Form Approved OMB No. 0920-New Expiration Date: XX/XX/XXXX

## Attachment 51

"Community-based Organization Outcome Monitoring Projects for CBO HIV Prevention Services Clients"

## **Medical Record Abstraction**

This form identifies the submission of medical records to CBO-OMP program staff

| Medical Facility Name                            |   |   | <br> | <br> |   |  |
|--|---|---|------|------|---|--|
| Participant ID                                   |   |   | <br> |      | _ |  |
| Date submitted the data to CBO-OMP program staff | / | / |      |      |   |  |

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching medical records, gathering and maintaining the medical records, and sending to the PS16-1604 program staff. 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (xxx-xxx).