

stereological data collection was never performed for the questioned research.

The fabricated data, falsified methodology, and false claims based on fabricated and falsified data were reported in two NIEHS, NIH, grant applications, two publications, a poster, and a manuscript in preparation:

- R01 ES016277, "Development Pesticide Exposure: The Parkinson's Disease Phenotype" (Dr. Mona J. Thiruchelvam, Principal Investigator [P.I.]), submitted 1/26/2007 and funded.

- R01 ES015041, "Gender and the Parkinson's Disease Phenotype" (Dr. Mona J. Thiruchelvam, P.I.), submitted 12/19/05.

- Rodriguez, V.M., Thiruchelvam, M., & Cory-Slechta, D.A. "Sustained Exposure to the Widely Used Herbicide, Atrazine: Altered Function and Loss of Neurons in Brain Monamine Systems." *Environ Health Perspect.* 113(6):708–715, 2005 ("EHP paper").

- Thiruchelvam, M., Prokopenko, O., Cory-Slechta, D.A., Richfield, E.K., Buckley, B., & Mirochnitchenko, O. "Overexpression of Superoxide Dismutase or Glutathione Peroxidase Protects against the Paraquat + Maneb-induced Parkinson Disease Phenotype." *J. Biol. Chem.* 280(23):22530–22539, 2005 ("JBC paper").

- Harvey, K., Victor, A.I., Wang, Y., Kochar, Y., Cory-Slechta, D.A., & Thiruchelvam, M. "Gene Delivery of GDNF Impedes Progressive Neurodegeneration in Paraquat and Maneb Exposure Model of Parkinson's Disease." Poster presentation, *Neuroscience 2006* ("Neuroscience poster").

- Thiruchelvam, M., Kochar, Y., Mehta, H., Prokopenko, O., Cory-Slechta, D.A., Richfield, E.K., & Mirochnitchenko, O. "Mechanisms associated with gender difference in the paraquat and maneb animal model of Parkinson's disease, 2006 ("manuscript").

Specifically, ORI finds that the Respondent engaged in research misconduct by knowingly and intentionally:

- Falsifying and fabricating summary bar graphs and methodology for stereological cell counts in a murine model of Parkinson's disease, when the stereological counts were never performed;

- Copying and altering in multiple ways a single stereology ".dat" computer file generated on August 18, 2002, and renaming it to generate 293 data files representing counts for 13 new experiments that were never performed, by altering the files to make them unreadable and claiming that these files were from valid stereological cell count

experiments carried out at UMDNJ between 2004 and 2006;

- Falsifying a bar graph representing brain proteasomal activity, by selectively altering data for relative fluorescent unit (RFU) values to support the hypothesis that development of Parkinson's disease entails proteasomal dysfunction with a higher effect in males compared to females;

- By failing to perform stereological cell counts, the following figures of summary bar graphs, reported methodology, and related claims of the Respondent's JBC paper, EHP paper, a manuscript, a poster, and two grant applications were falsified:

- Figure 7B and the related text in R01 ES016277–01 and the *Neuroscience 2006* poster

- Figure 4 and the related text in R01 ES016277–01

- Figure 9 and the related text in R01 ES016277–01 and R01 ES015041

- Figure 3 and the related text in the JBC paper

- Figure 4 and the related text in the EHP paper

- Figure 5 and the related text in a manuscript in preparation

- By falsifying and selectively altering experimental data for relative fluorescent unit values of brain proteasomal activity, the summary bar graph in Figure 6 and the claim that combined exposure of the pesticides causes significant decreases in proteasomal activity with a higher effect in males than in females were falsified in NIH grant application R01 ES016277.

Dr. Thiruchelvam has entered into a Voluntary Exclusion Agreement (Agreement) and has voluntarily agreed for a period of seven (7) years, beginning on June 13, 2012:

(1) To exclude herself from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in nonprocurement programs of the United States Government referred to as "covered transactions" pursuant to HHS' Implementation (2 CFR part 376 *et seq*) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the "Debarment Regulations");

(2) To exclude herself from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(3) to request retraction of the following two papers:

- *Environ Health Perspect.* 113(6):708–715, 2005

- *J. Biol. Chem.* 280(23):22530–22539, 2005.

FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

John Dahlberg,

Director, Division of Investigative Oversight, Office of Research Integrity.

[FR Doc. 2012–15887 Filed 6–27–12; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the National Advisory Council for Healthcare Research and Quality

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

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, 5 U.S.C. App. 2, this notice announces a meeting of the National Advisory Council for Healthcare Research and Quality.

DATES: The meeting will be held on Friday, July 13, 2012, from 8:30 a.m. to 3:30 p.m.

ADDRESSES: The meeting will be held at the Eisenberg Conference Center, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850.

FOR FURTHER INFORMATION CONTACT:

Jaime Zimmerman, Coordinator of the Advisory Council, at the Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850, (301) 427–1456. For press-related information, please contact Alison Hunt at (301) 427–1244.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact the Food and Drug Administration (FDA) Office of Equal Employment Opportunity and Diversity Management on (301) 827–4840, no later than Friday, March 16, 2012. The agenda, roster, and minutes are available from Ms. Bonnie Campbell, Committee Management Officer, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850. Ms. Campbell's phone number is (301) 427–1554.

SUPPLEMENTARY INFORMATION:

I. Purpose

The National Advisory Council for Healthcare Research and Quality is

authorized by Section 941 of the Public Health Service Act, 42 U.S.C. 299c. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to AHRQ's conduct of its mission including providing guidance on (A) Priorities for health care research, (B) the field of health care research including training needs and information dissemination on health care quality and (C) the role of the Agency in light of private sector activity and opportunities for public private partnerships.

The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members specified in the authorizing legislation.

II. Agenda

On Friday, July 13, 2012, the Council meeting will convene at 8:30 a.m., with the call to order by the Council Chair and approval of previous Council summary notes. The AHRQ Director will present her update on current research, programs, and initiatives. Following the morning session, the Council will hold an Executive Session between the hours of 12 p.m. and 1:30 p.m. This Executive Session will be closed to the public in accordance with 5 U.S.C. App. 2, section 10(d) and 5 U.S.C. 552b(c)(9)(B). This portion of the meeting is likely to disclose information the premature disclosure of which would be likely to significantly frustrate implementation of a proposed agency action. The final agenda will be available on the AHRQ Web site at www.AHRQ.gov no later than Friday, June 29, 2012.

Dated: June 21, 2012.

Carolyn M. Clancy,
Director.

[FR Doc. 2012-15795 Filed 6-27-12; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC-2012-0008; NIOSH-251]

Request for Information: Collection and Use of Patient Work Information in the Clinical Setting: Electronic Health Records

AGENCY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease

Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for public comments.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) requests public comments to inform its approach in recommending the inclusion of work information in the electronic health record (EHR). NIOSH requests input on these issues (including answers to the three questions listed below). The instructions for submitting comments can be found at www.regulations.gov. Written comments submitted to the Docket will be used to inform NIOSH with its planning and activities in response to the 2011 letter report "Incorporating Occupational Information in Electronic Health Records" written by the Institute of Medicine (IOM) Committee on Occupation and Electronic Health Records.

DATES: Public Comment Period: Comments must be received by August 27, 2012. Comments should reference docket number CDC-2012-0008.

ADDRESSES: Written comments: You may submit comments by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS-C34, 4676 Columbia Parkway, Cincinnati, OH 45226.

Instructions: All submissions received must include the agency name and docket number. All relevant comments, including any personal information provided, will be posted without change to <http://www.regulations.gov>.

- *Email:* nioshdocket@cdc.gov.

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

NIOSH includes all comments received without change in the docket, including any personal information provided. All material submitted should reference docket number CDC-2012-0008 and must be submitted by August 27, 2012 to be considered by the Agency.

I. Background

Health care in the United States is undergoing a significant change as providers of health care transition from

paper-based records to electronic health records (EHRs). EHRs represent the potential for cost savings and other efficiencies and improvements in the way that information is used to inform health care. The Office of the National Coordinator (ONC) for Health Information Technology promotes a nationwide health information technology (HIT) infrastructure that allows for the electronic use and exchange of health information. More information on the ONC and on electronic health records can be found at <http://healthit.hhs.gov>.

NIOSH, along with other centers of CDC, works to promote and protect population health. Public health researchers and practitioners, including those promoting occupational public health, are working to ensure that public health goals are met through the use of EHRs. NIOSH is working to ensure that EHRs will contribute to improvements in individual and population health by meeting the need to support occupational considerations during clinical care and by enhancing public health professionals' understanding of work-related conditions so they can identify effective treatment and prevention strategies. Currently, systematic collection and recording of patient work information in the clinical setting is not widespread. Where work information is collected and recorded in the EHR, that information may not be standardized or converted to structured data (i.e., coded), thus limiting its utility for clinical decision making and public health surveillance. For example, standardized patient occupation and/or industry information could be linked to resources that provide clinical decision support, such as job-specific information about exposures and associated potential health problems, as well as information that would facilitate appropriate determination of return-to-work recommendations.

In 2011, at the request of NIOSH, the Institute of Medicine (IOM) of the National Academies of Science appointed a committee to examine the rationale and feasibility of incorporating occupational information in the EHR. The committee concluded that inclusion of occupational information in the EHR "could contribute to fully realizing the meaningful use of EHRs in improving individual and population health care". The Committee provided NIOSH with a set of ten recommendations, including "Recommendation 1: Conduct Demonstration Projects to Assess the Collection and Incorporation of Information on Occupation, Industry and Work-Relatedness in the EHR." The purpose of this Request for Information