



**DEPARTMENT OF PERSONNEL & ADMINISTRATION
STATE ARCHIVES AND PUBLIC RECORDS
RECORDS DISPOSITION SCHEDULE**

ARCHIVES NO. 08-53

DEPARTMENT	DIVISION	SECTION	PERMANENT	NON-PERMANENT
Department of Public Health and Environment	Prevention Services	Newborn Metabolic Screening and Follow-up (Center for Healthy Families/CSHCN)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS	
1.	Newborn metabolic screening results and follow-up information on confirmed metabolic disease cases (PHI) <i>CHIRP (electronic version)</i>	Retain for 25 years then destroy	Records kept to age of majority (18 years) + 7 years. Keep under reasonable and appropriate electronic safeguards Destroy by e-shredding	
2.	Patient Follow-up Reports (PHI) <i>Hard copies of newborn metabolic screening results</i>	Retain for 25 years then destroy	Records kept to age of majority (18 years) + 7 years Store in locked cabinet or locked storage facility Destroy by shredding	
3.	List of diagnosed cases of disease by year (PHI) <i>Record of all cases diagnosed in any given year</i>	Permanent	Remove PHI for cases older than 25 years Store in locked cabinet Destroy by shredding	
4.	Outcome Reports (aggregate data) (no PHI) <i>Annual follow-up outcome reports</i>	Retain until termination of program then destroy	Retain as institutional memory	
5.	Daily download from the Laboratory Services Division (PHI) <i>Electronic testing results. All results downloaded into NEST, only abnormal screening results indicating a child at risk to have disease and in need of follow-up are downloaded into CHIRP</i> Record copy Duplicate copy in NEST	LSD has record copy Retain until no longer needed then destroy	Keep under reasonable and appropriate electronic safeguards Destroy by e-shredding	

I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed in the Records Management Policies and Procedures Manual.

State Archivist's Signature <i>Perry Kiteben</i>	Date <i>3/14/2008</i>	Records Liaison Officer's Signature <i>Detsy Hovak</i>	Date <i>01-25-2008</i>
Attorney General's Signature <i>John Suthers</i> <i>By Laurie Patterson</i>	Date <i>6/26/08</i>	State Auditor's Signature <i>William DeLoach</i>	Date <i>6/2/08</i>