OMB No. 0920-0212: Approval Expires 08/31/2008

FORM **HDS-3**
(9-12-2005)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

TRANSMITTAL NOTICE
National Hospital Discharge Survey

1. Date of transmittal	
2. Hospital number	
3. Regional Office	

4. Hospital name and address

5. This shipment includes –
(Complete separate form for each data month)

	Number of records
a. Data month/year: Month ____ Year ____	
b. Back records	
c. Total number of records transmitted →	

6. BACK RECORDS SUBMITTED *(If applicable)*

HDS number (a)	Medical record number (b)	HDS number (c)	Medical record number (d)

7. RECORDS **NOT AVAILABLE** *(If applicable)*

HDS number (a)	Medical record number (b)	HDS number (c)	Medical record number (d)

8. CHANGES – *Mark (X) appropriate box. Indicate the changes if the "YES" is marked.*

New Abstractor/ New Management Information System (MIS) contact ☐ Yes → ☐ No

Full name	Title

9. Sources of data abstraction:

- ☐ Reabstracted from printouts
- ☐ Abstracted by hospital personnel
- ☐ Abstracted by Census personnel
- ☐ Acceptable printout

10. REQUEST FOR ADDITIONAL BLANK FORMS
(Enter quantity for each item needed)

Item —	Quantity
HDS-1, Medical Abstracts	
HDS-5, Sample Listing Sheets	
HDS-3, Transmittal Notices	
BC-356, Transmittal Envelopes	

Notice – All information which would permit identification of an individual or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose. Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0212).

Copy distribution: WHITE – Hospital **YELLOW** – NCHS Processing **PINK** – Regional Office **GOLDENROD –** Field Representative