and submissions received after the deadline will not be reviewed.

FOR FURTHER INFORMATION CONTACT: Elisabeth A. Handley, Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 240, Rockville, MD 20852, (240) 453–8200.

SUPPLEMENTARY INFORMATION:

Background: 42 CFR part 93 establishes several requirements regarding the reporting and investigation of research misconduct to which institutions must adhere to receive Public Health Service (PHS) funding. Per § 93.305(a), an institution must:

> Either before or when the institution notifies the respondent of the allegation, inquiry or investigation, *promptly take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner,* except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. . . . [Emphasis added].

Failing to properly sequester data can have a significant detrimental impact on the outcome of a research misconduct proceeding. Common issues that can negatively affect the examination of evidence include:

- Notifying a respondent about a misconduct proceeding before sequestration
- failing to sequester all relevant evidence, such as digital data stored on personal computers and storage devices
- failing to sequester forensic images of hard drives
- failing to fully document the sequestration process and maintain a detailed chain of custody for each item sequestered

To better support institutions in carrying out their responsibility for maintenance and custody of research records and evidence, ORI intends to publish guidelines that will inform interested parties of best practices for sequestering evidence during a research misconduct proceeding.

Request for information and comments: In preparation for producing guidelines on sequestration, ORI is interested in learning what major challenges exist in the sequestration process and approaches to overcome them. ORI is particularly interested in best practices in the sequestering of digital evidence. Specific topics of interest include but are not limited to the following:

- Digital data can be an important source of evidence for research misconduct proceedings. What unique challenges exist when collecting digital data and what approaches successfully address them? ORI is especially interested in learning the following:
  - ➢ How do institutions identify sources of digital data that need to be sequestered?
  - ➢ Digital data may be located on devices not necessarily owned by the institution, such as personal computers and storage devices, cloud-based and online services, and personal email. What approaches are successful in securing data in these situations? What data policies address this issue?
- ORI has observed that sequestration tends to be more successful when institutions assemble a team of individuals with different expertise to assist in in the gathering and securing of evidence. Thus, ORI is interested in learning the following:
  - ➢ What is the technical makeup of successful teams, especially regarding digital evidence?
  - ➢ How are members selected and trained?
- Institutions may have their own specific policies, procedures, guidelines, instructions, or other tools to enable them to meet their broad obligation under § 93.305(a) to properly sequester evidence for research misconduct proceedings. Thus, ORI is interested in learning the following:
  - ➢ What institutional policies, procedures, and guidelines have been effective in ensuring successful sequestration?
  - ➢ To assist institutions in formulating their own policies, the ORI website provides example Policies and Procedures for Research Misconduct at *https://ori.hhs.gov/sample-policy-procedures-responding-research-misconduct-allegations.* Although institutions are not required to adopt the exact text as presented, ORI considers institutions that do so to be compliant with their obligation under § 93.302(a)(1) to establish policies and procedures in compliance with 42 CFR part 93. What additions or changes are appropriate for these sample Policies and Procedures to reflect the growing digital landscape, especially regarding sequestering digital evidence?

Collection of Information Requirements: Please note: This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposals (RFPs), applications, proposal abstracts, or quotations. This RFI does not commit the U.S. Government to contract for any supplies or services or to make a grant award. Further, ORI is not seeking proposals through this RFI and will not accept unsolicited proposals. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in responding to this RFI; all costs associated with responding to this RFI will be solely at the expense of the interested parties. ORI notes that not responding to this RFI does not preclude participation in any future procurement, if conducted. It is the responsibility of the potential responders to monitor this RFI announcement for additional information pertaining to this request.

ORI will actively consider all input as our office develops future regulatory proposals or future sub-regulatory policy guidance. ORI may or may not choose to contact individual responders. Such communications would be for the sole purpose of clarifying statements in the responders' written responses. Responses to this notice are not offers and cannot be accepted by the U.S. Government to form a binding contract or to issue a grant. Information obtained as a result of this RFI may be used by the U.S. Government for program planning on a non-attribution basis. Respondents should not include any information that might be considered proprietary or confidential. This RFI should not be construed as a commitment or authorization to incur cost for which reimbursement would be required or sought. All submissions become U.S. Government property and will not be returned.

Dated: April 22, 2022.

Elisabeth A. Handley,

Director, Office of Research Integrity, Office of the Assistant Secretary for Health.

[FR Doc. 2020–09086 Filed 4–28–20; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS–0990-new]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the

following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before May 29, 2020.

ADDRESSES: Submit your comments to *OIRA_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 795–7714. When submitting comments or requesting information, please include the document identifier 0990-New-30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collection: Substance Use Disorder Patient Placement Criteria Used By States.

Type of Collection: New.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services (HHS) is requesting Office of Management and Budget (OMB) approval for a one-time survey of state agencies regarding their use of substance use disorder (SUD) patient placement criteria and assessment tools. The proposed survey is one component of a larger project to assess the feasibility of gathering and utilizing needs assessment data to identify and address unmet patient needs by levels of care. Results from this survey will provide ASPE with information about the types of patient placement data states collect and maintain, and the degree to which the data can be used to understand the SUD treatment gap. These results will provide ASPE with information that can be used to develop a multistate dataset of needs assessment that can be updated over time. Such a dataset is necessary for understanding and addressing treatment needs in the nation on an ongoing basis.

The 17-question survey requests information related to state requirements for using patient placement criteria and assessment tools for individuals with SUD. Additional questions ask how data from the placement criteria and/or assessment tools are maintained; if level of care data has been used to help determine service gaps and need for greater capacity; and whether the respondent could provide weblinks to available information on the criteria used in their state.

Two individuals from each state and the District of Columbia will be invited to respond to the survey. Respondents will be representatives from each state's Single State Authority (SSA) and the Medicaid Agency. An eighty-five percent response rate is anticipated, resulting in an estimated 87 total participants.

This project falls under Section 301 of the Public Health Service Act (42U.S.C. 241) [280–1a] which authorizes the Office of the Secretary to conduct and coordinate studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases.

The total annual burden hours estimated for this information collection request are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Forms	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total annual burden (hours)
Survey on SUD Placement Criteria	87	1	10/60	14.5

Sherrette A. Funn,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2020–09108 Filed 4–28–20; 8:45 am]

BILLING CODE 4151–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS–0990–New]

Agency Emergency Information Collection Clearance Request for Public Comment

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to *Sherrette.funn@hhs.gov,* or call the Reports Clearance Office on (202) 795–7714. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 7-days.

Proposed Project: COVID–19 by PCR Requisition Form.

OMB No. 0990–NEW.

Emergency Information Collection Clearance Request

Office: HHS, Office of the Assistant Secretary for Health, Office of the Surgeon General.

Abstract: The COVID–19 by PCR Requisition Form will be used to collect information from individuals who are participating in the federally supported, state managed, locally executed CBTS program to obtain COVID–19 laboratory testing. The COVID–19 by PCR Requisition Form will be used by approximately 200,000 individuals. The Lab Requisition form includes the ordering physician information, the laboratory account information, the date of collection, the time of collection; the