Control and Prevention (CDC), and the Administrator, Agency for Toxic Substances and Disease Registry (ATSDR), regarding community, American Indian Tribes, and labor concerns pertaining to CDC's and ATSDR's public health activities and research at respective DOE sites. Activities shall focus on providing a forum for community, American Indian Tribal, and labor interaction and serve as a vehicle for community concern to be expressed as advice and recommendations to CDC and ATSDR. The Hanford Health Effects Subcommittee (HHES) was established to advise the ATSDR and CDC on human health studies and public health activities that the agencies may undertake to address human exposures to historical releases of hazardous materials from the Hanford Nuclear Reservation in eastern Washington State.

Nominiations are being sought to broaden the pool of available expertise, including the areas of occupational/environmental public health, social sciences/psychology, and science/health physics. Close attention will be given to minority and female representation so long as the effectiveness of the Subcommittee is not impaired.

Nominations for new members will be accepted by fax or written correspondence. Submissions must include the nominee's qualifications to serve, personal assets for working on the Subcommittee, and a current resume or curriculum vitae. The closing date for nominations is October 15, 1996.

Nominations should be sent to: Mr. James K. Carpenter, Executive Secretary, HHES, 1600 Clifton Road, NE, M/S E–28, Atlanta, Georgia 30333; Fax 404/639–0759, E-Mail jkc1@atsoaa1.em.cdc.gov.

Dated: September 18, 1996.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–24547 Filed 9–24–96; 8:45 am]

BILLING CODE 4163–70–M

Centers for Disease Control and Prevention

The National Center for HIV, STD, and TB Prevention (NCHSTP) of the Centers for Disease Control and Prevention (CDC) Announces the Following meeting

Name: Consultation on Partner Notification Program Policies in Disease Control Efforts Conducted by Public Health Programs in the United States.

Time and Date: 8 a.m.–5 p.m., October 17, 1996; 8 a.m.–1 p.m., October 18, 1996.

Place: Atlanta Marriott North Central, 2000 Century Boulevard NE, Atlanta, Georgia, 30345, telephone 404/325–0000, fax 404/325–4920.

Status: Open to the public for participation, comment, and observation, limited only by the space available. The meeting room accommodates approximately 65 people.

Purpose: To invite comment from recognized representatives of public health agencies and the public on proposed public health principles and practices of partners notification services used to control infectious diseases such as HIV and STD in the United States.

Currently CDC requires all health department recipients of HIV prevention funding to ''establish standards and implement procedures for partner notification consistent with State/local needs, priorities, and resources availability.'' Summarily, STD cooperative agreements also require grantees to have provisions for partner notification services.

Matters to be discussed: The panel of expert consultants will examine future directions in partner notification policy, practice and research for the purpose of disease control in the United States concerning HIV and STD.

Agenda items are subject to change as priorities dictate.

Contact person for more information: Jill Leslie, Division of HIV/AIDS Prevention, NCHSTP, CDC, M/S E40, 1600 Clifton Road, NE, Atlanta, Georgia 30303, telephone 404/639–2918.

Dated: September 19, 1996.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–24548 Filed 9–24–96; 8:45 am]

BILLING CODE 4163–18–M

Food and Drug Administration

[Docket No. 96N–0075]

Hance Brothers and White Co., et al.; Withdrawal of Approval of 16 Abbreviated Applications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is withdrawing 3 abbreviated antibiotic applications (AADA'S) and 13 abbreviated new drug applications (ANDA's). The basis for the withdrawals is that the sponsors have repeatedly failed to file required annual reports for these applications.

EFFECTIVE DATE: September 25, 1996.

FOR FURTHER INFORMATION CONTACT: Olivia A. Vieira, Center for Drug Evaluation and Research (HFD–7), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–1046.

SUPPLEMENTARY INFORMATION: The holders of approved applications to market new drugs or antibiotics for human use are required to submit annual reports to FDA concerning each of their approved applications in accordance with § 314.81 (21 CFR 314.81).

In the Federal Register of March 15, 1996 (61 FR 10768), FDA offered an opportunity for a hearing on a proposal to withdraw approval of 17 abbreviated applications because the firms had failed to submit the required annual reports for these applications.

One application holder, Superpharm Corp. notified the agency in writing that ANDA 89–184, Acetaminophen and Codeine Phosphate Tablets, is no longer marketed and requested that approval of the application be withdrawn. FDA withdrew approval of ANDA 89–184 in the Federal Register of August 5, 1996 (61 FR 40649).

The holders of the other 16 applications did not respond to the notice of opportunity for a hearing. Failure to file a written notice of participation and request for a hearing as required by 21 CFR 314.200 constitutes an election by the applicant not to make use of the opportunity for a hearing concerning the proposal to withdraw approval of the applications and a waiver of any contentions concerning the legal status of the drug products.

Therefore, the Director, Center for Drug Evaluation and Research, is withdrawing approval of the applications listed in the table in this document.

Application no.	Drug	Applicant
AADA 60–276	Neomycin and Polymyxin B Sulfates and Bacitracin Ointment	Hance Brothers and White Co.
AADA 60–422	Tetracycline Hydrochloride Tablets	Premo Pharmaceutical Laboratories, Inc.
AADA 62–362	Erythromycin Estolate Suspension, 250 milligrams (mg) per 5 milliliters (mL).	Life Laboratories, Inc.
ANDA 80–126	Isoniazid Tablets, 300 mg	Everylife.
ANDA 80–689	Cyanocobalamin Injection, USP, 30 micrograms (μg) per mL, 100 μg/mL, and 100 μg/mL.	Dell Laboratories, Inc.
ANDA 83–387	Lidocaine Hydrochloride Injection, USP, 1%	Do.
ANDA 83–388	Lidocaine Hydrochloride Injection, USP, 2%	Do.
ANDA 83–665	Vitamin A Capsules, USP	Wharton Laboratories.
ANDA 83–771	Pyridoxine Hydrochloride Injection, USP, 50 mg/mL	Dell Laboratories, Inc.
ANDA 83–772	Pyridoxine Hydrochloride Injection, USP, 100 mg/mL	Do.
ANDA 83–775	Thiamine Hydrochloride Injection, USP, 100 mg/mL	Do.
ANDA 86–519	Chlorpheniramine Maleate Tablets, USP, 4 mg	Newtron Pharmaceuticals, Inc.
ANDA 86–987	Brompheniramine Maleate Tablets, USP, 4 mg	Do.
ANDA 87–791	Fluorouracil Injection, 50 mg/mL	Marcher Laboratories, Ltd.
ANDA 88–871	Hydrocodone Bitartrate and Acetaminophen, 5 mg/500 mg	Abana Pharmaceuticals, Inc.
ANDA 89–538	Meprobamate Tablets, USP, 400 mg	K. M. Lee Laboratories.

The Director, Center for Drug Evaluation and Research, under section 505(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(e)), and under authority of 21 CFR 5.82, finds that the holders of the applications listed above have repeatedly failed to submit reports required by § 314.81. Therefore, under this finding, approval of the applications listed above, and all amendments and supplements thereto, is hereby withdrawn, effective September 25, 1996.

Dated: August 25, 1996.

Janet Woodcock,

Director, Center for Drug Evaluation and Research.

[FR Doc. 96–24610 Filed 9–24–96; 8:45 am]

BILLING CODE 4160–01–F

Pesticide Residue Monitoring Data Base for Fiscal Year 1995; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of Fiscal Year (FY) 1995 pesticide residue monitoring data on computer diskettes. This is the fourth annual comprehensive compilation and public release of FDA monitoring data for pesticide residues in foods. The agency is making the information available on computer diskettes to facilitate its dissemination to interested persons.

ADDRESSES: Pesticide residue monitoring data on computer diskettes may be ordered from the National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Rd., Springfield, VA 22161. Orders must reference NTIS order number PB96–503156 and include a payment of $50.00 for each copy of the data base. In addition, there is a handling fee of $4.00 for one copy of the data base, $6.00 for two copies, and $8.00 for three or more copies. Payment may be made by check, money order, charge card (American Express, VISA, or MasterCard), or by billing arrangements made with NTIS. Charge card orders must include the charge account number and expiration date. For telephone orders or further information on placing an order call NTIS at 703–487–4650.

FOR FURTHER INFORMATION CONTACT: Byron O. Bohannon, Center for Food Safety and Applied Nutrition (HFS–308), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–205–4152.

SUPPLEMENTARY INFORMATION: FDA is making available its FY 95 pesticide residue monitoring data as a set of three personal computer diskettes. The data base includes FDA pesticide monitoring coverage and findings for FY 95 by country/food product/pesticide combination. The data base is accompanied by a search program and report formats, written in dBase III+. Each year FDA receives numerous requests for these data. FDA has determined that it will facilitate dissemination of these data to interested persons if the agency provides for their general availability in a standardized diskette. A user's manual is provided that contains installation instructions and describes the structure and content of the data base.

Dated: September 19, 1996.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 96–24611 Filed 9–24–96; 8:45 am]

BILLING CODE 4160–01–F

Indian Health Service

Submission for OMB review; Comment Request, Indian Health Service Loan Repayment Program

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection activity was previously published in the Federal Register (61 FR 17903) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow 30 days for public comments to be submitted to the OMB. The IHS may not conduct or sponsor, and the respondent is not required to respond to any information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

PROPOSED COLLECTION: Title: Indian Health Service Loan Repayment Program (LRP). Type of Information Collection Request: A 3-year reinstatement with change of previously approved information collection 0917–0014, ''Indian Health Service Loan Repayment Program.'' Need and Use of Information Collection: The information is needed to identify and select qualified health professionals to fill priority health professional vacancies at IHS health care facilities. The information collected is used to: evaluate applicant eligibility; rank and prioritize applicants by specialty; assign applicants to IHS health care facilities; determine payment amounts and schedules for paying the lending institutions; and, to provide data and statistics for program management