

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Allergenic Products Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Allergenic Products Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held via teleconference on April 2, 2004, from 1 p.m. to 3:40 p.m.

Location: Food and Drug Administration, Bldg. 29B, Conference Rooms A & B, 8800 Rockville Pike, Bethesda, MD. This meeting will be held by teleconference. The public is welcome to attend the meeting at the above location. A speaker phone will be provided at the specified location for public participation in this meeting.

Contact Person: William Freas or Jane Brown, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301-827-0314, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 3014512388. Please call the Information Line for up-to-date information on this meeting.

Agenda: On April 2, 2004, the committee will hear updates on the following topics: Personnel organization, research and regulatory work of the Laboratory of Immunobiochemistry in the Division of Bacterial, Parasitic and Allergenic Products, Center for Biologics and an update on FDA activities relating to cockroach standardization. The committee will then discuss use of microarray technology in allergen standardization.

Procedure: On April 2, 2004, from 1 p.m. to 3:40 p.m., the meeting is open to the public. Interested persons may

present data, information, or views orally or in writing on issues pending before the committee. Written submissions may be made to the contact person by March 25, 2004. Oral presentations from the public will be scheduled between approximately 2:40 p.m. and 3:40 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before March 29, 2004, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact William Freas or Jane Brown at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: March 4, 2004.

William K. Hubbard,
Associate Commissioner for Policy and Planning.

[FR Doc. 04-5405 Filed 3-9-04; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:

Proposed Project: Data System for Organ Procurement and Transplantation Network and Associated Forms (OMB No. 0915-0157)—Revision

Section 372 of the Public Health Service (PHS) Act requires that the Secretary, by contract, provide for the establishment and operation of an Organ Procurement and Transplantation Network (OPTN). The OPTN, among other responsibilities, operates and maintains a national waiting list of individuals requiring organ transplants, maintains a computerized system for matching donor organs with transplant candidates on the waiting list, and operates a 24-hour telephone service to facilitate matching organs with individuals included in the list.

Data for the OPTN data system are collected from transplant hospitals, organ procurement organizations, and tissue-typing laboratories. The information is used to match donor organs with recipients, to monitor compliance of member organizations with OPTN rules and requirements, and to report periodically on the clinical and scientific status of organ donation and transplantation in this country. Data are used in the development and revision of OPTN rules and requirements, operating procedures, and standards of quality for organ acquisition and preservation, some of which have provided the foundation for development of Federal regulations. The practical utility of the data collection is further enhanced by requirements that the OPTN data must be made available without restriction for use by OPTN members, the Scientific Registry of Transplant Recipients, the Department of Health and Human Services, and others for evaluation, research, patient information, and other important purposes.

Revisions in the 28 data collection forms are intended to clarify existing questions, to provide additional detail and categories to avoid confusion and be more inclusive, to remove obsolete data, and to comply with requests for more complete and precise data.

ESTIMATES OF ANNUALIZED HOUR BURDEN

Worksheet	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Deceased Donor Registration	59	173	10,207	0.3	3,062.10

ESTIMATES OF ANNUALIZED HOUR BURDEN—Continued

Worksheet	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Death referral data	59	12	708	10	7,080.00
Living Donor Registration	692	10	6,920	0.2	1,384.00
Living Donor Follow-up	692	19	13,148	0.1	1,314.80
Donor Histocompatibility	152	87	13,224	0.1	1,322.40
Recipient Histocompatibility	152	163	24,776	0.1	2,477.60
Heart Candidate Registration	139	23	3,197	0.3	959.10
Lung Candidate Registration	70	28	1,960	0.3	588.00
Heart/Lung Candidate Registration	72	1	72	0.3	21.60
Thoracic Registration	139	24	3,336	0.3	1,000.80
Thoracic Follow-up	139	174	24,186	0.2	4,837.20
Kidney Candidate Registration	247	109	26,923	0.2	5,384.60
Kidney Registration	247	65	16,055	0.3	4,816.50
Kidney Follow-up*	247	493	121,771	0.2	24,354.20
Liver Candidate Registration	123	82	10,086	0.2	2,017.20
Liver Registration	123	46	5,658	0.4	2,263.20
Liver Follow-up	123	299	36,777	0.3	11,033.10
Kidney/Pancreas Candidate Registration	139	12	1,668	0.2	333.60
Kidney/Pancreas Registration	139	7	973	0.4	389.20
Kidney/Pancreas Follow-up	139	64	8,896	0.3	2,668.80
Pancreas Candidate Registration	139	7	973	0.2	194.60
Pancreas Registration	139	4	556	0.3	166.80
Pancreas Follow-up	139	20	2,780	0.2	556.00
Intestine Candidate Registration	44	5	220	0.2	44.00
Intestine Registration	44	3	132	0.2	26.40
Intestine Follow-up	44	8	352	0.2	70.40
Immunosuppression Treatment	692	38	26,296	0.025	657.40
Immunosuppression Treatment Follow-up	692	281	194,452	0.025	4,861.30
Post Transplant Malignancy	692	5	3,460	0.05	173.00
Total	903	559,762	84,057.90

* Includes an estimated 6,000 kidney transplant patients transplanted prior to the initiation of the data system.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Desk Officer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC.

Dated: March 3, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04-5304 Filed 3-9-04; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Amendment to a Notice of Availability of Funds Announced in the HRSA Preview—Primary Health Care Programs: Community and Migrant Health Centers; CFDA Number 93.224; HRSA-04-030

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Amendment to a notice of availability of funds.

SUMMARY: A notice of availability of funds announced in the HRSA Preview, "Primary Health Care Programs: Community and Migrant Health Centers HRSA-04-030," was published in the **Federal Register** on September 4, 2003 (Volume 68, Number 171), FR Doc. 03-22427. On page 52651, under announcement HRSA-04-030, the due date for the Danville, Virginia, service area is extended to May 3, 2004. There are no other changes.

FOR FURTHER INFORMATION CONTACT: Jack Egan, HRSA/Bureau of Primary Health Care; jegan@hrsa.gov.

SUPPLEMENTARY INFORMATION: Program Information Notice 2004-01, "Fiscal Year 2004 Application Instructions for Service Area Competition Funding for the Consolidated Health Center Program," and application guidance is available at the Bureau of Primary Health Care Web page: <http://www.bphc.hrsa.gov/pinspals/>.

Dated: March 2, 2004.

Elizabeth M. Duke,
Administrator.

[FR Doc. 04-5303 Filed 3-9-04; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

National Indian Health Board

AGENCY: Indian Health Service, HHS.

ACTION: Notice of single source cooperative agreement with the National Indian Health Board.

SUMMARY: The Indian Health Service (IHS) announces a new award of a cooperative agreement to the National Indian Health Board (NIHB) for costs in providing advice and technical assistance to the IHS on behalf of federally recognized tribes in the area of health care policy analysis and program development. The NIHB will provide advice, consultation and health care advocacy to the IHS based on tribal input through a broad-based consumer network involving the Area Health Boards or Health Board representatives from each of the twelve IHS Areas. Under the cooperative agreement the NIHB will communicate with tribes and tribal organizations concerning health issues, disseminate health care information, improve and expand access for American Indians and Alaska