225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets of the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center Web site at *http://www.ffiec.gov/nic/.*

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than August 20, 2004.

A. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166–2034:

1. Maries County Bancorp, Inc., Vienna, Missouri; to acquire additional voting shares, for a total of 9.02 percent, of Branson Bancshares, Inc., Branson, Missouri, and thereby indirectly acquire voting shares of Branson Bank, Branson, Missouri.

Board of Governors of the Federal Reserve System, July 21, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04–16948 Filed 7–23–04; 8:45 am]

BILLING CODE 6210–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–04–CC]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of this request, call the CDC Reports Clearance Officer at (404) 498–1210 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Understanding Family-based Detection as a Strategy for Early Diagnosis of Hemochromatosis—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Hemochromatosis is a disease that occurs as a result of excess iron accumulation in the tissues and organs. The majority of Hemochromatosis cases are due to HFE gene mutations. Early Hemochromatosis symptoms are nonspecific and are often overlooked by physicians or mistaken for other conditions. Fortunately, Hemochromatosis can be detected with simple blood tests. When treatment by therapeutic phlebotomy is instituted early in the course of the disease, the many severe complications associated with Hemochromatosis (*e.g.* cirrhosis of the liver, liver cancer, cardiomyopathy, and heart failure) can be effectively prevented.

Hemochromatosis is a genetic disease, and blood relatives of Hemochromatosis patients are at increased risk. The public health strategy for early detection of hereditary Hemochromatosis is making patient family members aware of their increased risk and encouraging them to seek voluntary diagnostic testing (''family-based detection''). CDC wants to evaluate family-based detection as a strategy to identify people with Hemochromatosis. The proposed research project will examine the effectiveness of and barriers to the use of family-based detection as a public health strategy to reduce morbidity and mortality from genetic diseases, and in particular, Hemochromatosis.

To understand the effectiveness of family-based detection for Hemochromatosis the following will be evaluated:

- Barriers and motivators to family-based detection as a strategy for early diagnosis of Hemochromatosis. (Early detection facilitates early treatment to slow the course of disease.)
- How physicians communicate with patients about the importance of family-based detection and the need for patients to encourage biological siblings to seek testing.
- Factors that foster good communication among biological siblings about the importance of seeking medical testing by those at increased risk of Hemochromatosis.
- Factors that affect the willingness of biological siblings to take action to seek out and receive testing for Hemochromatosis.
- Information and key messages that motivate patients to advise their biological siblings about their increased risk for Hemochromatosis and need for diagnostic testing.
- How physicians use medical histories to identify people who should be tested because they have a relative with Hemochromatosis.

The proposed research to be undertaken by CDC will incorporate several types of qualitative data collection: structured one-on-one interviews, triads (small focus groups) and traditional focus groups. Subjects will include Hemochromatosis patients, biological siblings of patients, and physicians. Topics to be explored with each of the three subject groups include the knowledge, attitudes, perceptions, and behaviors related to family-based detection.

Patients will be recruited in Boston and Chicago from the following places (where Hemochromatosis patients often undergo treatment by therapeutic phlebotomy):

- Blood banks;
- Hospital laboratories;
- Other health care provider facilities.

Siblings will be recruited either through the patients or by self-referral. Health care providers will be recruited through publicly available lists of physicians, or recommendations from project staff, patients, biological siblings, blood banks, hospital laboratories, Hemochromatosis organizations, and health care providers knowledgeable about Hemochromatosis. Information about the study will be available on the CDC Web site. Hemochromatosis

organizations will be invited to notify their members about this research. There are no costs to respondents. Of the 250 individuals screened through a telephone interview, 15 will be selected for individual interviews, 30 will be selected for triads and 80 will be selected for participation in focus groups. The estimated annualized burden is 311 hours.

Annualized Burden Table:

Respondents	Number of respondents	Number of responses per respondent	Average response per respondent
Telephone call screener	250	1	6/60
Individual interviews (Physicians)	18	1	2
Individual interviews (Patients and siblings)	15	1	[1] 2
Triads	30	1	[2] 2
Focus Groups	80	1	[3] 2

[1] Includes interview and exit survey.
[2] Includes triad and exit survey.
[3] Includes focus group and exit survey.

Dated: July 19, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–16910 Filed 7–23–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–04–0Z]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Accommodation of Noise-Exposed, Hearing-Impaired Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background

CDC, National Institute for Occupational Safety and Health's mission is to promote safety and health at work for all people through research and prevention. This study will evaluate the effectiveness of an evaluation and intervention protocol that can be used to accommodate the special needs of noise-exposed, hearing-impaired workers so that they can continue to perform their jobs safely while preventing additional hearing loss. Three General Motors (GM) manufacturing plants have agreed to participate in the field-testing phase of this project as part of the Memorandum of Understanding between NIOSH, the General Motors Corporation and the International Union, United Automotive, Aerospace and Agricultural Implement Workers of America (UAW) which was signed on October 23, 2000. Beginning in 2002 and continuing into 2003, the field study proposal was developed in consultation with representatives from GM and the UAW from each of the three plants. The field study is scheduled to begin during 2004 and to conclude during 2005.

One hundred noise-exposed, hearing-impaired workers will be enrolled in the study. Participants will complete the necessary release of information forms, receive a clinical hearing evaluation and case history interview by a certified audiologist to identify the type of hearing protection most appropriate for them, and be provided with this protector for use in their actual job. As part of the impact and evaluation component of this project, each study participant will fill out a 36-item pre-intervention Hearing Protection Device (HPD) Questionnaire at the time he or she enrolls in the study. The HPD Questionnaire is an expansion of a previously approved HPD questionnaire (OMB No. 0920–0552) which was developed in 1999 by NIOSH researchers. The post-intervention HPD Questionnaire will be mailed to each participant along with the 7-item Post-Intervention Questionnaire following a one-year trial with the study HPD. NIOSH researchers will use this information to assess the success of the evaluation and HPD selection protocol, and make recommendations to hearing health professionals and hearing conservation program managers, regarding the auditory management of noise-exposed, hearing-impaired workers. This request is for 2 years. The estimated annualized burden is 88 hours; there are no costs to respondents.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondents	Average burden per response (in hrs.)
Request and Authorization for Release of Information from GM	50	1	5/60
Request and Authorization for Release of Information from Clinic	50	1	5/60
Contact Information Card	50	1	2/60
Pre-Intervention HPD Questionnaire	50	1	15/60
Post-Intervention HPD Questionnaire	50	1	15/60
Case History Questionnaire	50	1	10/60
Telephone Follow-Up Call	50	6	7/60
Post-Intervention Questionnaire	50	1	10/60