

Trans No.	Acquiring	Acquired	Entities
20081778	Tower Group, Inc	CastlePoint Holdings, Ltd	Diamondback—Disposal LLC. Diamondback—Disposal Texas LLC. Diamondback Holdings, LLC. Diamondback—Pioneer LLC. Diamondback—PST LLC. Diamondback Pumping GP LLC. Diamondback Pumping Service LLC. Diamondback—TD West LLC. Diamondback—Total Oklahoma LLC. Diamondback—Total Pumping GP LLC. Diamondback—Total Services LLC. Diamondback—Total Texas LLC. Packers & Service Tools, Inc. Sooner Trucking & Oilfield Services, Inc. TD West LLC. Wexford Partners 9, L.P.
20081779	Onex Partners II LP	Ronald M. Simon	CastlePoint Holdings, Ltd. RSI Home Products, Inc.
20081784	Unitrin, Inc	Direct Response Corporation	Direct Response Corporation.
20081785	Voting Share Irrevocable Trust Dated May 31, 1989.	David W. Tice	David W. Tice & Associates, LLC.

TRANSACTIONS GRANTED EARLY TERMINATION—09/29/2008

20081724	Halliburton Company	Carbo Ceramics Inc	Pinnacle Technologies.
----------------	---------------------------	--------------------------	------------------------

TRANSACTIONS GRANTED EARLY TERMINATION—09/30/2008

20081801	Best Buy Co., Inc	Napster, Inc	Napster, Inc.
----------------	-------------------------	--------------------	---------------

For Further Information Contact:
Sandra M. Peay, Contact Representative
or Renee Hallman, Contact
Representative. Federal Trade
Commission, Premerger Notification
Office, Bureau of Competition, Room H-
303, Washington, DC 20580, (202) 326-
3100.

By Direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. E8-24222 Filed 10-15-08; 8:45 am]

BILLING CODE 6750-01-M

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

[60-Day-08-09AA]

**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 404-639-5960 and

send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

BioSense Recruitment Survey for Data Collection—New—National Center for Public Health Informatics (NCPHI), *Coordinating Center for Health Information and Service (CCHIS)*, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Congress passed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, which requires specific activities related to

bioterrorism preparedness and response. This congressional mandate outlines the need for improving the overall public's health through electronic surveillance. The Department of Health and Human Services outlined strategies aimed at achieving this goal via the Public Health IT Initiative thereby creating the BioSense program.

BioSense is the national, human health surveillance system designed to improve the nation's capabilities for disease detection, monitoring, and real-time health situational awareness. This work is enhanced by providing public health real-time access to existing data from healthcare organizations, state syndromic surveillance systems, national laboratories, and others for just in time public health decision-making. BioSense data are analyzed and made accessible through the BioSense application. The application provides data, charts, graphs, and maps through a secure Web-based interface which can be accessed by CDC and authorized state and local public health and hospital users.

In order to meet the congressional mandate, the BioSense program must recruit prospective data sources and collect certain information from each. This includes information on the types of data available, the types of computer systems used, and the approximate record volume. This information is used by BioSense personnel and contractors to design hardware and software to

connect the potential data source. To collect this information, a series of questionnaires in an Excel spreadsheet have been designed. Data collection will take place during and after on-site visits by BioSense personnel and contractors. We estimate that such data will be collected from 20 new entities (each representing many facilities or clinics) each year.

A second requirement is that electronic data records be transmitted to the BioSense system. Currently, data are transmitted from 35 entities, including 8

state or local health departments and 22 hospitals/hospital groups (which collectively transmit data from 460 hospitals); the Department of Veterans Affairs (which transmits data from 820 facilities), the Department of Defense (which transmits data from 320 facilities), 2 national laboratories, and one pharmacy claims system (which transmits data from >30,000 pharmacies). The data may include foundational data (e.g., demographics, chief complaint, diagnosis), laboratory data, pharmacy data, radiology data, or

detailed emergency department data (e.g., vital signs, triage notes, medications). All are submitted via electronic record transmission, generally using a software program called PHIN-MS. A large number of electronic records are transmitted from each entity each year; however, once the automated interfaces are set up for transmission, there is no human burden for record transmission.

There are no costs to prospective data sources other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Instrument type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Recruitment of perspective data source entities	20	1	4/60	1.5
Total	1.5

Dated: October 7, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8-24558 Filed 10-15-08; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-09-08BS]

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 404-639-5960 or send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Testing and Development of Materials Promoting Prevention and Control of Traumatic Brain Injury in Schools—New—, Division of Injury Response (DIR), National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Each year, an estimated 1.4 million Americans sustain a traumatic brain injury (TBI). A TBI is caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.

Children ages 0 to 4 years and adolescents ages 15-19 are at the greatest risk of sustaining a TBI, as they often sustain TBIs from a host of mechanisms including falls (down stairs or from heights such as counter tops or beds), direct impacts (e.g. getting hit in the head with a ball), and motor vehicle crashes.

In order to address this important public health problem among young children and adolescents, CDC plans to conduct a national TBI educational initiative aimed at school nurses, school

counselors, school psychologists, and school administrators. As part of the initiative, CDC will develop educational materials and messages for these audiences, as well as tools for partners, to help improve the prevention, recognition, and management of TBI among school-aged children and adolescents.

School nurses, school counselors, school psychologists, and school administrators are important audiences for this initiative, as they are well positioned to address short- and long-term issues related to TBI. These audiences play an important role in addressing the needs of students and working collaboratively with educators and parents. School nurses need current, reliable, and easy to use materials about TBI, to keep them up-to-date on the issue and assist them in educating and caring for students who come to them with a suspected TBI. Nurses, counselors and administrators can promote prevention of TBI in the school setting and inform educators and parents about TBI prevention and recognition in the classroom, on the playground and on the field. They can also work with schools to institute TBI specific back-to-school and return-to-play plans.

As part of this research, school nurses, counselors, psychologists, and administrators will participate in professionally moderated individual in-depth interviews. Information will be collected concerning respondents' knowledge, attitudes, and beliefs about traumatic brain injury and where and how they get health information.