operators of pay-per-call services and common carriers who provide telecommunication services to a provider of pay-per-call services.

Estimate of information collection burden: 3,241,200 total burden hours.

10. Title: The Care Labeling Rule, 16 CFR Part 423.

Control Number: 3084–0103.

Description of collection of information and proposed use: To assist consumers in making purchase decisions and in determining what method to use to clean their apparel, the Care Labeling Rule requires manufacturers and importers to attach a permanent care label to all covered textile clothing. Also, manufacturers and importers of piece goods used to make textile clothing must provide the same care information on the end of each bolt or roll of fabric.

Estimate of information collection burden: 3,985,000 total burden hours.

11. Title: Regulations under The Fair Packaging and Labeling Act, 15 U.S.C. 1450 (''FPLA'').

Control Number: 3084–0110.

Description of collection of information and proposed use: The FPLA was enacted to eliminate consumer deception concerning product size representations and package content information. The Regulations that implement the FPLA, 16 CFR 500, establish requirements for the manner and form of labeling applicable to manufacturers, packagers, and distributors of consumer commodities. Section 4 of the FPLA specifically requires packages or labels to be marked with: (1) a statement of identity, (2) a net quantity of contents disclosure, and (3) the name and place of business of a company that is responsible for the product.

Estimate of information collection burden: 12,000,000 total burden hours.

12. Title: The Fuel Rating Rule, 16 CFR Part 306.

Control Number: 3084–0068.

Description of collection of information and proposed use: The Fuel Rating Rule establishes standard procedures for determining, certifying and disclosing the octane rating of automotive gasoline and the automotive fuel rating of alternative liquid automotive fuel, as required by the Petroleum Marketing Practices Act, 15 U.S.C. 2822(a)–(c). The Rule also requires refiners, producers, importers, distributors and retailers to retain records of delivery tickets, letters of certification or tests upon which automotive fuel ratings are based.

Estimate of information collection burden: 43,000 total burden hours.

Date received by the Federal Register: November 1, 1996.

Donald S. Clark,

Secretary.

[FR Doc. 96–28523 Filed 11–5–96; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Settlement of Scientific Misconduct Allegations

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case of alleged scientific misconduct:

Gang Yuan, Fox Chase Cancer Center: The Office of Research Integrity (ORI) has entered into a Voluntary Exclusion Agreement with Mr. Gang Yuan, a former laboratory technician at the Fox Chase Cancer Center (FCCC). This agreement was based on information obtained by ORI during its oversight review of an investigation conducted by FCCC into allegations of scientific misconduct made against Mr. Yuan. ORI's oversight review focused on the issue of falsification of research results by the insertion of allegedly false data into a computer-based formula and then back-calculation to support the falsified results. The data at issue involved research supported by Public Health Service (PHS) grants and was included in a grant application submitted to the National Institute of General Medical Sciences (NIGMS) and in a manuscript submitted to but not published by the journal Biochemistry.

Although Mr. Yuan disagreed with the allegations and ORI's proposed administrative actions, to resolve the matter, Mr. Yuan has voluntarily agreed, for the two (2) year period beginning October 25, 1996, to voluntarily exclude himself from:

(1) any 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 C.F.R. 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.

FOR FURTHER INFORMATION CONTACT: Acting Director, Division of Research Investigations, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, 301 443–5330.

Chris B. Pascal,

Acting Director, Office of Research Integrity.

[FR Doc. 96–28579 Filed 11–5–96; 8:45 am]

BILLING CODE 4160–17–P

Centers for Disease Control and Prevention

[INFO–97–28]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. The National Home and Hospice Care Survey (NHHCS)—(0920–0298)—Revision—The National Home and Hospice Care Survey (NHHCS) was conducted in 1992, 1993, 1994 and 1996. It is part of the Long-Term Care component of the National Health Care Survey. Section 306 of the Public Health Service Act states that the National Center for Health Statistics ''shall collect statistics on health resources * * * [and] utilization of health care, including utilization of * * * services of hospitals, extended care facilities, home health agencies, and other institutions.'' NHHCS data are used to examine this most rapidly expanding

sector of the health care industry. Data from the NHHCS are widely used by the health care industry and policy makers for such diverse analyses as the need for various medical supplies; minority access to health care; and planning for the health care needs of the elderly. The NHHCS also reveals detailed information on utilization patterns, as needed to make accurate assessments of the need for and costs associated with such care. Data from earlier NHHCS collections have been used by the Congressional Budget Office, the Bureau of Health Professions, the Maryland Health Resources Planning Commission, the National Association for Home Care, and by several newspapers and journals. Additional uses are expected to be similar to the uses of the National Nursing Home Survey. NHHCS data cover: baseline data on the characteristics of hospices and home health agencies in relation to their patients and staff, Medicare and Medicaid certification, costs to patients, sources of payment, patients' functional status and diagnoses. Data collection is planned for the period July-October, 1997. Survey design is in process now. Sample selection and preparation of layout forms will precede the data collection by several months. The total cost to respondents is estimated at $172,500.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Agency Questionnaire	1,200	1	0.333	400
Current Patient Sampling List	1,200	1	0.333	400
Current Patient Questionnaire	1,200	6	0.25	1,800
Discharged Patient Sampling List	1,200	1	0.50	600
Discharged Patient Questionnaire	1,200	6	0.25	1,800
Total				5,000

2. Childhood Lead Poisoning Prevention Program Quarterly Report (0902–0282)—Extension—Lead poisoning is the most common and societally devastating environmental disease of young children in the United States. Severe lead exposure can cause coma, convulsions, and even death. Lower levels of lead, which rarely cause symptoms, can result in decreased intelligence, developmental disabilities, and behavioral disturbances. State and community health agencies are the principal delivery points for childhood lead screening and related medical and environmental management activities. In FY 1996, CDC awarded 40 grants to fund childhood lead poisoning prevention programs. The primary purpose of these grants is for the initiation or expansion of state- and community-based childhood lead poisoning prevention programs that do the following: (1) screen infants and children for elevated blood lead levels, (2) assure referral for treatment of, and environmental intervention for, infants and children with elevated blood lead levels, and (3) to provide education about childhood lead poisoning. The purpose of the quarterly report is to report data collected by CDC's grantees. The report consists of narrative and data sections. The purpose of the narrative section is to provide the following: (1) highlights of quarterly activities, (2) discuss issues and activities that have significant impact on the program, (3) list objectives and discuss progress towards meeting those objectives. The purpose of the data section is to provide the following: (1) screening and case confirmation activities, (2) environmental inspection and hazard remediation activities, and (3) medical case management activities. The total cost to the respondents is $0.00.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Grantees	40	4	2	320

3. Validation of Self-Reported Health Outcomes from the Health Assessment of Persian Gulf War Veterans From Iowa—Extension with change—The purpose of this proposed study is to collect additional data to validate health outcomes reported by participants in the Health Assessment of Persian Gulf War Veterans From Iowa. The original data collection consisted of a telephone survey of 3,695 military personnel who served during the time of the Persian Gulf War and listed Iowa as their home of residence. Data will be collected from subjects who participated in the telephone survey to validate the self-report of four health outcomes: cognitive dysfunction, depression, asthma, and multi systemic conditions. Neuropsychological testing will be administered to validate cognitive dysfunction. Structured clinical interviews for mental disorders and paper-and-pencil questionnaires will be administered to validate depression. Lung function assessment, tests of airways hyperactivity, and standard respiratory health questionnaires will be administered to validate asthma. Review of medical records, standard physical examination, and laboratory evaluation will be conducted to validate multi systemic conditions, including chronic fatigue syndrome and fibromyalgia. In addition, a feasibility study will be conducted to explore the usefulness of two databases established by the Department of Defense, the Troop Exposure Assessment Model and the Registry of Unit Locations, to validate self-reported exposures among Persian Gulf War veterans who participated in the Iowa telephone survey. The total cost to the respondents is $0.00.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Case Validation of Cognitive Dysfunction				
PGW Exposed Veterans with self- reported symptoms of Cognitive Dysfunction. Full neuropsychological exam	100	1	4.0	400
Non-PGW Veterans with self-reported symptoms of Cognitive Dysfunction. Full neuropsychological exam.	100	1	4.0	400
Normal Controls (PGW/Non-PGW Veterans denying symptoms of Cognitive Dysfunction). Cognitive testing	100	1	2.0	200
Total				1000
Case Validation for Asthma				
PGW Exposed and Non-PGW Veterans self-reporting asthma. Questionnaire (ATS and Adult Respiratory Health); Pulmonary Function Tests (spirometry, DLCO, lung volumes); Histamine Challenge	50	1	2.25	112.5
Normal Controls. (PGW/Non-PGW Vets denying symptoms of asthma). Questionnaire (ATS and Adult Respiratory Health); Pulmonary Function Tests (spirometry, DLCO, lung volumes); Histamine Challenge	50	1	2.25	112.5
Total				225
Case Validation of Depression				
PGW Exposed Veterans reporting ''any type of depression.'' Questionnaire (Structured Clinical Interview and Family History-Research Diagnostic Criteria)	50	1	3.0	150
Non-PGW Exposed Veterans reporting ''any type of depression.'' Questionnaire (Structured Clinical Interview and Family History-Research Diagnostic Criteria)	50	1	3.0	150
Total				300
Validation of Multi-Systemic Illnesses				
PGW Exposed and Non-PGW Veterans reporting symptoms of chronic fatigue, fibromyalgia, and/or multiple chemical sensitivity. Iowa Persian Gulf Study Questionnaire; Physical exam	243	1	3.0	729
Normal Control (PGW/Non-PGW Veterans denying symptoms of chronic fatigue, fibromyalgia, and/or multiple chemical sensitivity). Iowa Persian Gulf Study Questionnaire; Physical exam	116	1	3.0	348
Total				1077

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–28502 Filed 11–5–96; 8:45 am]

BILLING CODE 4163–10–P

[30–DAY–22]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

The following requests have been submitted for review since the last publication date on October 17, 1996.

Proposed Project

1. Tuberculosis in Children—New—The Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Surveillance Epidemiologic Investigations Branch will be conducting a study for the purpose of performing research concerning the epidemiology of TB in children, including children co-infected with the human immunodeficiency virus (HIV). The study will involve the following modules: (1) The epidemiology, magnitude and risk factors for TB in children, including HIV-infected children; (2) studies of the diagnosis of TB in children, and (3) reducing the risk of nosocomial transmission of TB in pediatric settings.

Respondents	Number of respondents	Number of responses/respondent	Avgerage burden/response (in hrs.)
Positive Tuberculin Skin Testing Form	100	1	0.33
Negative Tuberculin Skin Testing Form	200	1	0.33
Source Case Form	150	1	0.33