1. Project Name and ID

International Patient Summary (IPS) Implementation Guides		Project ID: 1087
	TSC Notification Informative/STU to Normative	Date :
	Investigative Project	Date :

2. Sponsoring Group(s) / Project Team

2.a. Primary Sponsor/Work Group

Primary Sponsor/Work Group **(1 (And Only 1) Allowed)**	**Structured Documents**

2.b. Co-sponsor Work Group(s)

Co-sponsor Work Group(s) (Enter co-sponsor approval dates in Section 6.c Project Approval Dates)	Patient Care

Indicate the level of involvement that the co-sponsor will have for this project:

- [X] Request formal content review prior to ballot
- [X] Request periodic project updates. Specify period: monthly
- [X] Other Involvement. Specify details here: Contribute and review clinical content.

Co-sponsor Work Group(s) (Enter co-sponsor approval dates in Section 6.c Project Approval Dates)	Templates

Indicate the level of involvement that the co-sponsor will have for this project:

- [X] Request formal content review prior to ballot
- [X] Request periodic project updates. Specify period: monthly
- [ ] Other Involvement. Specify details here:

Co-sponsor Work Group(s) (Enter co-sponsor approval dates in Section 6.c Project Approval Dates)	Emergency Care

Indicate the level of involvement that the co-sponsor will have for this project:

- [ ] Request formal content review prior to ballot
- [X] Request periodic project updates. Specify period: monthly
- [X] Other Involvement. Specify details here: Consult on business case.

Co-sponsor Work Group(s) (Enter co-sponsor approval dates in Section 6.c Project Approval Dates)	Vocabulary

Indicate the level of involvement that the co-sponsor will have for this project:

- [X] Request formal content review prior to ballot
- [X] Request periodic project updates. Specify period: monthly
- [X] Other Involvement. Specify details here: Review terminology choice and value set content/definitions.

Co-sponsor Work Group(s) (Enter co-sponsor approval dates in Section 6.c Project Approval Dates)	Electronic Health Records

Indicate the level of involvement that the co-sponsor will have for this project:

- [X] Request formal content review prior to ballot
- [X] Request periodic project updates. Specify period: monthly
- [X] Other Involvement. Specify details here: Review functional requirements.

Co-sponsor Work Group(s) (Enter co-sponsor approval dates in Section 6.c Project Approval Dates)	HL7 International Foundation

Indicate the level of involvement that the co-sponsor will have for this project:

- [ ] Request formal content review prior to ballot
- [ ] Request periodic project updates. Specify period:
- [X] Other Involvement. Specify details here: Interaction with EU-funded projects and EU initiatives.

Co-sponsor Work Group(s) (Enter co-sponsor approval dates in Section 6.c Project Approval Dates)	HL7 International Council

Indicate the level of involvement that the co-sponsor will have for this project:

- [ ] Request formal content review prior to ballot
- [X] Request periodic project updates. Specify period: monthly
- [X] Other Involvement. Specify details here: Provide business requirement input. Interaction with other national and international initiatives.

Co-sponsor Work Group(s) (Enter co-sponsor approval dates in Section 6.c Project Approval Dates)	Healthcare Standards Integration

Indicate the level of involvement that the co-sponsor will have for this project:

- [ ] Request formal content review prior to ballot
- [X] Request periodic project updates. Specify period: monthly
- [ ] Other Involvement. Specify details here:

2.c. Project Team

Project facilitator (**1 Mandatory**)	**Robert Hausam, MD (rob@hausamconsulting.com)** **Giorgio Cangioli (giorgio.cangioli@gmail.com)**

Other interested parties and their roles	***ONC S&I Framework POCs:(Artifact Design and Development)*** *Robert Hausam, MD (Clinical and Technical Project Lead)* *(rob@hausamconsulting.com)* ***ISO TC215 POC:(Interested Party)*** *Lisa Spellman: ISO TC215 secretariat, JIC Secretariat (Lisa.Spellman@ahima.org)* ***IHE: (Interested Party)*** *Didi Davis: IHE International Board Member, IHE International Testing & Tools Committee (ddavis@sequoiaproject.org)* ***JIC: (Interested Party)*** *Michael Nusbaum: JIC Chair (michael@mhnusbaum.com)* ***Clinical Interoperablity Council WG: (Interested Party)*** *Anita Walden: WG co-chair (anita.walden@duke.edu)* **Electronic Health Record WG: (*Co-sponsor*)** *Gary Dickinson: WG co-chair (gary.dickinson@ehr-standards.com)* ***Emergency Care WG: (Co-sponsor)*** *Laura Heermann Langford: WG co-chair (Laura.Heermann@imail.org)* ***Public Health WG: (Interested Party)*** *Joginder Madra: WG co-chair (hl7@madraconsulting.com)* ***Orders & Observations WG: (Interested Party)*** *Hans Buitendijk: WG co-chair (hans.buitendijk@cerner.com)* ***Patient Care WG: (Co-sponsor)*** *Stephen Chu: WG Co-Chair (chuscmi88@gmail.com)* ***Templates WG: (Co-sponsor)*** *Kai Heitmann: WG Co-Chair (hl7@kheitmann.de)* ***Vocabulary WG: (Co-sponsor)*** *Robert Hausam: WG Co-Chair (rob@hausamconsulting.com)* ***Healthcare Standards Integration WG: (Co-sponsor)*** *Laura Heermann Langford: WG co-chair (Laura.Heermann@imail.org)* ***Mobile Health WG: (Interested Party)*** *Frank Ploeg: Member (r.f.ploeg@umcg.nl)* ***HL7 Terminology Authority (HTA): (Interested Party)*** *Heather Grain: (heather@lginformatics.com)*
Multi-disciplinary project team (recommended)	
Modeling facilitator	**Kai Heitmann**
Publishing facilitator	**Catherine Chronaki**
Vocabulary facilitator	**Rob Hausam**
Domain expert rep	**Philip Scott, Francois Macary**
Business requirement analyst	**Ed Hammond, Gary Dickinson, Frank Ploeg**
Conformance facilitator (for IG projects)	**Kai Heitmann**
Other facilitators (SOA, etc)	**Fernando Portilla**

Implementers **(2 Mandatory** for STU projects) ***FHIR Project Note:*** *The implementer requirement will be handled by the "balloting" project. Therefore work groups do not fill out the above section. However, feel free to list implementers specific to your work group's resources if you know of any.*
1) openNCP https://openncp.atlassian.net/wiki/display/ncp/OpenNCP+Community+Home
2) Sequoia Project The Sequoia Project is committed to ensuring the content of data exchanges is both accurate and useful to providers and patients. Since June 2015, the Testing Workgroup has been developing a content testing program, focused around a common set of requirements and testing tools, to improve the quality and completeness of Continuity of Care Document (CCD) exchanges. We began by defining and refining CCDs that may be exchanged by eHealth Exchange participants to address particular use cases or business needs. The recent content testing pilot (https://ehealth-exchange-testing.wikispaces.com/Content+Testing+Pilot+2016) will inform future documentation and tooling that is expected to go into production by November 2016.
3) GNOMON http://www.gnomon.com.gr/

3. Project Definition

3.a. Project Scope

The goal of this project is to identify the required clinical data with associated vocabulary bindings and value sets for patient summary, in the context of specific use cases, and to build international implementation guides and associated templates based on HL7 CDA R2 (or a future CDA release) and FHIR resource profiles, with value sets to support data elements within those templates and profiles. The initial use cases will be the patient summary, providing support for emergency care and unplanned care. The project intends to provide the same conceptual content in both the CDA R2 and FHIR specifications, but will not attempt to provide or require capability for automatic transformation of instances from one standard to the other.

These templates/profiles aim to:

- Serve for both cross-jurisdictional (through adaptation/extension for multi-language and realm scenarios, including translation) and national (through localization) patient summaries.
- Support emergency care and unplanned care in any country (home and foreign), regardless of language
- Define value sets based on international vocabularies that are usable and understandable in any country

The deliverable(s) will address the requirements of an international patient summary:

- For the exchange of structured and coded information (section headings, entries)
- For administrative data in order to support content commitment, audit/logging/provenance

The project has received input from the EHR WG regarding the specification of functional requirements on patient summaries.

This project is based on results of multiple previous projects on patient summaries (including but not limited to epSOS, ONC, Trillium Bridge, eHealth Exchange), rules and recommendations for the use and maintenance of associated vocabulary bindings and value sets (in multilingual settings), and templates for the implementation of

international patient summary documents. Therefore the project has its primary focus on provisions for semantic interoperability.

Templates/profiles should take in consideration, where applicable, legal, organizational, security and infrastructure requirements based on experiences of pilot implementations (Trillium Bridge).

The white paper on *Comparative Analysis Between HL7 C-CDA R1.1 CCD and epSoS PS v1.4* (see "Background references" below) is being used to inform the development of the harmonized template and associated value sets.

Project Background:

In 2010 a MoU was signed between EU and US to strengthen global cooperation in eHealth/Health. As a result, the ONC S&I "Interoperability of EHR" work group was launched in US in 2013 (http://wiki.siframework.org/EU-US+eHealth+Cooperation+Initiative) and the Trillium Bridge Project (www.trilliumbridge.eu) in Europe to compare the CDA templates specified at that time in Europe (epSOS PS V1.4) and in US (MU – C-CDA CCD v1.1) for Patient Summaries (PSs) and to build a Trans-Atlantic exchange proof of concept. Both initiatives resulted identifying the need for a common template and vocabularies for the Patient Summary, in particular the following recommendation was offered and endorsed by all members of the Joint Initiative Council and by the HL7 International Council: "*to advance an International Patient Summary (IPS) standard and enable people to access and share their health information for emergency or unplanned care anywhere and as needed. At minimum the IPS should include immunizations, allergies, medications, clinical problems, past operations and implants.*"

Meanwhile:

- A new version of the EU/US MOU Transatlantic eHealth/health IT Cooperation Roadmap entered consultation in November 2015[1],[2];
- (US) a Shared Nationwide interoperability roadmap was published in November 2015[3];
- The Joint Initiative Council (JIC) on SDO Global Health Informatics Standardization, initiated the standard sets project with patient summary as its pilot[4];
- A maintenance process for the European Patient Summary Guidelines[5] is in progress (expected release on Nov 2016);
- The European eHealth Digital Service Infrastructure (project for the operational deployment of the EU cross-borders services) has been launched (2016-2018)

[1] http://ec.europa.eu/newsroom/dae/document.cfm?action=display&doc_id=12123
[2] http://ec.europa.eu/newsroom/dae/document.cfm?action=display&doc_id=12124
[3] https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf
[4] http://www.jointinitiativecouncil.org/news/JIC_Patient_Summary_Standard_Set-Foundation%20_Scope_Report_20151008_v3_5.pdf
[5] Guidelines on Minimum/Non-exhaustive Patient Summary Dataset for Electronic Exchange in accordance with the Cross-Border Directive 2011/24/EU Release 1 (http://ec.europa.eu/health/ehealth/docs/guidelines_patient_summary_en.pdf)

- ART-DECOR® and the HL7 DSTU (now STU) template exchange format are being more and more used by European countries[6], including for the European Patient Summary templates[7] (aka epSOS PS template). ART DECOR is also connected to the IHE Gazelle tool which enables the IHE EUROPE testing infrastructure (https://gazelle.ihe.net/frontpage).

- A project for the standardization of the European Patient Summary within CEN, as part of a global standardization activity, has been funded by the European Commission (2016-2018).

- Finally, FHIR resources have received strong uptake world-wide, as shown by steadily increasing attendance and participation in the HL7 FHIR Connectathons, FHIR Developer Days and the IHE Connectathons and Projectathons.

Background references:

- "Patient Summary, ePrescription, eDispensation and Common Modules HL7 CDA R2 Implementation Guide" (WP3A_epSOS_EED_PSePeD_CM_CDAIG_1_1.pdf) (a representation of this IG is available also in ART-DECOR® https://art-decor.org/art-decor/decor-templates--epsos-)
- C-CDA R1.1 CCD IG (CDAR2_IG_IHE_CONSOL_DSTU_R1dot1_2012JUL.pdf) (this includes errata published with this Implementation Guide)
- Transfer of Care CDA message specifications published in England by NHS Digital (https://isd.hscic.gov.uk/trud3/user/guest/group/0/pack/34/subpack/240/releases) and the clinical information standards produced by the Professional Record Standards Body (http://theprsb.org/).
- White paper on *Comparative Analysis Between HL7 C-CDA R1.1 CCD and epSoS PS v1.4* (*Interoperability of EHR Work Group page - with download link*)
- Trillium Bridge deliverables (http://www.hl7italia.it/trillium/index_file/Page338.htm), specifically D2.2, D3.1 and D3.2

The project will leverage the latest version available for every input material (US C-CDA, Europe Guidelines, vocabularies, base standards).

Project Deliverables:

- The final result of the project shall be universal realm standards (in CDA R2 and FHIR) for the exchange of patient summaries, to be developed with international SDOs, to be led by HL7 International, in collaboration with CEN (and other relevant parties). This requires agreement between the participating SDO's regarding project approach, phasing, synchronization, alignment, communications, project leads, commitments etc. to ensure that one global standard will be developed via joint cooperation. To ensure that the contributions by participating SDOs will be synchronized in all aspects, the project is phased as follows:

    - Input phase: Development of international requirements via the HL7

[6] including HL7 Italy, HL7 Austria, HL7 Switzerland HL7 Netherlands, HL7 Germany, HL7 France, etc
[7] As result of the EXPAND project and with support from the HL7 Foundation, the epSOS templates are now available on ART DECOR (https://art-decor.org/art-decor/decor-templates--epsos-)

International Patient Summary (IPS) project, in parallel with the development of European requirements via the CEN TC251 International Patient Summary (IPS) project.

- Synchronization phase: Synchronization, integration and reconciliation of the requirements from the HL7, CEN projects (and other SDOs) into one globally harmonized template and implementation guide, including vocabularies, etc., by a joint global project organization.

- Balloting phase: Balloting and publication of the globally harmonized standards by each of the participating SDOs and reconciliation of comments by a joint global project organization.

- Based on the project phases as outlined above, the following HL7 deliverables are assigned to this project:
  - An HL7 International Patient Summary (IPS) CDA R2 (or a future CDA release) implementation guide with templates and value sets (from SNOMED CT and other primary terminologies) associated with clinical data elements
  - An HL7 International Patient Summary (IPS) FHIR Implementation Guide with resource profiles and value sets (from SNOMED CT and other primary terminologies) associated with clinical data elements

Maintenance of project artifacts, including templates, profiles and value sets, as the underlying standards change is an important consideration and will be addressed during the project. Ongoing maintenance is ultimately the responsibility of the HL7 Structured Documents WG and identified steward organizations.

Underlying Standards for project deliverables:

- The templates shall be based on HL7 CDA R2 (or a future CDA release)
- The templates produced will meet the CDA Implementation Guide Quality Criteria (http://wiki.hl7.org/index.php?title=CDA_Implementation_Guide_Quality_Criteria) developed by the Structured Documents WG
- FHIR resource profiles and IG will be based on the latest suitable FHIR specification version (STU3 at present)
- Value sets will be based on HL7 vocabularies, UCUM, SNOMED CT, LOINC, ICD and other vocabularies as needed.

Project Risks Identified

- Inability to resolve differences in data definitions and value sets

  - Impact description: Developing templates based on the comparative analysis between EU epSOS and US C-CDA R2.1 CCD could prove to be very challenging due to structural differences between documents, different data element requirements and different vocabularies used to represent clinical information. The aforementioned factors could impact the harmonized template publication. As a result, the harmonized template and associated value set design may be challenged.

  - Probability: Medium

  - Severity: Medium

- Mitigation Plan: Leverage the expertise of vocabulary experts, CDA experts and the IPS participants to resolve document structural differences and reconcile differences in clinical data and vocabularies. Consider excluding large coding systems that do not already have validated mappings from the value sets.

- Mapping discrepancies at time of template design due to changes in underlying source standards (e.g., epSoS, C-CDA CCD)
  - Impact description: Mapping is dependent the current states of and future changes to the source standards.
  - Probability: Medium
  - Severity: Medium
  - Mitigation Plan: Mapping between epSoS and C-CDA CCD is completed and will not be updated. That mapping has been summarized in a white paper (see "Background references" above). C-CDA R2.1 has now been released and contains certain updates to data element constraints and value set choices.

    During the harmonized template and value set design time, C-CDA R2.1 will be reviewed to understand differences in the data element optionality and, more importantly, the value sets used (e.g. for medications, immunizations and allergies, etc.). These changes will be considered in the harmonized template design process.

    The harmonized templates will be international (universal realm), and as such will not be bound to either epSoS, C-CDA CCD or other current localized standards.

- The FHIR standard is still under development and subject to future changes as it moves toward normative status, and there is currently limited experience with FHIR implementations
  - Impact description: Some of these changes may be breaking, depending on the resource maturity levels.
  - Probability: High
  - Severity: Low
  - Mitigation Plan: Plan for future versions of IPS based on FHIR R4 and future normative releases.

3.b. Project Need

- The creation of this project stems from 2 sources: The need for increased patient empowerment and the promotion of individual and community health in a global environment

- The need for an innovative ecosystem of eHealth/Health IT that supports the electronic exchange of human- and machine-readable health, clinical, medical and management information to advance the health of individuals and communities

3.c. Security Risks

The use of validation scripts will present security considerations that must be addressed. The extent to which this will be required, and at what levels, is unknown at present. See the HL7 Security WG *Cookbook for Security Considerations* (http://wiki.hl7.org/index.php?title=Cookbook for Security Considerations) for further discussion.		**Yes**
		No
	X	**Unknown**

3.d. External Drivers

Coordination across HL7, CEN, and JIC.

Coordination with related standardization initiatives on Patient Summary, including the JIC Patient Summary Standards Set.

EU Dependencies
- Alignment with EU standardization/identification process, at least for cross border exchange of data (see project phases under 3. Project Definition)
- Patient Summary guidelines will be revised by the eHealth Network during the same time frame (to be included in project phases under 3. Project Definition)

3.e. Project Objectives / Deliverables / Target Dates

	Target Date
IPS CDA R2 template aligned with CEN IPS requirements and requirement inputs from other SDOs	2016 Nov
Submit CDA R2 IG for HL7 STU Ballot	2017 Sep
CDA R2 STU Reconciliation	2017 Sep - 2017 Dec
Submit CDA R2 IG for re-ballot as STU	2018 Jan
CDA R2 STU Reconciliation	2018 Jan - 2018 Apr
Request CDA R2 HL7 STU Publication	2018 May
CDA R2 STU Period – 24 months	2018 May - 2020 May
FHIR IPS IG STU ballot	2018 May
FHIR STU reconciliation	2018 May – 2018 Aug
FHIR STU IG publication	2018 Sep
FHIR STU period – 24 months	2018 Sep – 2020 Sep
Submit CDA R2 and FHIR IGs for HL7 Normative Ballot	2019 Sep
CDA R2 and FHIR normative reconciliation (re-ballot if needed)	2019 Sep – 2020 Sep
Submit CDA R2 and FHIR publication requests	2020 Sep
Project End Date (all objectives have been met)	2020 Sep

3.f. Common Names / Keywords / Aliases

IPS, INTERPAS

3.g. Lineage

3.h. Project Dependencies

- Project # 1014 Consolidated CDA DSTU 2013 Update (US Realm)
- Project # 800 Behavior Health Domain Analysis Model, Messages, and CDA Profiles (aka Behavioral Health Continuity of Care Document (BH CCD))
- Project # 679 Implementation Guide for CDA Release 2: Progress Note

3.i. Project Document Repository Location

http://gforge.hl7.org/svn/strucdoc/trunk/IPS

3.j. Backwards Compatibility

Are the items being produced by this project backward compatible?	☐ Yes	☐ No	☐ Unknown	☒ N/A
For V3, are you using the current data types? (Refer to TSC position statement on new projects using R2B for more information on the current V3 data types)	☐ Yes	☐ No	☐ Unknown	☒ N/A
If you check 'No' please explain the reason:				

3.k. External Vocabularies

Will this project include/reference external vocabularies?	☒ Yes	☐ No	☐ Unknown	☐ N/A
If yes, please list the vocabularies: SNOMED CT, LOINC, UCUM (others TBD)				

4. Products (check all that apply)

☐	Non Product Project - (Educ. Marketing, Elec. Services, etc.)	☐	V3 Domain Information Model (DIM / DMIM)
☐	Arden Syntax	☐	V3 Documents – Administrative (e.g. SPL)
☐	Clinical Context Object Workgroup (CCOW)	☒	V3 Documents – Clinical (e.g. CDA)
☐	Domain Analysis Model (DAM)	☐	V3 Documents - Knowledge
☐	Electronic Health Record (EHR) Functional Profile	☐	V3 Foundation – RIM
☐	Logical Model	☐	V3 Foundation – Vocab Domains & Value Sets
☐	V2 Messages – Administrative	☐	V3 Messages - Administrative
☐	V2 Messages - Clinical	☐	V3 Messages - Clinical
☐	V2 Messages - Departmental	☐	V3 Messages - Departmental
☐	V2 Messages – Infrastructure	☐	V3 Messages - Infrastructure
☒	FHIR Implementation Guide	☐	V3 Rules - GELLO
☒	FHIR Profiles	☐	V3 Services – Java Services (ITS Work Group)
☐	FHIR Resources	☐	V3 Services – Web Services (SOA)
☐	New/Modified/HL7 Policy/Procedure/Process	☐	White Paper
☐	New Product Definition		
☐	New Product Family		

5. Project Intent (check all that apply)

☒	Create new standard	☐	Supplement to a current standard
☐	Revise current standard (see text box below)	☒	Implementation Guide (IG) will be created/modified
☐	Reaffirmation of a standard		Project is adopting/endorsing an externally developed IG: Specify external organization in Sec. 6 below;
☐	New/Modified HL7 Policy/Procedure/Process		Externally developed IG is to be (select one):
☐	Withdraw an Informative Document	☐	Adopted - OR - ☐ Endorsed
☐	White Paper (select one): ☐ Balloted Informative OR ☐ Non-balloted WG White Paper	☐	N/A (Project not directly related to an HL7 Standard)

5.a. Ballot Type (check all that apply)

	Comment (aka Comment-Only)			Joint Ballot (with other SDOs)
	Informative			N/A (project won't go through ballot)
X	STU to Normative - OR - ☐ Normative (no STU)			

5.b. Joint Copyright

Check this box if you will be pursuing a joint copyright. Note that when this box is checked, a Joint Copyright Letter of Agreement must be submitted to the TSC in order for the PSS to receive TSC approval.

Joint Copyrighted Material will be produced?	☐ Yes	☒ No

6. Project Logistics

6.a. External Project Collaboration

This project is a cooperative action plan between a global group of SDOs, experts and stakeholders, across the public, private and academic sectors.

Collaborations:
-SDOs: ISO, CEN, IHE
-Governments: United States (via ONC) and European Commission (via CEN and CEN TC251)
-European HL7 Affiliates (via ESAB and HL7 International Foundation / European Office)

COORDINATION WITH SDOs:
Because of the international nature of this initiative, coordination with global and European SDOs is crucial. The project will be submitted to the JIC with HL7 as the lead SDO and ISO TC215 as the secondary SDO.

Collaborating parties will have access to all project materials.

Existing content will be reviewed and evaluated for applicability as the project proceeds.

For projects that have some of their content already developed:	
How much content for this project is already developed?	
Was the content externally developed (Y/N)?	
Is this a hosted (externally funded) project? (not asking for amount just if funded)	☐ Yes ☐ No

6.b. Realm

☒	Universal - OR -		Realm Specific
			Check here if this standard balloted or was previously approved as realm specific standard

6.c. Project Approval Dates

Affiliate Approval Date (for Affiliate Specific Projects):	**N/A**
US Realm Steering Committee Approval Date (for US Realm Specific Projects):	**N/A**
Sponsoring Work Group Approval Date:	**Structured Documents WG 2016-09-01**
Co-Sponsor Group Approval Date	**Vocabulary WG 2016-09-01**
Co-Sponsor Group Approval Date	**Patient Care WG 2016-09-06**
Co-Sponsor Group Approval Date	**Electronic Health Records WG 2016-09-06**
Co-Sponsor Group Approval Date	**Templates WG 2016-09-06**
Co-Sponsor Group Approval Date	**Healthcare Services Integration WG 2016-09-15**
Co-Sponsor Group Approval Date	**Emergency Care WG 2016-09-19**
Interested Party Approval Date	**Orders and Observations WG 2016-08-25**

Interested Party Approval Date	**Imaging Integration WG 2016-09-20**
FHIR Project: FHIR Management Group Approval Date:	
Architectural Review Board Approval Date:	**N/A**
Steering Division Approval Date :	**Structure and Semantic Design 2016-09-19**
Last Work Group Health:	[X] Green [ ] Yellow [ ] Red
PBS Metrics and Work Group Health Reviewed? (required for SD Approval if not green)	[ ] Yes [ ] No
Technical Steering Committee Approval Date:	**2016-10-17**
TSC has received a Copyright/Distribution Agreement (containing the verbiage outlined within the SOU), signed by both parties.	[ ] Yes [ ] No [ ] N/A