

Regulation citation	Number of respondents	Frequency of responses	Hours per response (minutes)	Total burden hours
60.11(a)(7) Requests by Researchers for Aggregated Data .....	100	1	30	50
60.14(b) Practitioner Places a Report in Disputed Status .....	666	1	5	55
60.14(b) Practitioner Statement .....	2,563	1	45	1,922
60.14(b) Practitioner Requests for Secretarial Review .....	117	1	480	936
60.3 Entity Registration—Initial .....	500	1	60	500
60.3 Entity Registration—Update .....	643	1	5	54
60.11(a) Authorized Agent Designation—Initial .....	500	1	15	125
60.11(a) Authorized Agent—Update .....	86	1	5	7
60.12(c) Account Discrepancy Report .....	300	1	15	75
60.12(c) Electronic Funds Transfer Authorization .....	363	1	15	91
60.3 Entity Reactivation .....	100	1	60	100
<b>Total</b> .....				<b>293,644</b>

Numbers in the table may not add up exactly due to rounding.

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

Dated: February 22, 2007.

**Alexandra Huttinger,**

*Acting Director, Division of Policy Review and Coordination.*

[FR Doc. E7–3446 Filed 2–27–07; 8:45 am]

**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Advisory Commission on Childhood Vaccines; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

*Name:* Advisory Commission on Childhood Vaccines (ACCV).

*Date and Time:* March 7, 2007, 1 p.m.–5 p.m., EST. March 8, 2007, 9 a.m.–3:30 p.m., EST.

*Place:* Audio Conference Call and Parklawn Building, Conference Rooms G & H, 5600 Fishers Lane, Rockville, MD 20857.

The ACCV will meet on Wednesday, March 7, from 1 p.m. to 5 p.m., and on Thursday, March 8, from 9 a.m. to 3:30 p.m. The public can join the meeting in person at the address listed above or by audio conference call by dialing 1–888–947–9967 on March 7 and 8 and providing the following information:

*Leader's Name:* Dr. Geoffrey Evans.

*Password:* ACCV.

*Agenda:* The agenda items for the March meeting will include, but are not limited to: A discussion of VICP outreach activities; an overview of the Vaccine Adverse Event Reporting System, including the requirements for the reporting of adverse events; a report from the ACCV Futures Workgroup; and updates from the Division of

Vaccine Injury Compensation (DVIC), Department of Justice, National Vaccine Program Office, Immunization Safety Office (Centers for Disease Control and Prevention), National Institute of Allergy and Infectious Diseases (National Institutes of Health), and Center for Biologics and Evaluation Research (Food and Drug Administration). Agenda items are subject to change as priorities dictate.

*Public Comments:* Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation, to: Ms. Cheryl Lee, Principal Staff Liaison, DVIC, Healthcare Systems Bureau (HSB), Health Resources and Services Administration (HRSA), Room 11C–26, 5600 Fishers Lane, Rockville, MD 20857 or e-mail: [clee@hrsa.gov](mailto:clee@hrsa.gov). Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. DVIC will notify each presenter by mail or telephone of their assigned presentation time. Persons who do not file an advance request for a presentation, but desire to make an oral statement, may announce it at the time of the comment period. These persons will be allocated time as it permits.

*For Further Information Contact:* Anyone requiring information regarding the ACCV should contact Ms. Cheryl Lee, Principal Staff Liaison, DVIC, HSB, HRSA, Room 11C–26, 5600 Fishers Lane, Rockville, MD 20857; telephone (301) 443–2124 or e-mail: [clee@hrsa.gov](mailto:clee@hrsa.gov).

*Notification:* Due to inclement weather, the requirement that the public be notified of this meeting at least 15 calendar days in advance was not met.

Dated: February 22, 2007.

**Alexandra Huttinger,**

*Acting Director, Division of Policy Review and Coordination.*

[FR Doc. E7–3559 Filed 2–27–07; 8:45 am]

**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Submission for OMB Review; Comment Request; Request for Genetic Studies in a Cohort of U.S. Radiologic Technologists**

**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 (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on December 29, 2006, pages 78445–78446 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:* Genetic Studies in a Cohort of U.S. Radiologic Technologists (formerly known as “Generic Clearance to Collect Medical Outcome and Risk Factor Data from a Cohort of U.S. Radiologic Technologists”). *Type of Information Collection Request:* Renewal with change of a previously approved collection (OMB No. 0925–0405, expiration 02/28/2007). *Need and Use of Information Collection:* The primary aim of this collection is to substantially increase knowledge about the possible modifying role of genetic variation on the long-term health effects associated with protracted low-to moderate-dose