

had instituted reasonable procedures to comply with Section 615(a).

Paragraph II requires Bruno's to maintain documents demonstrating its 615(a) compliance for a period of five years from the issuance date of the order and to make the documents available upon request to the FTC for inspection and copying. Paragraph III requires Bruno's to deliver copies of the Order, at least once per year for a period of five years from the date of issuance, to all persons responsible for its compliance. Paragraph IV requires Bruno's to notify the Commission within 30 days of changes in corporate structure for the duration of the order. Paragraph V provides for the filing of a compliance report with the Commission within 60 days of the issuance date of the order. Finally, Paragraph IV contains a sunset provision, which terminates the order 20 years after issuance.

The purpose of this analysis is to facilitate public comment on the proposed consent order. It is not intended to constitute an official interpretation of the agreement and proposed order or to modify in any way their terms.

**Donald S. Clark,**  
*Secretary.*

[FR Doc. 97-13150 Filed 5-19-97; 8:45 am]  
BILLING CODE 6750-01-M

Accounting Standards Advisory Board will meet on Friday, May 30, 1997, from 9 a.m. to 4 p.m. in the Elmer Staats Briefing Room, room 7C13 of the General Accounting Office building, 441 G St., NW., Washington, DC.

The purpose of the meeting is to discuss the following issues: (1) The appropriate classification of certain Coast Guard cutters and aircraft, (2) options for social insurance programs, (3) accounting for internal use software, and (4) technical corrections and amendments proposed for PP&E accounting.

Any interested person may attend the meeting as an observer. Board discussions and reviews are open to the public.

**FOR FURTHER INFORMATION CONTACT:**  
Wendy Comes, Executive Director, 441 G St., NW, Room 3B18, Washington, DC 20548, or call (202) 512-7350.

**Authority:** Federal Advisory Committee Act, Pub. L. No. 92-463, sec. 10(a)(2), 86 Stat. 770, 774 (1972) (current version at 5 U.S.C. app. sec. 10(a)(2) (1988); 41 CFR 101-6.1015 (1990).

Dated: May 14, 1997.

**Wendy M. Comes,**  
*Executive Director.*

[FR Doc. 97-13144 Filed 5-19-97; 8:45 am]  
BILLING CODE 1610-01-M

**Background**

The Interagency Committee on Medical Records (ICMR) are aware of numerous activities using computer-generated medical forms, many of which are not mirror images of the genuine paper Standard Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set data standards and require that activities developing computer-generated versions adhere to the required data elements but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those data elements which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements.

**Summary**

With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following data elements must appear on the electronic version of the following form:

**GENERAL ACCOUNTING OFFICE**

**Federal Accounting Standards Advisory Board; Meeting**

**AGENCY:** General Accounting Office.  
**ACTION:** Notice of meeting.

**SUMMARY:** Pursuant to section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), as amended, notice is hereby given that the Federal

**GENERAL SERVICES ADMINISTRATION**

**Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 558**

**AGENCY:** General Services Administration.

**ACTION:** Guideline on automating medical standard forms.

**ELECTRONIC ELEMENTS FOR SF 558**

Item	Placement*
Text:	
Title:	
Emergency Care and Treatment (Patient) .....	Top of form 1.
Emergency Care and Treatment (Doctor) .....	Top of form 2.
Form ID: Standard Form 558 (Rev. 9-96) .....	Bottom right corner of form.
I have received and understand these instructions .....	Right above patient's signature.
Data Entry Fields:	

ELECTRONIC ELEMENTS FOR SF 558—Continued

Item	Placement*
These fields belong on the patient copy of the SF 558:	
Log Number	
Treatment Facility	
Records Maintained At	
Patient's Home Address or Duty Station	
(Must include Street Address, City, State, and ZIP Code)	
Arrival Date	
Arrival Time	
Transportation to Facility	
Sex	
Age	
Home Phone (Include area code and phone number)	
Duty/Local Phone (Include area code and phone number)	
Military Status—PRP Yes .....	DOD forms only.
Military Status—PRP No .....	DOD forms only.
Military Status—PRP NA .....	DOD forms only.
Military Status—Flying Status Yes .....	DOD forms only.
Military Status—Flying Status No .....	DOD forms only.
Military Status—Flying Status NA .....	DOD forms only.
Medical History Obtained From:	
Third Party Insurance—Additional Yes	
Third Party Insurance—Additional No	
Third Party Insurance—DD 2568 in chart Yes .....	DOD forms only.
Third Party Insurance—DD 2568 in chart No .....	DOD forms only.
Name of Insurance Company	
Current Medications	
Allergies	
Injury or Occupational Illness—Is this an injury Yes	
Injury or Occupational Illness—Is this an injury No	
Injury or Occupational Illness—When (date)	
Injury or Occupational Illness—Where	
Injury or Occupational Illness—How	
Injury or Occupational Illness—Injury/Safety forms Yes	
Injury or Occupational Illness—Injury/Safety forms No	
Emergency Room Visit—Date last visit	
Emergency Room Visit—24 hour return Yes	
Emergency Room Visit—24 hour return No	
Tetanus—Dated last shot	
Tetanus—Completed initial series Yes	
Tetanus—Completed initial series No	
Chief complaint	
Category of Treatment—Emergent	
Category of Treatment—Urgent	
Category of Treatment—Non-Urgent	
Category of Treatment—Time	
Category of Treatment—Initials	
Vital Signs—Time (Allow for at least five entries)	
Vital Signs—BP (Allow for at least five entries)	
Vital Signs—Pulse (Allow for at least five entries)	
Vital Signs—Resp (Allow for at least five entries)	
Vital Signs—Temp (Allow for at least five entries)	
Lab Orders—CBC/DIFF	
Lab Orders—Urine C&S	
Lab Orders—Blood C&S X	
Lab Orders—ABG	
Lab Orders—UA MSCC/CATH	
Lab Orders—PT/PTT	
Lab Orders—BHCC/Urine/Blood/Quant	
Lab Orders—Chem	
Lab Orders—(5 blank fields)	
X-Ray Orders—CXR PA & LAT/Portable	
X-Ray Orders—Acute Abdomen	
X-Ray Orders—Sinus	
X-Ray Orders—Ankle R/L	
X-Ray Orders—C-Spine	
X-Ray Orders—LS Spine	
X-Ray Orders—Head CT	
X-Ray Orders—(Allow for at least 3 blank fields)	
Orders—Pulse OX	
Orders—Monitor	
Orders—ECG	
Orders—Time (Allow for at least 4 entries)	

ELECTRONIC ELEMENTS FOR SF 558—Continued

Item	Placement*
Orders—Orders (Allow for at least 4 entries) Orders—By (Allow for at least 4 entries) Orders—Completed By (Allow for at least 4 entries) Orders—Time (Allow for at least 4 entries) Orders—Patient’s Response (Allow for at least 4 entries) Disposition—Home Disposition—Full Duty Disposition Quarters/Off Duty—24 Hrs. Disposition Quarters/Off Duty—48 Hrs. Disposition Quarters/Off Duty—78 Hrs. Modified Duty Until (Date) Return to Duty (Date) Patient/Discharge Instructions Condition Upon Release—Improved Condition Upon Release—Deteriorated Condition Upon Release—Unchanged Admit to Unit/Service (Date) Time of Release Referred To Referred When Patient’s Signature Patient’s Name (last, first, middle) ..... Patient’s ID No. or SSN Hospital or medical facility	Bottom left corner of form.
These fields belong on the doctor’s copy of the SF 558: Time Seen By Provider CBC—WBC CBC—H/H CBC—PLT SMAC PT APTT BHCG ETOH GLU ABG/Pulse OX—Sup O2 ABG/Pulse OX—PH ABG/Pulse OX—PO2 ABG/Pulse OX—PCO2 ABG/Pulse OX—SAT ABG/Pulse OX—Other U/A—DIP U/A—Micro Radiology—check if ready by radiologist Results EKG Interpretation Provider History/Physical Consult With (Allow at least 5 entries) Time (Allow at least 5 entries) Action (Allow at least 5 entries) Diagnosis Resident/Medical Student Signature Resident/Medical Student Stamp Provider Signature Provider Stamp Codes Patient’s Name (last, first, middle) .....	Bottom left corner of form.
Patient’s ID No. or SSN Hospital or Medical Facility	

\* If no placement indicated, items can appear anywhere on the form.

**FOR FURTHER INFORMATION CONTACT:** CDR Patricia Buss, MC, USN; (202) 762-3131.

Dated: May 13, 1997.

**CDR Patricia Buss, MC, USN,**  
*Chairperson, Interagency Committee on Medical Records.*

[FR Doc. 97-13089 Filed 5-19-97; 8:45 am]

**BILLING CODE 6820-34-M**

**GENERAL SERVICES  
ADMINISTRATION**

**Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 526**

**AGENCY:** General Services Administration.

**ACTION:** Guideline on automating medical standard forms.

**Background**

The Interagency Committee on Medical Records (ICMR) are aware of numerous activities using computer-generated medical forms, many of which are not mirror images of the genuine paper Standard Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set data standards and require that activities developing computer-generated versions adhere to the required data elements but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those data elements which are required, those (if any) which are optional, and the

required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements.

**Summary**

With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following data elements must appear on the electronic version of the following form:

**ELECTRONIC ELEMENTS FOR SF 526**

Item	Placement*
Text:	
Title Interstitial/Intercavitary Therapy .....	Top of form.
Form ID Standard Form 526 (Rev. 2-95) .....	Bottom right corner of form.
Data Entry Fields:	
Diagnosis	
Date (treatment beginning date and time)	
Isotope	
Total Quantity (MG/mCi)	
Applicator	
Total Time (Hrs.)	
Diagram	
Dose Information	
Signature of Physician	
Date (Physician's signature)	
Identification No.	
Organization	
Patient's Name (last, first, middle) .....	Bottom left corner of form.
Patient's ID No. or SSN	
Hospital or medical facility	
Register No.	
Ward No.	
Date (of treatment)	
Record of Treatments	

\* If no placement indicated, items can appear anywhere on the form.

**FOR FURTHER INFORMATION CONTACT:** CDR Patricia Buss, MC, USN; (202) 762-3131.

Dated: May 13, 1997.

**CDR, Patricia Buss, MC, USN,**  
*Chairperson, Interagency Committee on Medical Records.*

[FR Doc. 97-13091 Filed 5-19-97; 8:45 am]

**BILLING CODE 6820-34-M**

**GENERAL SERVICES  
ADMINISTRATION**

**Interagency Committee for Medical Records (ICMR)**

**Automation of Medical Optional Form 523B**

**AGENCY:** General Services Administration.

**ACTION:** Guideline on automating medical standard forms.

**Background**

The Interagency Committee on Medical Records (ICMR) are aware of

numerous activities using computer-generated medical forms, many of which are not mirror images of the genuine paper Standard Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set data standards and require that activities developing computer-generated versions adhere to the required data elements but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly