A Federal Reserve Bank of New York (Ivan Hurwitz, Vice President) 33 Liberty Street, New York, New York 10045–0001:

1. *Westpac Banking Corporation, Sydney, Australia,* to engage de novo through Westpac Capital Markets LLC, New York, New York in securities brokerage and riskless principal transactions, pursuant to Sections 225.28(b)(7)(i) and 225.28(b)(7)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, July 30, 2012.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2012–18933 Filed 8–2–12; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Final Effect of Designation of a Class of Employees for Addition to the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HHS gives notice concerning the final effect of the HHS decision to designate a class of employees from the Feed Materials Production Center in Fernald, Ohio, as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000. On June 27, 2012, as provided for under 42 U.S.C. 7384q(b), the Secretary of HHS designated the following class of employees as an addition to the SEC:

All employees of DOE, its predecessor agencies, and their contractors, or subcontractors who worked at the Feed Materials Production Center (FMPC) in Fernald, Ohio, from January 1, 1968 through December 31, 1978, for a number of work days aggregating at least 250 work days, occurring either solely under this employment, or in combination with work days within the parameters established for one or more other classes of employees included in the Special Exposure Cohort.

This designation became effective on July 27, 2012, as provided for under 42 U.S.C. 7384*l*(14)(C). Hence, beginning on July 27, 2012, members of this class of employees, defined as reported in this notice, became members of the SEC.

FOR FURTHER INFORMATION CONTACT: Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C–46, Cincinnati, OH 45226, Telephone 877–222–7570. Information requests can also be submitted by email to *DCAS@CDC.GOV.*

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 2012–19045 Filed 8–2–12; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

Mepur H. Ravindranath, Ph.D., John Wayne Cancer Institute: Based on the report of an investigation conducted by the John Wayne Cancer Institute (JWCI) and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Mepur H. Ravindranath, former Director of the Laboratory of Glycoimmunotheraphy, JWCI, engaged in research misconduct in research supported by National Cancer Institute (NCI), National Institutes of Health (NIH), awards R21 CA107316 and R03 CA107831.

ORI found that the Respondent engaged in research misconduct by falsifying results reported for research supported by U.S. Public Health Service (PHS) grants R21 CA107316 and R03 CA107831, in progress reports for those grants and in two publications in scientific journals.

It is expressly understood that by entering into a Voluntary Settlement Agreement (Agreement), Respondent is not admitting to any of the allegations made against him by JWCI and/or ORI, or any of their respective agents, employees, associates, or related persons, including but not limited to the findings made by ORI listed in the Agreement. Respondent agreed to enter into the Agreement and not to contest the findings contained therein solely because contesting the findings would cause Respondent undue financial hardship and stress, and Respondent wished to seek finality.

Specifically

1. Respondent falsified the number of subjects accrued in the double-blind study reported in the paper Ravindranath, M.H., Muthugounder, S., Presser, N., Ye, X., Brosman, S., & Morton, D.L. ''Endogenous immune response to gangliosides in patients with confined prostate cancer.'' *Int. J. Cancer* 166:368–377, 2005 (subsequently referred to as the ''*IJC* paper) and later reviewed in Ravindranath, M.H. Yesowitch, P., Sumobay, C., & Morton, D.L. ''Glycoimmunomics of human cancer: Current concepts and future perspectives.'' *Future Oncology* 3(2):201–214, 2007 (subsequently referred to as the ''*Future Oncology* paper''), by reporting data of 7 of 63 patients with serial bleeds taken at different points in time and reporting that the values from the 7 patients were for different patients. This same reporting data of individual patients with serial bleeds taken at different points in time and reporting that those values were for different patients was presented in the CA107316 and CA107831 final reports.

2. The methodology used for the Tables of ANOVA results comparing Log Titers of IgM antibodies for the different subject groups in the *IJC* and *Future Oncology* papers and the CA107316 and CA107831 final reports is incorrect and false, since the papers and reports fail to state that the results are not for a simple ANOVA but include various degrees of repeated measures on the variables.

3. In Table 1 of the CA107831 Final Report, Respondent reported mean log titer values for GM1b for healthy, BHP, and T3/4 CaP patients. These values exactly matched with values published for a different ganglioside, GM1, for healthy, BHP, and T3/4 CaP patients, earlier in the *IJC* (Table II) and *Future Oncology* publications. The only exception was the log titer value for T1/2 CaP patients for GM1b (n = 20), which matched with the earlier published mean log titer value for GT1b (6.22 ± 1.40; n = 36). ORI finds the pairwise-difference in the log titer values of GM1b between the T1/2 CaP and healthy patients, claimed to be significant ($p<0.01$), to therefore be incorrect and false. Respondent contends otherwise.

4. Because Respondent included serial bleed values from individual patients in Table 1 of the *IJC* paper, the summary data for anti-ganglioside antibody values, and the statistical analyses derived from them in Tables II and III of the *IJC* paper, Tables 1 and 2 of the *Future Oncology* paper, published Tables A and B of the CA107316 final report, and Tables 1 and 2B of the CA107831 final report are incorrect and false. The inclusion of serial bleeds from