

*Newborn Screening: An Ethical Analysis by The President's Council on Bioethics* (December 2008); and *Controversies in the Determination of Death: A White Paper by The President's Council on Bioethics* (December 2008). Reports are forthcoming on organ transplantation and health care reform.

**DATES:** The meeting will take place Thursday, March 12, 2009, from 9 a.m. to 5 p.m., ET; and Friday, March 13, 2009, from 9 a.m. to 10:45 a.m., ET.

**ADDRESSES:** Renaissance Washington, DC Hotel, 999 9th Street, NW., Washington, DC 20001. Phone 202-898-9000.

**FOR FURTHER INFORMATION CONTACT:** Ms. Diane M. Gianelli, Director of Communications, The President's Council on Bioethics, 1425 New York Avenue, NW., Suite C100, Washington, DC 20005. Telephone: 202/296-4669. E-mail: [info@bioethics.gov](mailto:info@bioethics.gov). Web site: <http://www.bioethics.gov>.

**SUPPLEMENTARY INFORMATION:** The meeting agenda will be posted at <http://www.bioethics.gov>. The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 10:30 a.m., on Friday, March 13. Comments are limited to no more than five minutes per speaker or organization. As a courtesy, please inform Ms. Diane M. Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of her contact addresses given above.

Dated: February 5, 2009.

**F. Daniel Davis,**

*Executive Director, The President's Council on Bioethics.*

[FR Doc. E9-3843 Filed 2-23-09; 8:45 am]

**BILLING CODE 4154-06-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Agency Information Collection Activities: Proposed Collection; Comment Request

##### Correction

In notice document E9-1009 beginning on page 4748 in the issue of Tuesday, January 27, 2009 make the following correction:

On page 4749, in the first column, under the **ADDRESSES** section, in the sixth line,

“[doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov)” should read “[doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov)”.

[FR Doc. Z9-1009 Filed 2-23-09; 8:45 am]

**BILLING CODE 1505-01-D**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Delegation of Authority

Notice is hereby given that I have delegated to the Assistant Secretary for Aging the authority vested in the Secretary of Health and Human Services under section 119(c) of the Medicare Improvements for Patients and Providers Act of 2008, Public Law 110-275 pertaining to making grants to Aging and Disability Resource Centers under the Aging and Disability Resource Center grant program.

These delegations shall be exercised under the Department's policy on regulations and the existing delegation of authority to approve and issue regulations. This delegation excludes the authority to issue reports to Congress.

I hereby affirmed and ratified any actions taken by the Assistant Secretary for Aging or other Administration on Aging officials, which involved the exercise of these authorities prior to the effective date of this delegation.

This delegation was effective upon date of signature.

Dated: February 9, 2009.

**Charles E. Johnson,**

*Acting Secretary.*

[FR Doc. E9-3839 Filed 2-23-09; 8:45 am]

**BILLING CODE 4154-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Opportunity To Collaborate in the Evaluation of Rapid Diagnostic Tests for HIV and HCV

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

**ACTION:** Opportunities for collaboration for evaluation of rapid diagnostic tests for HIV and hepatitis C virus (HCV). The Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), has an opportunity for collaboration to evaluate diagnostic tests for HIV and HCV. These evaluations will include evaluation of

the sensitivity and specificity of the tests, and the predictive value of algorithms using two or more different rapid tests in combination.

Specific tests are sought to meet one or more of the following purposes: (1) Laboratory-based or rapid point-of-care tests designed to detect both HIV antigen and antibody; (2) laboratory-based or rapid point-of-care tests that can distinguish persons with acute HIV infection from persons who have longer-standing HIV infection; (3) laboratory-based or rapid point-of-care tests that can be used as supplemental confirmatory tests to help diagnose HIV-1 or HIV-2 infection, (4) rapid laboratory-based or rapid point-of-care tests designed to detect HCV antibody, antigen or both. Tests of interest include those that can detect HIV-1/2 and/or HCV antibody, antigen, RNA, or DNA when used on whole blood, serum, plasma, oral fluid or dried blood spots. Evaluations will include the sensitivity and specificity of the test when used in the intended application (e.g., for screening or confirmation).

**SUMMARY:** The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the Centers for Disease Control and Prevention (CDC) of the Department of Health and Human Services (DHHS) seeks one or more companies that have developed or are distributing rapid diagnostic tests for HIV or HCV and are interested in marketing the tests for use in the United States. The Division of HIV/AIDS Prevention and the Division of Viral Hepatitis are interested in evaluating such tests. The evaluation will include determination of sensitivity and specificity of the test, and may also evaluate the predictive value of two or more different tests used in combination in populations of low prevalence. This collaboration will have an expected duration of two (2) to three (3) years. The goals of the collaboration include the timely development of data to be used to determine whether the test could be used in screening and/or diagnosis for HIV or HCV in the United States, and to examine laboratory-based or rapid point-of-care tests. These tests require high sensitivity to detect persons with acute and longer-standing HIV infection; or high specificity to distinguish persons with acute infection from those with longer-standing infection; or high specificity for tests that can be used as to confirm HIV-1 or HIV-2 infection. Acute HIV infection is defined as the early infection period associated with a transient symptomatic illness, high viral load, and expansive immunologic response. For HCV testing,