

significance of the differences in these messages. Given the significance of the underlying problem, FDA intends to undertake an educational effort, including press releases and consumer pamphlets. The agency requests the cooperation and assistance of industry and other private groups in this effort. The agency also requests comments on additional ways to educate the consumer.

The guidance represented here reflects FDA's current thinking on safe handling labeling for foods that need refrigeration by the consumer. This document does not bind FDA and does not create or confer any rights, privileges, benefits, or immunities for or on any persons.

Interested persons may submit written comments on the guidance to the Dockets Management Branch (address above). Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in the brackets in the heading of this document. The guidance and received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

V. References

The following references have been placed on display in the Dockets Management Branch (address above) and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday.

1. Recommendations of the National Advisory Committee on Microbiological Criteria for Foods for Refrigerated Foods Containing Cooked, Uncured Meat or Poultry Products that are Packaged for Extended Refrigerated Shelf Life and that are Ready-To-Eat or Prepared with Little or No Additional Heat Treatment, January 31, 1990.
2. Guidelines for the Development, Production, Distribution, and Handling of Refrigerated Foods, National Food Processors Association, 1989.
3. Letter from J. Corby, New York Department of Agriculture and Markets to A. Dell'Aria, Virginia Department of Agriculture, September 8, 1995.
4. Memorandum from A. Dell'Aria, AFDO, December 20, 1995.
5. Letter from P. Griffin and R. Tauxe, CDC to K. Wachsmuth, FDA, February 14, 1995.

Dated: February 12, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97-4364 Filed 2-21-97; 8:45 am]

BILLING CODE 4160-01-F

Health Care Financing Administration

[R-38]

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

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection; *Title of Information Collection:* Conditions of Participation for Rural Health Clinics, 42 CFR 491.9 Subpart A; *Form No.:* HCF-AR-38; *Use:* This information is needed to determine if rural health clinics meet the requirements for approval for Medicare participation. *Frequency:* Other (Initial application for Medicare); *Affected Public:* Individuals or Households; Business or other for profit; Not for profit institutions; Farms; Federal Government; and State, Local or Tribal Government; *Number of Respondents:* 3,076; *Total Annual Hours:* 9,744.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's Web Site Address at <http://www.hcfa.gov/regs/prdact95.htm>, or to obtain the supporting statement and any related forms, e-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: February 13, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 97-4374 Filed 2-21-97; 8:45 am]

BILLING CODE 4120-03-P

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, DHHS.

ACTION: Notice.

The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for U.S. companies and may also be available for licensing.

ADDRESS: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804 (telephone 301/496-7057; fax 301/402-0220). A signed Confidential Disclosure Agreement (CDA) will be required to receive copies of the patent applications.

Chromosomal Markers and Diagnostic Tests For Manic-Depressive Illness

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Serial No. 60/029,278 filed 28 Oct 96

Licensing Contact: Stephen Finley, 301/496-7735, ext. 215.

Bipolar disease, or manic-depressive illness, affects approximately 1% of the population and is generally controlled through medication. Not all patients respond similarly to a given medication. A medication that works well in one individual may be ineffective in another individual. It is unclear why this is, but it has been theorized that bipolar disease may involve multi-genes, possible on several chromosomes. It is not known if one genetic locus dominates over another, but if one does, then it may explain the variable