120 hours for drug transfer. The reporting burden is the average time (4 minutes or 0.1 hours) required to complete the transfer investigational drug form multiplied by the number of forms completed annually. The record keeping burden represents an average time required for multiple entries (4 minutes or 0.1 hour per entry) on the drug accountability form, the average number of forms maintained by each record keeper and the number of record keepers. These estimates are based on the items shipped by the PMB and the number of transfer approvals in the calendar year 1999.

Type of respondents	Est. number of respondents	Est. number of responses-respondents	Ave. burden hrs per response	Ave. burden hours	Est. total annual burden hours requested
Drug Transfer Form	1,200	1	0.1	120	120
Drug Accountability Form	4,560	8	0.1	3,648	3,648
Total	5,760				3,768

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proposed performance of the functions of the agency, including whether the information shall have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Carl Huntley, Head Drug Management and Authorization Section, Pharmaceutical Management Branch, Cancer Therapy Evaluation Program, Division of Cancer Therapy and Diagnosis, National Cancer Institute, Executive Plaza North, Room 7112, 9000 Rockville Pike, Bethesda, Maryland 20892. Or call non-toll-free number 301–496–5725 or e-mail your request, include your address to *HuntleyC&ctep.nci.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before February 12, 2001.

Dated: December 5, 2000.

Reesa Nichols,

NCI Project Clearance Liaison.

[FR Doc. 00–31829 Filed 12–13–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Tobacco Use Supplement to the 2001–2002 Current Population Survey

SUMMARY: In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for public comment on proposed data collection projects, the National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Tobacco Use Supplement to the 2001–2002 Current Population Survey.

Type of information request: REVISION, OMB No. 0925–0368, Expiration 01/31/2003.

Need and Use of Information Collection: The 2001–2002 Tobacco Use Supplement to the Current Population Survey conducted by the Bureau of the Census will collect data from the civilian non-institutionalized population on tobacco use and smoking prevalence, workplace smoking policies, medical and dental advice to stop smoking, and changes in smoking norms and attitudes. This survey will provide invaluable information to government agencies, other scientists and the general public necessary for tobacco control surveillance and research, as well as measure progress toward tobacco control as part of the National Cancer Institute's Extraordinary Opportunities in Tobacco Research. This survey is part of a continuing series of surveys that were sponsored by NCI and fielded periodically over the 1990's by the Census Bureau as part of the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST) project and made available for general public use. The Tobacco Use Supplements will be continuing over the next decade alternating between a standard or core tobacco use survey (such as the 2001–2002 survey) and a special topic survey focusing on emerging adult tobacco control issues. The survey will allow state specific estimates to be made. Data will be collected in June 2001, November 2001 and February 2002 from approximately 293,000 respondents. The National Cancer Institute is co-sponsoring this survey with the Centers for Disease Control and Prevention.

Frequency of Response: One-time study.

Affected Public: Individuals or households.

Type of respondents: Persons 15 years of age or older.

The total annual reporting burden is as follows:

Estimated Number of Respondents: 97,666;

Estimated Number of Responses per Respondent: 1;

Average Burden Hours per Response: 0.1169; and

Estimated Total Annual Burden Hours Requested: 11,417.

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of

the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Anne Hartman, Health Statistician, National Cancer Institute, Executive Plaza North, Suite 4005, Bethesda, Maryland 28092–7344, or call non-toll free (301) 496–4970, or FAX your request, to (301) 435–3710, or E-mail your request, including your address, to *ah42t@nih.gov* or Anne_Hartman@nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their effect if received on or before February 12, 2001.

Dated: December 5, 2000.

Reesa Nichols,

NCI Project Clearance Liaison.

[FR Doc. 00–31830 Filed 12–13–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute, Submission for OMB Review; Comment Request; The Atherosclerosis Risk in Communities Study (ARIC)

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval the information collection listed below. This proposed information collection was previously published in the **Federal Register** on August 22, 2000, pages 50999–51000, and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: The Atherosclerosis Risk in Communities Study (ARIC).

Type of Information Collection Request: Revision of a currently approved collection (OMB No. 0925–0281).

Need and Use of Information Collection: This project involves annual follow-up by telephone of participants in the ARIC study, review of their medical records, and interviews with doctors and family to identify disease occurrence. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in middle aged and older men and women.

Frequency of Response: The participants will be contacted annually.

Affected Public: Individuals or households; Businesses or other for profit; Small Businesses or Organizations.

Type of Respondents: Middle aged and elderly adults; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows:

Estimated Number of Respondents: 15,113;

Estimated Number of Responses per Respondent: 1.0;

Average Burden Hours Per Response: 0.2479; and

Estimated Total Annual Burden Hours Requested; 3,746.

The annualized cost to respondents is estimated at $41,453, assuming respondents' time at the rate of $10 per hour for family and patient respondents, and $75 per hour for physicians. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATE OF ANNUAL HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Participant follow-up	14,448	1.0	0.2500	3,622
Physician, hospital, nursing home staff [1]	245	1.0	0.2500	61
Participant's next-of-kin [1]	380	1.0	0.1667	63
Total	15,113	1.0	0.2479	3,746

[1] Annual burden is placed on doctors, hospitals, nursing homes, and respondent relatives/informants through requests for information which will help in the compilation of the number of new fatal and nonfatal events.

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB

Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more