies..... 19
 in vivo/in vitro batch tests 80
 incident reports, drug distribution errors..... 73
 indexes
 master patient..... 25
 operative 26

infection control 14
 information systems*see also SGGRRS*
 security 9
 in-home equipment 11
 injury reports 49, 50
 inquiries, patient..... 6, 7
 instruction/training
 occupational doses..... 61
 radiation protection 61
 instructions, manufacturer 14
 instructions/procedures, radiation protection 14
 instruments
 calibration (blood banks and transfusion)..... 64
 calibration (laboratory medicine and pathology)68
 maintenance (blood banks and transfusion)..... 64
 maintenance (laboratory medicine and pathology)
 68
 validation testing..... 65, 68
 interns, medical 60
 interpretation services/requests 34
 interpretations, diagnostic imaging and testing 18, 19
 inventories of radio sources 10
 investigations
 compliance 51
 pharmaceutical..... 74
 investigators' financial interest..... 79

L

laboratory medicine
 biannual verification..... 67
 equipment and instrument calibration 68
 equipment and instrument maintenance 68
 proficiency testing 67



quality control and assurance 68
test procedures 67
test requisitions and authorizations 68
test results and reports 68
validation testing 68
language interpretation services 34
leak tests, byproduct..... 42
leases *see SGGRRS*
leave..... *see SGGRRS*
legend drug orders..... 71
logs
 operative 26
 residents in/out 23
 therapeutic leave drugs..... 22
long term care facility/nursing home patient medical records
 age 18 and over 22
 under age 18..... 22

M

magnetic resonance images 18, 19
mammograms 20
manufacturer instructions 14
master patient index..... 25
maternity registers..... 25
meal counts..... 45
meals, patient 45
mechanical floor stock devices drug removal..... 71
medical coding records 34
medical staff
 credentialing/privileging..... 52
 residents, fellows, interns 60
medical use licenses..... 61

medication records, patient profile and
 age 18 and over 69
 under age 18..... 70
meetings *see SGGRRS*
 quality improvement or quality assurance committee 56
mental health treatment
 counseling records..... 31, 32
 psychotherapy notes 37
menus
 cafeteria..... 45
 patient 45
mobile medical services 11
mobile medical surveys..... 43
mobile nuclear surveys 43
molybdenum-99 concentration measurements 42
monthly inspections, hospital/nursing care units... 73
motor vehicles *see SGGRRS*

N

nuclear images 18, 19
nuclear medicine
 dose calibration 13
 linearity tests 13
nursing units
 business operations..... 24
 inspections..... 73

O

occupational and public dose/exposure reports 40

working files 41
operating room videos..... 21
operative
 indexes..... 26
 scheduling/assignments 26
orders, diagnostic imaging and testing 18, 19
organ transplant records
 age 18 and over 35
 under age 18..... 35
orthotics 33
outside medical records (not used) 35

P

package surveys 43
paramedic student/training programs 85
parenteral products contamination testing 74
pathology
 biannual verification 67
 equipment and instrument calibration 68
 equipment and instrument maintenance 68
 proficiency testing 67
 quality control and assurance 68
 test procedures 67
 test requisitions and authorizations..... 68
 test results and reports 68
 validation testing 68
patient
 accident/incident - claims filed 53
 accident/incident - no claims filed (<18) 50
 accident/incident - no claims filed (≥18) 49
 financial records 29
 meals 45
 relations (complaints/inquiries/grievances)..... 6



relations (telephone records) 7
 releases (radiation) 41
 safety 49, 50, 53
 patient billing 29
 human subject research 78
 patient medical records
 age 18 and over 36
 disclosures/amendments 54
 long term care facility/nursing home (age 18 and over) 22
 long term care facility/nursing home (under age 18) 22
 under age 18 36
 patient profile and medication records
 age 18 and over 69
 under age 18 70
 patient property 27
 payroll *see SGGRRS*
 perfusion records 26
 personnel *see SGGRRS*
 persons seeking admission 23
 pharmaceutical
 complaints and investigations 74
 inventory accountability 71
 wholesaler inventories 71
 pharmacy policy, procedure, and training manuals 75
 physician call schedules 59
 physician's offices 24
 planning *see SGGRRS*
 quality improvement or quality assurance 55
 policies *see SGGRRS*
 preliminary drafts *see SGGRRS*
 prescription and refill records 69, 70
 prescription drug orders 71

privileging
 clinical observation 6
 medical staff 52
 procedures *see also SGGRRS*
 radiation protection 14
 proficiency testing
 blood banks and transfusion 63
 laboratory medicine and pathology 67
 program approvals, radiation protection 41
 progress notes 31, 32
 prosthetics 33
 protocols, clinical 48
 psychotherapy notes 37
 counseling records
 age 18 and over 31
 under age 18 32
 public
 dose limit compliance 41
 public disclosure *see SGGRRS*
 public exposure reports, radiation protection program 40
 public records requests *see SGGRRS*
 purchasing *see SGGRRS*

Q

quality control and assurance
 blood banks and transfusion 64
 laboratory medicine and pathology 68
 quality improvement 49, 50

R

radiation
 doses 42, 44
 machine registrations 15
 safety officers 59
 source inventories 10
 radiation protection program
 approvals 41
 audits and reviews 57
 radioactive material
 acquisition/transfer 10
 disposal 8
 radioactive materials general and specific licenses 61
 radiographic images 18, 19
 radiopharmaceutical assays 42
 recipients
 blood and blood products 63
 records management *see SGGRRS*
 reference materials *see SGGRRS*
 referrals
 outside of the agency 27
 to the agency 27
 registers
 baptismal 58
 birth/death 58
 maternity 25
 registration, admitting and 24
 regulated chemical tableting 75
 release of information 54
 reports *see also SGGRRS*
 accidents/incidents 46
 diagnostic imaging and testing 18, 19
 quality improvement or quality assurance 55



requests, diagnostic imaging and testing 18, 19
 requisitions, diagnostic imaging and testing..... 18, 19
 research records/data..... 81
 research, human subject
 consent forms..... 77, 78
 deliverables 82
 financial records 78
 HIPAA authorization forms 79
 records and data..... 81
 residents, long term care facility/nursing home
 administration 23
 censuses 23
 in/out logs..... 23
 residents, medical 60
 returned pharmaceuticals 75
 roentgenograms 18, 19

S

safety 49, 50, 53
 schedule V drugs dispensed..... 72
 schedules
 clinic..... 24
 nurses and other medical staff..... 59
 physician call..... 59
 screening, donors (assisted reproduction) 30
 security.....*see also SGGRRS*
 information systems 9
 sign-in sheets 24
 sleep test data..... 21
 staff plans/schedules 59
 statistics*see also SGGRRS*
 census and patient health 24
 clinical accreditation..... 47

sterilization, equipment..... 14
 sterilizer spore tests..... 14
 student records, paramedic..... 85
 subject case histories
 FDA application filed..... 83
 FDA application not filed 83
 surveys
 patient safety and satisfaction 24
 radiation protection program..... 43
 treatment equipment..... 15

T

teletherapy
 calibration calculations..... 15
 five-year/source replacement inspections..... 15
 source installation surveys 16
 teletherapy facility safety check reports 13
 test procedures
 blood banks and transfusion 64
 laboratory medicine and pathology 67
 test reports
 anatomic pathology..... 62
 blood banks 64
 clinical autopsies 65
 cytogenetics..... 65
 cytology 65
 forensic autopsies..... 66
 histopathology..... 62
 laboratory medicine and pathology 68
 oral pathology..... 62
 pathology..... 62
 surgical pathology..... 62
 test requisitions

blood banks and transfusion 64
 laboratory medicine and pathology 68
 test results
 blood banks and transfusion 64
 laboratory medicine and pathology 68
 tests, diagnostic images and 18, 19
 therapeutic leave drug logs 22
 therapeutically equivalent drug substitution 75
 therapy
 counseling records..... 31, 32
 psychotherapy notes 37
 timesheets *see SGGRRS*
 tracings..... 18, 19
 training.....*see also SGGRRS*
 compliance 51
 paramedic..... 85
 training manuals, pharmacy 75
 transfusion medicine
 biannual verification 63
 proficiency testing 63
 test procedures 64
 travel.....*see SGGRRS*
 treatment/care planning data 38
 trial drug management
 FDA application approved 84
 FDA application not approved..... 84
 trials, device..... 77

U

uncompensated care compliance 28
 utilization 24



V

validation testing
 blood banks and transfusion 65
 laboratory medicine and pathology 68
 vehicles *see SGGRRS*
 videos
 colonoscopies 20
 endoscopies 20

operating rooms 21
 vital statistics supporting documentation 58

W

waiting lists
 long term care facility/nursing home 23
 organ transplant 35
 working reception surveys 43

written directives
 authorizations 44
 procedures 44

X

x-ray/electron therapy spot checks 16
 x-rays 18, 19