

Integrity, 5515 Security Lane, Suite 700,  
Rockville, MD 20852.

Chris B. Pascal,

*Acting Director, Office of Research Integrity.*  
[FR Doc. 96-9388 Filed 4-16-96; 8:45 am]

BILLING CODE 4160-17-M

### Findings of Scientific Misconduct

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) has made final findings of scientific misconduct in the following case:

*Danya J. Vardi, Harvard Medical School:* Based on an investigation conducted by the institution as well as information obtained by ORI during its oversight review, ORI found that Danya J. Vardi, former Harvard Medical School Research Associate in Psychology in the Department of Psychiatry at the Massachusetts Mental Health Center and former part-time Research Assistant at the Cambridge Hospital, committed scientific misconduct. ORI found that Ms. Vardi fabricated subject responses regarding recall and recognition of words having an emotional valence in research supported by a Public Health Service (PHS) grant entitled "Psychophysiological study of child abuse imagery in adults" at the Manchester, New Hampshire VA Research Center.

Ms. Vardi has entered into a Voluntary Exclusion Agreement with ORI in which she has agreed to exclude herself voluntarily, for the three (3) year period beginning March 28, 1996, from:

- (1) contracting or subcontracting with any agency of the United States Government and from eligibility for, or involvement in, nonprocurement transactions (e.g., grants and cooperative agreements) of the United States Government, as defined in 45 CFR Part 76 (Debarment Regulations); and
- (2) 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.

The above voluntary exclusion, however, shall not apply to Ms. Vardi's future clinical training or practice whether as a student, resident, fellow, or licensed practitioner, as the case may be, unless that practice involves research or research training.

No scientific publications were required to be corrected as part of this Agreement.

**FOR FURTHER INFORMATION CONTACT:**  
Director, Division of Research  
Investigations, Office of Research

Integrity, 5515 Security Lane, Suite 700,  
Rockville, MD 20852.

Chris B. Pascal,

*Acting Director, Office of Research Integrity.*  
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### Health Care Financing Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Health Care Financing  
Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summaries of proposed collections 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.

**1. Type of Information Collection Request:** Revision of a currently approved collection; **Title of Information Collection:** Medicare Current Beneficiary Survey: Round-16; **Form No.:** HCFA-P-15A; **Use:** The Office of the Actuary, HCFA, proposes to supplement the questionnaire and sample for the September, 1996 Round-16 of the Medicare Current Beneficiary Survey (MCBS) to facilitate comparisons of the experiences of beneficiaries using managed care and those in the fee-for-service medical care delivery system. The MCBS, is a national survey of persons served by Medicare, used to support policy and research by measuring use and cost of services, sources of payment, insurance coverage, health status, access, satisfaction and other information; **Frequency:** Annually; **Affected Public:** Individuals and households; **Number of Respondents:** 1,900; **Total Annual Hours:** 1,900.

To obtain copies of the supporting statement and any related forms, E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports

Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 3, 1996.

Kathleen B. Larson,

*Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.*

[FR Doc. 96-9395 Filed 4-16-96; 8:45 am]

BILLING CODE 4120-03-P

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Health Care Financing  
Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collection for public comment. Interested persons are invited to send comments regarding the 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.

**Type of Information Collection Request:** Reinstatement, with change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Medicare Geographical Classification Review Board (MGCRB) Procedures and Criteria; **Form No.:** HCFA-R-138; **Use:** This regulation sets up an application process for prospective payment system hospitals who choose to appeal their geographic status to the Medicare Geographical Classification Review Board (MGCRB). This regulation also establishes procedural guidelines for the MGCRB. **Frequency:** Annually; **Affected**