Reporting requirement	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Audit Report	1	1	1	1	1
Entity Response	0	0	0	0	0
Dispute Resolution					
Mediation Request	2	4	8	10	80
Rebuttal	2	1	2	16	32
Total Reporting	8		14		129
Recordkeeping Requirement					
Dispute Records	10	1	10	.5	5
Total Recordkeeping	10				5

*Prepared by the manufacturer.

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 12, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–11440 Filed 7–18–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Survey of Estimated Glomerular Filtration Rate Reporting Practices of Clinical Laboratories

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on January 25, 2006, page 4151–4152 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. This 30-day submission is modified in order to reflect an increase in sample size. 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: A Survey of Estimated GFR Reporting Practices of Clinical Laboratories.

Type of Information Collection Request: New.

Need and Use of Information Collection: This study will assess the level of U.S. clinical laboratory reporting of estimated GFR as a measure of kidney function through a baseline survey of a representative sample of clinical laboratories in the U.S. Results will later serve as comparison to measure an anticipated increase in use of estimated GFR, following implementation of the National Kidney Disease Education Program's communications and Lab Working Group (LWG) activities promoting use of estimated GFR for patients at risk for kidney disease. The LWG, whose members are experts in their field, strongly believes that routine reporting of estimated GFR will result in a significant increase in early detection of chronic kidney disease, therefore enabling treatment that can slow or prevent patients' progression to kidney failure.

Frequency of Response: Baseline survey only.

Affected Public: Clinical laboratory community.

Type of Respondents: Laboratory directors.

The annual reporting burden is as follows:

Estimated Number of Respondents: Anticipate 5,085 completed surveys;

Estimated Number of Responses per Respondent: Respondents will complete one paper-and-pencil or Web-based survey;

Average Burden Hours Per Response: .083 hours [5 minutes]; and

Estimated Total Annual Burden Hours Requested: 422.06 hours. The annualized total cost to respondents is estimated at $14,408.96.

Note: Completing this survey is similar to other data reporting carried out by lab directors. Since lab directors will be able to respond to the survey within their usual workday, this collection of information will not cost labs/employers additional time and money.

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

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Annual total burden hours requested
Clinical Laboratory Directors	5,085	1.0	.083	422.06
Total	5,085	1.0	.083	422.06

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: 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 information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Elisa Gladstone, MPH, Project Officer, Associate Director, National Kidney Disease Education Program, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, Building 31, Center Dr., Room 9A06, Bethesda, MD 20892, or call non-toll free number 301–435–8116 or e-mail your request, including your address, to *gladstonee@niddk.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: July 7, 2006.

Elisa H. Gladstone,

Project Officer, Associate Director, National Kidney Disease Education Program, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.

[FR Doc. E6–11380 Filed 7–18–06; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Collection of Demographic and Smoking/Tobacco Use Information from NCI Cancer Information Service Clients

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute, the National Institutes of Health has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection below. This proposed information collection was previously published in the **Federal Register** on Friday, January 20, 2006, page 3313 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 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: Collection of Demographic and Smoking/Tobacco Use Information from NCI Cancer Information Service Clients.

Type of Information Collection Request: Revision.

Need and Use of Information Collection: The NCI's Cancer Information Service (CIS) provides accurate and up-to-date cancer information to the public through a toll-free telephone number (1–800–4–CANCER) and LiveHelp, an online instant messaging service. In addition, CIS provides smoking cessation assistance through a telephone quitline (accessed through 1–800–44U–QUIT or 1–800–QUITNOW). Eligible smoking cessation clients have the opportunity to participate in a callback service, which provides up to four follow-up counseling calls. Characterizing CIS clients is essential to customer service, program planning, and promotion. Currently CIS conducts a brief survey of a sample of telephone and LiveHelp clients at the end of usual service (OMB No. 0925–0208); the survey includes three customer service and five demographic questions (age, sex, race, ethnicity, education). This request is to supplement the current data collection activity by adding: (1) Four demographic questions related to income, health insurance coverage, and regular source of health care; (2) 20 smoking intake questions for individuals seeking smoking cessation assistance; and (3) one smoking follow-up question for smoking cessation clients participating in the callback service. The demographic questions will allow CIS to better measure the program's reach to underserved populations and program impacts on these populations. The smoking intake questions are necessary as part of the needs assessment process for smoking cessation clients. Information about clients smoking history, previous quit attempts, and motivations to quit smoking will enable Information Specialists to provide effective individualized counseling. The smoking follow-up question will allow CIS to track clients smoking behavior and measure quit rates over the period of the callback service. Consistent with the current data collection, the proposed questions will be asked of clients who are cancer patients, family members and friends of patients, and the general public. The proposed sampling is consistent with the current data collection, with 25% of telephone and quitline clients sampled for the proposed demographic questions. If the call is the result of a special promotion, 50% of callers will be surveyed. Overall, it is estimated that 36% of telephone and quitline clients will be sampled for the demographic questions. The demographic questions will be asked of 50% of LiveHelp clients; the higher sampling rate is necessary due to the lower response rate among online clients. The proposed smoking intake questions will be asked of 100% of smoking cessation clients and the smoking follow-up question will be asked of 100% of smoking cessation clients participating in the callback service. Table 1 presents the estimated numbers of respondents, numbers of responses per respondent, average burden hours per response, and annual burden hours for each subgroup of respondents. The combined total to be surveyed each year is approximately 49,400 CIS clients for a total of 1,578 annual burden hours.

Frequency of Response: Single time for demographic and smoking intake questions; up to four times for the smoking follow-up question.

Affected Public: Individuals or households.

Type of Respondents: Cancer patients, family members and friends of cancer patients, and general public who contact CIS via telephone or online. The annual reporting burden is presented in Table 1.