

hours; Address discrepancies: 4 hours; Risk-based pricing: Notice to consumers, 5 hours; Furnisher duties: Policies and procedures, 40 hours and Notice of frivolous disputes to consumers, 14 minutes.

Number of respondents: Negative information notice: 1,500 financial institutions; Affiliate marketing: Notices to consumers, 1,402 financial institutions and 1,282,000 Consumer response; Red flags: 2,024 financial institutions; Address discrepancies: 1,500 financial institutions; Risk-based pricing: Notice to consumers, 1,500 financial institutions; Furnisher duties: Policies and procedures, 1,500 financial institutions and 611,966, Notice of frivolous disputes to consumers.

General description of report: This information collection is mandatory pursuant to Dodd-Frank Wall Street Reform and Consumer Protection Act (12 U.S.C. 5519) and the FCRA (15 U.S.C. 1681m, 1681w, and 1681s). Because the notices and disclosures required are not provided to the Federal Reserve, and all records thereof are maintained at state member banks, no issue of confidentiality arises under the Freedom of Information Act.

Abstract: The Fair Credit Reporting Act (FCRA) was enacted in 1970 based on a Congressional finding that the banking system is dependent on fair and accurate credit reporting.¹ The FCRA was enacted to ensure consumer reporting agencies exercise their responsibilities with fairness, impartiality, and a respect for the consumer's right to privacy. The FCRA requires consumer reporting agencies to adopt reasonable procedures that are fair and equitable to the consumer with regard to the confidentiality, accuracy, relevancy, and proper utilization of consumer information.

Congress substantially amended the FCRA upon the passage of the Fair and Accurate Credit Transactions Act of 2003 (FACT Act).² The FACT Act created many new responsibilities for consumer reporting agencies and users of consumer reports. It contained many new consumer disclosure requirements, as well as provisions to address identity theft. In addition, the FACT Act provided consumers with the right to obtain a copy of their consumer report annually without cost. Improving consumers' access to their credit report is intended to help increase the

accuracy of data in the consumer reporting system.

Since 2011, the Consumer Financial Protection Bureau has been responsible for issuing most FCRA regulations. The Federal Reserve retained rule-writing authority for certain provisions of the FCRA applicable to motor vehicle dealers and provisions of the FCRA that require identity theft prevention programs, regulate the disposal of consumer information, and require card issuers to validate consumers' notifications of changes of address.

Board of Governors of the Federal Reserve System, August 6, 2015.

Robert deV. Frierson,
Secretary of the Board.

[FR Doc. 2015-19656 Filed 8-10-15; 8:45 am]

BILLING CODE 6210-01-P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 4, 2015.

A. Federal Reserve Bank of San Francisco (Gerald C. Tsai, Director, Applications and Enforcement) 101

Market Street, San Francisco, California 94105-1579:

1. *Carpenter Bank Partners, Inc., CCFW, Inc., (dba Carpenter & Company), Carpenter Fund Management Company, LLC, Carpenter Fund Manager GP, LLC, Carpenter Community BancFund, L.P., and Carpenter Community BancFund-A, L.P.*, all in Irvine, California; to acquire additional voting shares up to approximately 32.6 percent of Pacific Mercantile Bancorp, and thereby indirectly acquire voting shares of Pacific Mercantile Bank, both in Costa Mesa, California.

Board of Governors of the Federal Reserve System, August 5, 2015.

Margaret McCloskey Shanks,
Deputy Secretary of the Board.

[FR Doc. 2015-19666 Filed 8-10-15; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Scientific Information Request on Omega 3 Fatty Acids and Cardiovascular Disease—Update

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for Scientific Information Submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review of Omega 3 Fatty Acids and Cardiovascular Disease—Update, which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Programs. Access to published and unpublished pertinent scientific information will improve the quality of this review. AHRQ is conducting this systematic review pursuant to Section 902(a) of the Public Health Service Act, 42 U.S.C. 299a(a).

DATES: Submission Deadline on or before September 10, 2015.

ADDRESSES: Online submissions: <http://effectivehealthcare.AHRQ.gov/index.cfm/submit-scientific-information-packets/>. Please select the study for which you are submitting information from the list to upload your documents.

Email submissions: SIPS@epc-src.org.

Print submissions: Mailing Address: Portland VA Research Foundation, Scientific Resource Center, ATTN:

¹ The FCRA is one part of the Consumer Credit Protection Act which also includes the Truth in Lending Act, Equal Credit Opportunity Act, and Fair Debt Collection Practices Act. 15 U.S.C. 1601 *et seq.*

² Public Law 108-159, 117 Stat. 1952.

Scientific Information Packet
Coordinator, PO Box 69539, Portland,
OR 97239.

Shipping Address (FedEx, UPS, etc.):
Portland VA Research Foundation,
Scientific Resource Center, ATTN:
Scientific Information Packet
Coordinator, 3710 SW U.S. Veterans
Hospital Road, Mail Code: R&D 71,
Portland, OR 97239.

FOR FURTHER INFORMATION CONTACT:
Ryan McKenna, Telephone: 503–220–
8262 ext. 58653 or Email: *SIPS@epc-
src.org*.

SUPPLEMENTARY INFORMATION: The
Agency for Healthcare Research and
Quality has commissioned the
Evidence-based Practice Centers (EPC)
Programs to complete a review of the
evidence for Omega 3 Fatty Acids and
Cardiovascular Disease—Update.

The EPC Program is dedicated to
identifying as many studies as possible
that are relevant to the questions for
each of its reviews. In order to do so, we
are supplementing the usual manual
and electronic database searches of the
literature by requesting information
from the public (e.g., details of studies
conducted). We are looking for studies
that report on Omega 3 Fatty Acids and
Cardiovascular Disease—Update,
including those that describe adverse
events. The entire research protocol,
including the key questions, is also
available online at: <http://effectivehealthcare.AHRQ.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2060>.

This notice is to notify the public that
the EPC Program would find the
following information on Omega 3 Fatty
Acids and Cardiovascular Disease—
Update helpful:

- A list of completed studies that
your organization has sponsored for this
indication. In the list, please indicate
whether results are available on
ClinicalTrials.gov along with the
ClinicalTrials.gov trial number.
- For completed studies that do not
have results on ClinicalTrials.gov,
please provide a summary, including
the following elements: study number,
study period, design, methodology,
indication and diagnosis, proper use
instructions, inclusion and exclusion
criteria, primary and secondary
outcomes, baseline characteristics,
number of patients screened/eligible/
enrolled/lost to follow-up/withdrawn/
analyzed, effectiveness/efficacy, and
safety results.

- A list of ongoing studies that your
organization has sponsored for this
indication. In the list, please provide the
ClinicalTrials.gov trial number or, if the

trial is not registered, the protocol for
the study including a study number, the
study period, design, methodology,
indication and diagnosis, proper use
instructions, inclusion and exclusion
criteria, and primary and secondary
outcomes.

- Description of whether the above
studies constitute all Phase II and above
clinical trials sponsored by your
organization for this indication and an
index outlining the relevant information
in each submitted file.

Your contribution will be very
beneficial to the EPC Program. The
contents of all submissions will be made
available to the public upon request.
Materials submitted must be publicly
available or can be made public.
Materials that are considered
confidential; marketing materials; study
types not included in the review; or
information on indications not included
in the review cannot be used by the EPC
Program. This is a voluntary request for
information, and all costs for complying
with this request must be borne by the
submitter.

The draft of this review will be posted
on AHRQ's EPC Program Web site and
available for public comment for a
period of 4 weeks. If you would like to
be notified when the draft is posted,
please sign up for the email list at:
[http://effectivehealthcare.AHRQ.gov/
index.cfm/join-the-email-list1/](http://effectivehealthcare.AHRQ.gov/index.cfm/join-the-email-list1/).

The systematic review will answer the
following questions. This information is
provided as background. AHRQ is not
requesting that the public provide
answers to these questions. The entire
research protocol, is available online at:
[http://effectivehealthcare.AHRQ.gov/
search-for-guides-reviews-and-reports/
?pageaction=display
product&productID=2060](http://effectivehealthcare.AHRQ.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2060).

The Key Questions

1. What is the efficacy or association
of n-3 Fatty Acids (FA)
(eicosapentaenoic acid [EPA],
docosahexaenoic acid [DHA]EPA+DHA,
docosapentaenoic acid [DPA],
stearidonic acid [SDA], alpha-linolenic
acid [ALA], or total n-3 Fatty Acids)
exposures in reducing cardiovascular
disease (CVD) outcomes (incident CVD
events including all-cause mortality,
CVD mortality, non-fatal CVD events,
new diagnosis of CVD, peripheral
vascular disease, congestive heart
failure, major arrhythmias, and
hypertension diagnosis) and specific
CVD risk factors (blood pressure, key
plasma lipids)?

- What is the efficacy or association
of n-3 FA in preventing CVD outcomes
in people

- Without known CVD (primary
prevention)
 - At high risk for CVD (primary
prevention)
 - With known CVD (secondary
prevention)?
 - What is the relative efficacy of
different n-3 FAs on CVD outcomes and
risk factors?
 - Can the CVD outcomes be ordered
by strength of intervention effect of n-
3 FAs?
- 2. n-3 FA variables and modifiers:
 - How does the efficacy or
association of n-3 FA in preventing CVD
outcomes and with CVD risk factors
differ in subpopulations, including men,
premenopausal women,
postmenopausal women, and different
age or race/ethnicity groups?
 - What are the effects of potential
confounders or interacting factors—such
as plasma lipids, body mass index,
blood pressure, diabetes, kidney
disease, other nutrients or supplements,
and drugs (e.g., statins, aspirin, diabetes
drugs, hormone replacement therapy)?
 - What is the efficacy or association
of different ratios of n-3 FA components
in dietary supplements or biomarkers,
on CVD outcomes and risk factors?
 - How does the efficacy or
association of n-3 FA on CVD outcomes
and risk factors differ by ratios of
different n-3 FAs—DHA, EPA, and ALA,
or other n-3 FAs?
 - How does the efficacy or
association of n-3 FA on CVD outcomes
and risk factors differ by source (e.g.,
fish and seafood, common plant oils
(e.g., soybean, canola), fish oil
supplements, fungal-algal supplements,
flaxseed oil supplements)?
 - How does the ratio of n-6 FA to n-
3 FA intakes or biomarker
concentrations affect the efficacy or
association of n-3 FA on CVD outcomes
and risk factors?
 - Is there a threshold or dose-
response relationship between n-3 FA
exposures and CVD outcomes and risk
factors? Does the study type affect these
relationships?
 - How does the duration of
intervention or exposure influence the
effect of n-3 FA on CVD outcomes and
risk factors?
 - What is the effect of baseline n-3
FA status (intake or biomarkers) on the
efficacy of n-3 FA intake or
supplementation on CVD outcomes and
risk factors?
 - 3. Adverse events:
 - What adverse effects are related to
n-3 FA intake or biomarker
concentrations (in studies of CVD
outcomes and risk factors)?
 - What adverse events are reported
specifically among people with CVD or

diabetes (in studies of CVD outcomes and risk factors)?

PICOTS (Population, Intervention, Comparator, Outcome, Timing, Setting)

Populations

- Healthy adults (≥ 18 yr) without CVD or with low to intermediate risk for CVD
- Adults at high risk for CVD (*e.g.*, with diabetes, cardiometabolic syndrome, hypertension, dyslipidemia, non-dialysis chronic kidney disease)
- Adults with clinical CVD (*e.g.*, history of myocardial infarction, angina, transient ischemic attacks)
- Exclude populations chosen for having a non-CVD or non-diabetes-related disease (*e.g.*, cancer, gastrointestinal disease, rheumatic disease, dialysis)

Interventions/Exposures

- n-3 FA supplements
- n-3 FA supplemented foods (*e.g.*, eggs)
- n-3 FA content in diet (*e.g.*, from food frequency questionnaires)
- Biomarkers of n-3 FA intake
- n-3 content of food or supplements must be quantified (*e.g.*, exclude fish diet studies where only servings/week defined, Mediterranean diet studies without n-3 quantified). n-3 quantification can be of total n-3 FA, of a specific n-3 FA (*e.g.*, ALA) or of combined EPA+DHA (“marine oil”).
- Exclude n-3 FA dose ≥ 6 g/day (except for adverse events)
- Exclude weight loss interventions

Comparators

- Placebo or no n-3 FA intervention
- Different n-3 FA source intervention
- Different n-3 FA concentration intervention
- Different n-3 FA dietary exposure (*e.g.*, comparison of quantiles)
- Different n-3 FA biomarker levels (*e.g.*, comparison of quantiles)

Outcomes

- All-cause mortality
- Cardiovascular, cerebrovascular, and peripheral vascular events:
 - Fatal vascular events (*e.g.*, due to myocardial infarction, stroke)
 - Non-fatal vascular events (*e.g.*, myocardial infarction, stroke/ cardiovascular accident, transient ischemic attack, unstable angina)
 - Coronary heart disease, new diagnosis
 - Congestive heart failure, new diagnosis
 - Cerebrovascular disease, new diagnosis
 - Peripheral vascular disease, new diagnosis
 - Ventricular arrhythmia, new diagnosis

- Supraventricular arrhythmia, new diagnosis
- Major vascular interventions/ procedures (*e.g.*, revascularization, thrombolysis, lower extremity amputation, defibrillator placement)
- Major CVD risk factors (intermediate outcomes):
 - Blood pressure (new-onset hypertension, systolic, diastolic, and mean arterial pressure)
 - Key plasma lipids (*i.e.*, high density lipoprotein cholesterol [HDL-c], low density lipoprotein cholesterol [LDL-c], total/HDL-c ratio, LDL-c/HDL-c ratio, triglycerides)
- Adverse events (*e.g.*, bleeding, major gastrointestinal disturbance), only from intervention studies of supplements

Timing

- Clinical outcomes, including new-onset hypertension (all study designs): ≥ 1 year followup (and intervention duration, as applicable)
- Intermediate outcomes (blood pressure and plasma lipids) (all study designs): ≥ 1 month followup
- Adverse events (all study designs): No minimum followup

Setting

Community-Dwelling (Non-Institutionalized) Individuals Study Design

- Randomized Controlled Trials (RCTs) (all outcomes)
- Randomized cross-over studies (blood pressure and plasma lipids, adverse events), minimum washout period to be determined
- Prospective nonrandomized comparative studies (clinical outcomes, adverse events)
- Prospective cohort (single group) studies, where groups are compared based on n-3 FA intake or intake biomarker values (clinical outcomes)
- Exclude: Retrospective or case control studies or cross-sectional studies (but include prospective nested case control studies). Studies must have measure of intake prior to outcome.
- Minimum sample sizes (All outcomes: To be determined)
- English language publications

Sharon B. Arnold,

Deputy Director.

[FR Doc. 2015-19659 Filed 8-10-15; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Scientific Information Request on Omega 3 Fatty Acids and Maternal and Child Health

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for Scientific Information Submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review of Omega 3 Fatty Acids and Maternal and Child Health, which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Programs. Access to published and unpublished pertinent scientific information will improve the quality of this review. AHRQ is conducting this systematic review pursuant to Section 902(a) of the Public Health Service Act, 42 U.S.C. 299a(a).

DATES: Submission Deadline on or before September 10, 2015.

ADDRESSES: Online submissions: <http://effectivehealthcare.AHRQ.gov/index.cfm/submit-scientific-information-packets/>. Please select the study for which you are submitting information from the list to upload your documents.

Email submissions: SIPS@epc-src.org.

Print submissions:

Mailing Address:

Portland VA Research Foundation,
Scientific Resource Center, ATTN:
Scientific Information Packet
Coordinator, P.O. Box 69539, Portland,
OR 97239.

Shipping Address (FedEx, UPS, etc.):
Portland VA Research Foundation,
Scientific Resource Center, ATTN:
Scientific Information Packet
Coordinator, 3710 SW U.S. Veterans
Hospital Road, Mail Code: R&D 71,
Portland, OR 97239.

FOR FURTHER INFORMATION CONTACT:
Ryan McKenna, Telephone: 503-220-
8262 ext. 58653 or Email: SIPS@epc-src.org.

SUPPLEMENTARY INFORMATION:

The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Programs to complete a review of the evidence for Omega 3 Fatty Acids and Maternal and Child Health.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for