Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than September 18, 2023.

A. Federal Reserve Bank of St. Louis (Holly A. Rieser, Senior Manager) P.O. Box 442, St. Louis, Missouri 63166–2034. Comments can also be sent electronically to *Comments.applications@stls.frb.org:*

1. *Brewer Family Trust; James F. Gramling, individually and as special trustee of the Brewer Family Trust; the William E. Brewer Irrevocable Trust; the William E. Brewer, III Irrevocable Trust; the Elizabeth Shaw Brewer Irrevocable Trust; William E. Brewer, individually and as trustee of the William E. Brewer Irrevocable Trust, the William E. Brewer, III Irrevocable Trust and the Elizabeth Shaw Brewer Irrevocable Trust; the Shawill Irrevocable Trust; William E. Brewer, III, individually and as trustee of the Shawill Irrevocable Trust; Diane Elizabeth Brewer; Meredith Brewer; Elizabeth Shaw Brewer; Neeley Camp; and Britt Camp, all of Paragould, Arkansas;* to retain the voting shares of First Paragould Bankshares, Inc., and thereby retain the voting shares of First National Bank, both of Paragould, Arkansas.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2023–18986 Filed 8–31–23; 8:45 am]

BILLING CODE P

GENERAL SERVICES ADMINISTRATION

[Notice–MG–2023–02; Docket No. 2023–0002; Sequence No. 29]

Office of Federal High-Performance Green Buildings; Green Building Advisory Committee; Notification of Upcoming Public Meeting

AGENCY: Office of Government-wide Policy, General Services Administration (GSA).

ACTION: Meeting notice.

SUMMARY: In accordance with the requirements of the Federal Advisory Committee Act, this notice provides the agenda for a web-based meeting of the Green Building Advisory Committee (the Committee). This meeting will be focused on gathering Committee member comments on the P100 Federal Facilities Standards (*https://www.gsa.gov/real-estate/design-and-construction/engineering/facilities-standards-for-the-public-buildings-service*) of GSA's Public Buildings Service (PBS).

The meeting is open to the public to observe; online attendees are required to register in advance to attend as instructed below.

DATES: The Committee's online meeting will be held Monday, September 18, 2023, from 1:30 p.m. to 3:45 p.m., Eastern Time (ET).

FOR FURTHER INFORMATION CONTACT: Mr. Michael Bloom, Designated Federal Officer, Office of Federal High-Performance Green Buildings, Office of Government-wide Policy, GSA, 1800 F Street NW, (Mail-code: MG), Washington, DC 20405, at *gbac@gsa.gov* or 312–805–6799. Additional information about the Committee, including meeting materials and agendas, will be made available on-line at *http://www.gsa.gov/gbac.*

SUPPLEMENTARY INFORMATION:

Procedures for Attendance and Public Comment

To register to attend this meeting as a public observer, please send the following information via email to *gbac@gsa.gov:* your first and last name, organization and email address and whether you would like to provide public comment. Requests to observe the September 18, 2023 meeting must be received by 5:00 p.m. ET, on Thursday, September 14, 2023 to receive the meeting information.

Full meeting agenda and attendance information will be provided following registration. Limited time will be provided for public comment.

GSA will be unable to provide technical assistance to any listener experiencing technical difficulties. Testing access to the Web meeting site before the calls is recommended. To request an accommodation, such as closed captioning, or to ask about accessibility, please contact Mr. Bloom at *gbac@gsa.gov* at least five business days prior to the meeting to give GSA as much time as possible to process the request.

Background

The Administrator of GSA established the Committee on June 20, 2011 (**Federal Register**/Vol. 76, No. 118) pursuant to section 494 of the Energy Independence and Security Act of 2007 (EISA, 42 U.S.C. 17123). Under this authority, the Committee provides independent policy advice and recommendations to GSA to advance federal building innovations in planning, design, and operations to reduce costs, enable agency missions, enhance human health and performance, and minimize environmental impacts.

September 18, 2023 Online Meeting Agenda

- Introductions
- About the P100
- Proposed Committee Comments to the P100 (including Committee vote if needed)
- Public Comment
- Adjourn

Brian Gilligan,

Deputy Director, Office of Federal High-Performance Green Buildings, General Services Administration.

[FR Doc. 2023–18943 Filed 8–31–23; 8:45 am]

BILLING CODE 6820–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Diagnosis and Treatment of Tethered Spinal Cord

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

ACTION: Request for supplemental evidence and data 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 on *Diagnosis and Treatment of Tethered Spinal Cord,* which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before October 2, 2023.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857.

Shipping Address (FedEx, UPS, etc.): Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Kelly Carper, Telephone: 301–427–1656 or Email: *epc@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Diagnosis and Treatment of Tethered Spinal Cord.* AHRQ is conducting this review pursuant to section 902 of the Public Health Service Act, 42 U.S.C. 299a.

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 *Diagnosis and Treatment of Tethered Spinal Cord.* The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/tethered-spinal-cord/protocol.*

This is to notify the public that the EPC Program would find the following information on *Diagnosis and Treatment of Tethered Spinal Cord* helpful:

- A list of completed studies that your organization has sponsored for this topic. 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,* a summary, including the following elements, if relevant: 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 topic.* In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including, if relevant, 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 topic and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on topics 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 website 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: *https://www.effectivehealthcare.ahrq.gov/email-updates.*

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Questions (KQ)

KQ 1: What is the accuracy of radiographic and other diagnostic criteria in diagnosing tethered spinal cord?

KQ 2: What are the benefits and harms of prophylactic surgery for asymptomatic tethered spinal cord patients?

KQ 3: What are the effectiveness, comparative effectiveness and harms of surgical and non-surgical treatments for symptomatic tethered spinal cord?

a. Stratified by symptom type, intensity, and patient age?

b. Are effects modified by use of special surgical equipment or techniques?

KQ 4: Among individuals who experience retethering after spinal detethering surgery, what are the benefits, harms and long-term outcomes of another surgery compared with no treatment?

a. Are individual factors with which a patient presents (such as primary symptoms, symptom intensity, age, etc.) associated with better or worse outcomes after repeat surgery?

PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, and Setting)

TABLE 1—ELIGIBILITY CRITERIA

Element	Inclusion criteria	Exclusion criteria
Population	*KQ1:* Pediatric or adult patients assessed for tethered spinal cord. *KQ2:* Pediatric or adult patients with tethered spinal cord and no symptoms or marginally symptomatic without functional deficits. *KQ3:* Pediatric or adult patients with symptomatic tethered spinal cord. *KQ4:* Pediatric or adult patients who experience retethering after spinal detethering surgery.	Tethering of the spine as an adverse event associated with an intervention (not patients being treated for tethered spinal cord).
Interventions	*KQ1:* Screening and diagnostic approaches, tools, and criteria such as physical examination, urodynamic studies, (MRI), myelogram, computed tomography (CT) scan, computed axial tomography (CAT) scan, or ultrasound. *KQ2:* Prophylactic or early surgery. *KQ3:* Surgical or non-surgical treatment or management interventions such as surgical detethering, or other surgery (*e.g.,* spine-shortening vertebral osteotomy, spinal cord transection), physical therapy, bladder therapy for bladder function, or bracing. *KQ4:* Surgical interventions such as repeat detethering, revision detethering, spine-shortening vertebral osteotomy, vertebral column shortening, spinal cord transection, or other surgery.	Interventions and approaches not addressing tethered spinal cord.

TABLE 1—ELIGIBILITY CRITERIA—Continued

Element	Inclusion criteria	Exclusion criteria
Comparators	*KQ1:* Confirmation of diagnosis by a neurosurgeon or neurologist. *KQ2–4:* No surgery, sham surgery, no treatment, or alternative treatments for effectiveness outcomes; no comparator is required for studies reporting adverse events of interest (eligible adverse events will be determined with the help of the TEP).	*KQ 1:* no comparator. For KQ 2–4, Studies without comparator except for studies for an adverse event of interest.
Outcomes	*KQ1:* Diagnostic performance (*e.g.,* diagnostic accuracy measured as concordance with neurosurgeon or neurologist diagnosis); adverse events of the diagnostic procedure; and clinical impact of a correct or incorrect diagnosis such as (*e.g.,* overtreatment due to misdiagnosis, delayed treatment, or undertreatment due to missed diagnosis). *KQ2–4:* Patient health and other patient effects such as leg weakness, leg numbness, leg pain, other pain, gait, walking difficulty, bowel incontinence, bladder incontinence, scoliosis, disability, adverse events, postoperative complications, infection, 30-day complication rate, morbidity, quality of life, or general health status, as well as process measures such as repeat surgery.	Provider satisfaction and frequency of procedures.
Timing	No restrictions regarding the timing or duration of the intervention or the follow up.	N/A.
Setting	Settings compatible with US healthcare settings, no restrictions regarding the clinical setting.	Very low resource countries or conflict zones.
Study Design	*KQ1:* Diagnostic accuracy and diagnostic impact analyses *KQ2–4:* Randomized controlled trials (RCTs), clinical trials without randomization, cohort studies comparing two cohorts, controlled post-only studies, and case-control studies. Experimental single arm trials and observational case series, with or without structured pre- and post-intervention data, need to report on neurological status or bladder or bowel function to be eligible.	Secondary data, but systematic reviews will be retained for reference-mining.
Other limiters	Data published in journal manuscript and trial records	Data reported in abbreviated format (*e.g.,* conference abstracts).

Note: KQ key question, TEP technical expert panel.

Dated: August 29, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–18984 Filed 8–31–23; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Findings of research misconduct have been made against Surangi (Suranji) Jayawardena, Ph.D. (Respondent), who was an Assistant Professor of Chemistry, University of Alabama in Huntsville (UAH). Respondent engaged in research misconduct in grant applications submitted for U.S. Public Health Service (PHS) funds, specifically R21 AI154256, R21 AI152064, R21 AI149142, and R15 AI146978 submitted to the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH). The administrative actions, including supervision for a period of four (4) years, were implemented beginning on August 18, 2023, and are detailed below.

FOR FURTHER INFORMATION CONTACT: Sheila Garrity, JD, MPH, MBA, Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 240, Rockville, MD 20852, (240) 453–8200.

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

Surangi (Suranji) Jayawardena, Ph.D., University of Alabama in Huntsville: Based on the report of an investigation conducted by UAH, an admission by Respondent, and additional analysis conducted by ORI in its oversight review, ORI found that Surangi (Suranji) Jayawardena, Ph.D., who was an Assistant Professor of Chemistry, UAH, engaged in research misconduct in grant applications submitted for PHS funds, specifically R21 AI154256, R21 AI152064, R21 AI149142, and R15 AI146978 submitted to NIAID, NIH.

ORI found that Respondent engaged in research misconduct by intentionally, knowingly, or recklessly falsifying and/or fabricating data in twelve (12) figure panels in the following four (4) NIH grant applications:

- R21 AI154256, ''Designing artificial glycoforms to inhibit binding of *Clostridioides difficile* flagellin to TLR5,'' submitted to NIAID, NIH, on October 16, 2019, withdrawn on November 5, 2019
- R21 AI152064, ''Multivalent glycoconjugates to inhibit binding of *Clostridioides difficile* flagella to TLR5,'' submitted to NIAID, NIH, on June 14, 2019, administratively withdrawn on November 1, 2021
- R21 AI149142, ''Rapid Low-cost Diagnostics Assay for Mycobacteria through Magnetic Concentration,'' submitted to NIAID, NIH, on February 15, 2019, administratively withdrawn on July 1, 2021
- R15 AI146978, ''BACTERIA HOMING–IN GLYCAN SENSING,'' submitted to NIAID, NIH, on October 25, 2018, administratively withdrawn on March 1, 2021