

from engaging in similar acts and practices in the future.

Part I of the order prohibits claims that LASIK surgery services or any other refractive surgery services: (1) Eliminate the need for glasses and contacts for life; (2) pose significantly less risk to patients' eye health than wearing glasses or contacts; or (3) eliminate the risk of glare and halving, unless the claims are substantiated by competent and reliable scientific evidence. "Refractive surgery services" are defined as any surgical procedure designed to improve the focusing power of the eye by permanently changing the shape of the cornea.

Part II of the order requires that future claims about the benefits, performance, efficacy, or safety of any refractive surgery service be substantiated by competent and reliable scientific evidence.

Part III of the order permits device claims approved by the FDA under any new medical device application.

Parts IV, V, VI, and VII of the order require LCA to keep copies of relevant advertisements and materials substantiating claims made in the advertisements, to provide copies of the order to certain of its personnel, to notify the Commission of changes in corporate structure, and to file compliance reports with the Commission. Part VIII provides that the

order will terminate after twenty (20) years under certain circumstances.

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

By direction of the Commission.

Donald S. Clark,

Secretary.

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GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 88

AGENCY: Office of Communications,
GSA.

ACTION: Guideline on automating
medical standard forms.

BACKGROUND: The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/Optional form. With GSA's approval to 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 required fields standards and that activities developing computer-generated versions adhere to the required fields 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 fields which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add or delete 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 entry 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. This guideline controls the "image" or required fields but not the actual data entered into the field.

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

ELECTRONIC ELEMENTS FOR SF 88

Item	Placement*
Report of Medical Examination	Top of form.
Standard Form 88 (Rev. 8/2001) (Form ID)	Bottom right corner of form.
Data Entry Fields:	
1. Date of Exam	
2. Last Name	
2. First Name	
2. Middle Name	
3. Identification Number	
4. Grade of Position	
4. Component of Position	
5. Home Address (Number, street or RDFD, city or town, state and ZIP code)	
6. Emergency Contact (Name)	
6. Emergency Contact (address)	
7. Date of Birth	
8. Age	
9. Sex—Female (Checkbox)	
9. Sex—Male (Checkbox)	
10. Relationship of Contact	
11. Place of Birth	
12. Agency	
13. Organization Unit	
14a. Total Years Government Service—Military	
14b. Total Years Government Service—Civilian	
15. Name of Examining Facility or Examiner	
15. Address of Examining Facility or Examiner	
16. Rating or Specialty of Examiner	
17. Purpose of Examination	
18. Clinical Evaluation—Check each item in appropriate columns; enter "NE" if not evaluated	
a. Head, Face, Neck and Scalp—Normal (Checkbox)	Above below listed items