requests are to be sent to the Division of Freedom of Information (ELEM–1029), Food and Drug Administration, 12420 Parklawn Dr., Element Bldg., Rockville, MD 20857. A link to the transcripts will also be available approximately 45 days after the public workshop on the Internet at *http://www.fda.gov/MedicalDevices/NewsEvents/WorkshopsConferences/default.htm*. (Select this public workshop from the posted events list).

SUPPLEMENTARY INFORMATION:

I. Background

There is increased utilization of color in several areas of medical imaging and a wider range of availability of a variety of hardware and software platforms that rely on medical and non-medical devices to implement medical imaging product solutions for color imagery. This new reality has brought up issues related to the interoperability of devices and to the framework of accurately dealing with color data in medical imaging products. This workshop brings together key stakeholders to clearly identify areas of need, investigate solutions and propose best-practice approaches. The recommendations of the summit might include the creation of a technical special interest group either as part of the ICC or in some other forum and the establishment of best-practice guidelines for industry. The summit will address emerging utilization of color in medical imaging in areas including clinical photography, ophthalmic photography, digital microscopy, digital histopathology, endoscopy, laparoscopy, telemedicine, handheld mobile displays, display devices, color measurement, and standards and professional group recommendations from organizations such as the Digital Imaging and Communications in Medicine, ICC, International Commission on Illumination, International Electrotechnical Commission, and American Association of Physicists in Medicine.

I. Topics

There is increasing use of color in medical imaging but so far there is no clear definition of a technical framework for color management across the imaging chain from acquisition, pre- and post-processing, to storage, transfer and display. Due to the increasing use of color images and the need for integrated electronic health records, this issue is of current relevance for device manufacturers, users, and regulators. In addition, topics might include color methods for handheld display devices, system approaches for color consistency, and inter-vendor interoperability.

Scheduled session topics include: (1) General landscape of color use in medical imaging, (2) whole-slide imagers and digital microscopy/histopathology, (3) endoscopy and laparoscopy, (4) other medical imaging modalities, (5) standards and professional organization recommendations, (6) color in telemedicine, and (7) color in mobile displays.

Dated: March 22, 2013.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2013–07031 Filed 3–26–13; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; Web-based Media Literacy Parent Training for Substance Use Prevention in Rural Locations

SUMMARY: 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 National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

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.

To Submit Comments and For Further Information: To obtain a copy of the data collection plans and instruments, contact Dr. Augie Diana, Health Scientist Administrator, Prevention Research Branch, Division of Epidemiology, Services, and Prevention Research, NIDA, NIH, 6001 Executive Boulevard, Room 5163, Bethesda, MD 20892, or call non-toll-free number (301) 443–1942 or Email your request, including your address to: *dianaa@nida.nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Proposed Collection: Web-based Media Literacy Parent Training for Substance Use Prevention in Rural Locations, 0925-New, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH).

Need and Use of Information Collection: This study will develop a web-based media literacy substance use prevention intervention for use with parents and their elementary school children (approximately ages 7–12), and will evaluate the program in a randomized controlled trial to establish program efficacy in six rural communities in North Carolina and Texas. The primary objectives of the study are to assess the efficacy of a media literacy education program that is specifically designed to overcome barriers to prevention efforts in rural communities, and to provide the scientific basis for establishing the program, Media Detective Family, as an evidence-based substance use prevention curriculum. The information will provide valuable information concerning: (1) The appropriateness of using technology for substance use prevention programming (i.e., internet, Smartphone, or tablet-based applications) to reach rural families with elementary school-aged children; (2) improvements in parents' and children's critical thinking skills associated with intervention exposure; (3) improvements in parent-child communication about substances and the media associated with intervention exposure; and (4) reductions in children's behavioral intentions to use substances associated with intervention exposure.

OMB approval is requested for two years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 1067.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Adults				
Pretest	200	1	1	200.00
Posttest		1	45/60	150.00
Follow-up		1	45/60	150.00
Usage Log		2	10/60	67.00
Children				
Pretest	200	1	1	200.00
Posttest		1	45/60	150.00
Follow-up		1	45/60	150.00

Dated: March 20, 2013.

Helio Chaves,

Deputy Director Office of Management, NIDA, NIH.

[FR Doc. 2013–07038 Filed 3–26–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of the Implementation of the National Institutes of Health (NIH) Electronic Vendor Invoice Program (eVIP)

SUMMARY: The purpose of this notice is to announce the future implementation of the Electronic Vendor Invoice Program (eVIP) at the National Institutes of Health (NIH) and the planned modification of NIH awards to require vendors to use the eVIP in future contracts.

FOR FURTHER INFORMATION CONTACT: Darlene Walls, The Division of Acquisition Policy and Evaluation, The National Institutes of Health, 6100 Executive Blvd., Rockville, Maryland 20852 or *PPMB@mail.nih.gov.*

SUPPLEMENTARY INFORMATION: Electronic invoicing will enhance compliance with laws and regulations that govern the accuracy, timeliness, and cost-effectiveness of the Federal Government's payment process. Executive Order 13576, Delivering an Efficient, Effective, and Accountable Government, issued June 13, 2011, requires Federal Government agencies to become more effective and efficient, cut waste, and streamline Government operations. The Federal Acquisition Regulation (FAR) subpart 32.9 prescribes policies, procedures, and clauses for implementing prompt payment regulations. Electronic invoice submission through eVIP will reduce inefficiencies related to paper-based invoicing, reduce interest payments caused by late payments of invoices, and ultimately foster the prompt payment of invoices to vendors.

Public Law 111–204, Improper Payments Elimination and Recovery Act of 2010, requires Federal Government agencies to periodically review all programs and identify the programs and activities that may be susceptible to significant improper payments. Section 2(h)(4) of Public Law 111–204 requires the head of the agency to conduct a financial management improvement program, consistent with the rules prescribed by the Director of the Office of Management and Budget.

The first priority of the program must address problems that contribute directly to the agency improper payments. The eVIP solution allows for vendor invoices to be matched to the award document electronically, thereby minimizing processing errors associated with invoice mailing, invoice scanning, or invoice entry and enhances the ability to make proper invoice payments. Ultimately, the eVIP solution is expected to result in a decrease in interest payments, an increase in data accuracy, and provide an enhanced ability to make proper invoice payments.

The eVIP will be implemented in three phases, Phase I Pilot, Phase II Pilot, and Roll-Out:

Phase I Pilot: Phase I was initiated in October 2009. Four pilot vendors were provisioned in the electronic system to test the functionality for viewing invoices, and later, submitting invoices for payment. Lessons learned were gathered from the feedback received and areas for improvement were identified.

Phase II Pilot: Enhancements in processes are being made to the electronic payment system based on the lessons learned during Phase I. Six additional vendors will be added and both Phase I and Phase II vendors will be provisioned using a authentication process different from that available in Phase I, and will be provided access to view invoices and submit invoices for payment.

Roll-Out: Phase II will be initiated in March 2013. The results of the Phase II effort will be assessed prior to formal implementation of the eVIP initiative. It is anticipated that implementation will occur through the use of a phased approach, beginning in October 2013.

Dated: March 9, 2013.

Lawrence A. Tabak,

Deputy Director, National Institutes of Health.

[FR Doc. 2013–07037 Filed 3–26–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Developmental Centers in Benign Urology (P20s, RFA–DK–12–022)

Date: May 17, 2013.

Time: 8:30 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Najma Begum, Ph.D., Scientific Review Officer, Review Branch, DEA, NIDDK, National Institutes Of Health,