*Sound practices.* Have the agencies sufficiently described expectations regarding out-of-region back-up resources? Should some minimum distance from primary sites be specified for back-up facilities for core clearing and settlement organizations and firms that play significant roles in critical markets (*e.g.*, 200–300 miles between primary and back-up sites)? What factors should be used to identify such a minimum distance? Should the agencies specify other requirements (*e.g.*, back-up sites not be dependent on the same labor pools or infrastructure components, including power grid, water supply and transportation systems)? Are there alternative arrangements (*i.e.*, within a region) that would provide sufficient resilience in a wide-scale, regional disruption? What are they? Are there other arrangements that core clearing and settlement organizations should consider, such as common communication protocols, that would provide greater assurance that critical activities will be recovered and resumed?

*Timetable for Implementation.* To ensure that enhanced business continuity plans are sufficiently coordinated among participants in critical markets, should specific implementation timeframes be considered? Is it reasonable to expect firms that play significant roles in critical financial markets to achieve sound practices within the next few years? Should the agencies specify an outside date (*e.g.* 2007) for achieving sound practices to accommodate those firms that may require more time to adopt sound practices in a cost-effective manner? Would such distant dates communicate a sufficient sense of urgency for addressing the risk of a wide-scale, regional disruption?

By order of the Board of Governors of the Federal Reserve System.

Dated: August 29, 2002.

**Jennifer J. Johnson,**

*Secretary of the Board.*

Dated: August 30, 2002.

**John D. Hawke, Jr.,**

*Comptroller of the Currency.*

By the Securities and Exchange Commission.

Dated: August 29, 2002.

**Margaret H. McFarland,**

*Deputy Secretary.*

[FR Doc. 02–22633 Filed 9–4–02; 8:45 am]

**BILLING CODE 6210–01–P; 4810–33–P; 8010–01–P**

## GENERAL SERVICES ADMINISTRATION

### Governmentwide Per Diem Advisory Board

**AGENCY:** Office of Governmentwide Policy, GSA.

**ACTION:** Notice of meeting.

**SUMMARY:** Notice is hereby given that the Governmentwide Per Diem Advisory Board will hold an open meeting from 8:30 a.m. to 4 p.m. on Thursday, September 19, 2002. The meeting will be held at The Crystal Gateway Marriott, 1700 Jefferson Davis Highway, Arlington, VA 22202. This meeting is open to the public. Members of the public who wish to file a statement with the Board may do so in writing c/o Rob Miller, Designated Federal Officer (MTT), General Services Administration, 1800 F St., NW., Room G–219, Washington, DC 20405, or via e-mail at *robl.miller@gsa.gov.*

*Purpose:* To review the current process and methodology that is used by GSA's Office of Governmentwide Policy to determine the per diem rates for destinations within the continental United States (CONUS), and to provide advice on best practices for a Federal lodging program. The Board will receive a preliminary analysis report for improving the per diem process, and identifying best practices for a Governmentwide lodging program.

For security and building access: (1) Attendees should be prepared to present a government issued photo identification; (2) ADA accessible facility; (3) public seating may be limited.

**FOR FURTHER INFORMATION CONTACT:** Rob Miller (202) 501–4621, Designated Federal Officer, or Joddy Garner (202) 501–4857, Per Diem Program Manager, General Services Administration. Also, inquiries may be sent to *robl.miller@gsa.gov.*

Dated: August 30, 2002.

**Peggy DeProspero,**

*Acting Director of Travel Management Policy, Office of Transportation and Personal Property.*

[FR Doc. 02–22614 Filed 9–4–02; 8:45 am]

**BILLING CODE 6820–14–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

### Findings of Scientific Misconduct

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

*M. Renuka Prasad, Ph.D., University of Kentucky School of Medicine:* Based on the report of an investigation conducted by the University of Kentucky (UK) and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Dr. Prasad, a former Research Professor of Surgery, UK School of Medicine, engaged in scientific misconduct by fabricating and falsifying data. The research was supported by the National Institute of Neurological Disorders and Stroke (NINDS), National Institutes of Health (NIH), grant R01 NS34264, ''Phospholipases in traumatic brain injury.'' This research is important to understanding the mechanism of breakdown of the blood-brain barrier and swelling from edema that occurs after traumatic injury of the brain.

Specifically, PHS found that Dr. Prasad:

(1) Fabricated data to calculate a standard error of the mean for Bcl-2 mRNA intensity values for the sham group: 16 values (four percentages for each of the four brain regions assayed), when only a single sham value of 100% was actually available, for the error bars shown in Figures 2 and 3 of a manuscript, ''Regional expression of Bcl-2 MRNA and mitochondrial cytochrome c release after experimental brain injury in the rat,'' submitted to Brain Research, and included in Figures 11 and 12 of NINDS grant application R01 NS41918–01, ''Neurochemical mechanisms in traumatic brain injury;'' and

(2) Knowingly reported falsified data in Figures 1 and 3 and in the text of Dhillon, H.S. & Prasad, M.R. ''Kynurenate attenuates the accumulation of diacylglycerol and free fatty acids after experimental brain injury in the rat.'' Brain Research 832:7–12, 1999.

Dr. Prasad has entered into a Voluntary Exclusion Agreement in which he has voluntarily agreed:

(1) That for a period of three (3) years, beginning on August 19, 2002:

(a) Any institution that submits an application for PHS support for a research project on which Dr. Prasad's participation is proposed or that uses Dr. Prasad in any capacity on PHS supported research, or that submits a report of PHS funded research in which Dr. Prasad is involved, must concurrently certify in every PHS research application or report that Dr.

Prasad is prohibited from supervising other research staff; and

(b) Any institution employing Dr. Prasad is required to submit, in conjunction with each application for PHS funds or report, manuscript, or abstract of PHS funded research in which Dr. Prasad is involved, a certification that the data provided by Dr. Prasad are based on actual experiments or are otherwise legitimately derived, and that the data, procedures, and methodology are accurately reported in the application or report;

(2) To exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for a period of three (3) years, beginning on August 19, 2002; and

(3) That within 30 days of the effective date of the Agreement, Dr. Prasad must submit a letter to the journal Brain Research requesting retraction of the paper: Dhillon, H.S. & Prasad, M.R. ''Kynurenate attenuates the accumulation of diacylglycerol and free fatty acids after experimental brain injury in the rat.'' Brain Research 832:7–12, 1999, stating that some of the data for the reported effects of kynurenate are falsified. This requirement will remain on the ALERT System until Dr. Prasad sends a copy of the retraction letter to ORI.

**FOR FURTHER INFORMATION CONTACT:** Director, Division of Investigative Oversight, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443–5330.

**Chris B. Pascal,**

*Director, Office of Research Integrity.*

[FR Doc. 02–22565 Filed 9–04–02; 8:45 am]

**BILLING CODE 4150–31–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60 Day–02–76]**

### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498–1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* Survey to Determine the Capacity for Colorectal Cancer Screening and Follow-up Examinations at the State Level—New—National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). CDC proposes to conduct a study to provide a state-level assessment of the current capacity to conduct colorectal cancer (CRC) screening and follow-up examinations for average risk persons aged 50 and older. CDC is in the process of administering the ''National Survey of Endoscopic Capacity (SECAP)''. The tasks involved in this national capacity assessment included creating a list of all health care providers who own and use endoscopes for CRC screening and diagnostic follow-up; developing and administering a survey instrument to health care providers across the country who own lower GI endoscopes; and developing a tool to assess the number of people currently unscreened. The data from the SECAP study will be analyzed at the national and regional level. In response to state requests, CDC would like to assist states in assessing the state-level capacity to provide colorectal cancer (CRC) screening and follow-up examinations to appropriate persons.

The proposed study will be conducted through the implementation of a survey which will be mailed to a random sample of 800 providers known to possess flexible sigmoidoscopes and colonoscopes in three states. The sampling frame includes all types of physician specialists and health care providers who own lower endoscopic equipment and may be screening for CRC. The survey will provide information on the types of health care providers who are performing CRC screening and follow-up examinations, the equipment currently being used for screening and follow-up examinations, and current reimbursement rates for these tests. The results of the analysis will be used to (1) identify state-level deficits in the medical infrastructure, (2) guide the development of state-level training initiatives and educational programs for health care providers, and (3) provide critical baseline information for state policy makers for the planning of state-level initiatives to increase colorectal cancer screening. CDC is currently in the process of selecting participating states through a competitive process.

| Respondents | No. of respondents | No. of responses/ respondent | Avg. burden/ response (in hours) | Total burden (in hours) |
|---|---|---|---|---|
| Health Care Providers | 800 | 1 | 20/60 | 267 |
| Office Managers | 800 | 1 | 20/60 | 267 |
| Total | | | | 534 |