# CONTRACT DATA REQUIREMENTS LIST

*(1 Data Item)*

*Form Approved*
*OMB No. 0704-0188*

The public reporting burden for this collection of information is estimated to average 110 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.**

| A. CONTRACT LINE ITEM NO. | B. EXHIBIT | C. CATEGORY: TDP _____ TM _____ OTHER _____ |
|---|---|---|
| | | |

| D. SYSTEM/ITEM | E. CONTRACT/PR NO. | F. CONTRACTOR |
|---|---|---|
| | HT9402-10-C-0002 | |

| 1. DATA ITEM NO. | 2. TITLE OF DATA ITEM | 3. SUBTITLE | 17. PRICE GROUP |
|---|---|---|---|
| N/A | Q090 Management of Myelomeningocele Study (MOMS) Report | | NSP |

| 4. AUTHORITY *(Data Acquisition Document No.)* | 5. CONTRACT REFERENCE | 6. REQUIRING OFFICE | 18. ESTIMATED TOTAL PRICE |
|---|---|---|---|
| N/A | TOM Chap 18 Sect 3 para 9.2.5 | TMA-MB&RS/TRO | 0.00 |

| 7. DD 250 REQ | 9. DIST STATEMENT REQUIRED | 10. FREQUENCY | 12. DATE OF FIRST SUBMISSION |
|---|---|---|---|
| NO | B | QTRLY | See Block 16 |
| **8. APP CODE** | | **11. AS OF DATE** | **13. DATE OF SUBSEQUENT SUBMISSION** |
| N/A | | O | See Block 16 |

**16. REMARKS**

Block 12 - No later than 30 calendar days from the end of the first quarter beginning after the start of health care delivery
Block 13 - No later than 30 calendar days from the end of each quarter

The contractor shall establish and maintain a database of patients participating in the Management of Myelomeningocele Study (MOMS) Demonstration. The database shall include the patient's name, last four digits of sponsor's Social Security Number (SSN), name and number of protocol, treatment, hospital name and address and total cost. The database shall also include the date the TRICARE beneficiary was either accepted, or denied enrollment into the clinical trial and the patient shall be carried in the database until the Demonstration ends.

**14. DISTRIBUTION**

| a. ADDRESSEE | b. COPIES Draft | Final Reg | Final Repro |
|---|---|---|---|
| Submit through the | | | |
| TMA E-commerce | | | |
| Extranet | | | |
| **15. TOTAL** → | 0 | 0 | 0 |

| G. PREPARED BY | H. DATE | I. APPROVED BY | J. DATE |
|---|---|---|---|
| Carol L. McCourt | | Laura L. Sells | |



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