

Total burden for this project is estimated to be 368,266 hours. Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 20, 1996.
 J. Henry Montes,
Associate Administrator for Policy Coordination.
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Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA)

publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995: Survey of Exchange Visitor Physicians Remaining in the United States on a Waiver—NEW—A survey is planned of exchange visitor physicians, i.e., physicians who entered the United States on a J-1 visa to engage in graduate medical education, who have been granted waivers to the return home requirement. Exchange visitor foreign physicians receive a J-1 visa and agree to return to their home country or

country of last residence for a minimum of two years upon completing their training. The Department of Health and Human Services plans to collect information about practice specialty and site of these physicians to make informed decisions regarding the implementation of waiver policy. The information to be collected includes: basis of waiver; initial and current geographic location; initial and current medical specialty; number of years of training completed in the U.S.; changes of venue after initial practice site; sequence of specialties after initial practice specialty; and related information.

Type of Form	Number of respondents	Frequency of response	Hours per response	Total burden hours
Survey of Physicians with J-1 Visa Waivers	1,240	1	.33	413

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Virginia Huth, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: August 19, 1996.
 J. Henry Montes,
Associate Administrator for Policy Coordination.
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The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995: Organ Procurement and Transplantation Network (OPTN) Data System (OMB No. 0915-0157)—Extension and Revision—The data collection system of the OPTN and Scientific Registry provides for collection of data on organ transplantation, including heart, kidney, liver, heart-lung, pancreas and small intestine transplants. The OPTN data collection is required under Section 372 of the Public Health Service Act and includes data on pre-transplant activities. This includes cadaveric and live donor characteristics, and histocompatibility testing that is used in the matching of donor organs with recipients. Section 373 of the Public Health Service act requires the Scientific Registry to collect, analyze and report on clinical and scientific data of importance to post-transplant graft and patient function. This involves a routine, periodic, submission of data for each organ transplant patient at the time of transplant, one-year (or six months for heart transplant patients), and

annually post-transplant until graft failure or patient death. Information and data collected by the OPTN and Scientific Registry are used primarily to match donor organs with recipients, analyze policies for the allocation of donor organs, and assess the clinical outcomes of transplantation. The data are also used by the committees and Board of Directors of the OPTN for developing and reviewing policies related to allocation, patient listing criteria, optimal organ preservation times, and infectious disease screening. Respondents include organ procurement organizations (for cadaveric donor data), histocompatibility laboratories (for tissue typing data), and transplant hospitals (for pre- and post-transplant data on recipients). The data are used to issue two key reports—the Annual Data Report and the Report of Patient and Graft Survival Rates (issued biennially). HRSA proposes to make only minor changes to the data elements, to obtain more detailed information on transplant patients and their post-clinical course. For example, additional categories will be added to several items on the forms. The estimated annual response burden is as follows: