used and/or commonly computer-generated. We will identify those data elements which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements.

Summary

With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following data elements must appear on the electronic version of the following form:

ELECTRONIC ELEMENTS FOR OF 523B

Item	Placement*
Text:	
Title Authorization For Tissue Donation	Top of form.
Form ID: Optional Form 523B (12–94)	Bottom right corner of form.
Data Entry Fields:	
Name of Hospital.	
Location of Hospital.	
Date of Authorization.	
Name of Deceased.	
Tissue Bank (Name of Hospital).	
Specify Tissue.	
Signature of Witness.	
Full Address of Witness.	
Signature of Person Authorized to Consent.	
Full Address of Person Authorized to Consent.	
Authority to Consent.	
Patient's Name (last, first, middle)	Bottom left corner of form.
Patient's ID No. or SSN.	
Hospital or medical facility.	
Register No..	
Ward No..	

*If no placement indicated, items can appear anywhere on the form.

FOR FURTHER INFORMATION CONTACT: CDR Patricia Buss, MC USN; (202) 762–3131.

Dated: May 13, 1997.

CDR Patricia Buss, MC, USN,

Chairperson, Interagency Committee on Medical Records.

[FR Doc. 97–13090 Filed 5–19–97; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–97–11]

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. National Inventory of Clinical Laboratory Testing Services (NICLTS)—New—This is a new data collection. CDC proposes to gather data through the use of a mail/telephone-assisted survey of a statistical sample of waived and provider performance microscopy (PPM) certified laboratories. The use of a mail/telephone survey instrument will be a cost-effective approach for performing the inventory of clinical laboratory testing services by analytes, test systems, specimen types and test volume in laboratories with limited menus such as waived and PPM facilities.

The data collected in this study will provide the government, policy makers, practitioners and researchers with national estimates of analytes, test systems, and test volumes being performed in each of the ten defined regions in the United States in waived and PPM laboratories.

This baseline survey will be analyzed and used by CDC in: (1) responding to questions concerning the impact of both regulatory and non-regulatory changes in the delivery of clinical laboratory medicine to Congress, DHHS, and the public; (2) allowing the government to track changes in public access to clinical laboratory testing and to determine what and where tests are available; (3) predicting the impact of proposed regulatory changes on laboratory services, the government can respond to requests for information from a position of more complete knowledge and understanding than the partial information currently available; and (4) monitoring the changes in laboratory

testing as our health care delivery systems moves toward managed care. The cost to the respondents is $0.

Respondents	No. of respondents	No. of responses/respondent (in hrs.)	Total burden (in hrs.)
PPM Certified Laboratories	1,178	1	1
Total			1,178

Dated: May 14, 1997.

Wilma G. Johnson,

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

[FR Doc. 97–13142 Filed 5–19–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 96N–0402]

Agency Information Collection Activities; Announcement of OMB Approval

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled, ''Blood Establishment and Product Listing,'' has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. This document announces the OMB approval number.

FOR FURTHER INFORMATION CONTACT: Margaret R. Wolff, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, rm. 16B–19, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of March 13, 1997 (62 FR 11898), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under section 3507 of the Paperwork Reduction Act of 1995 (44 U.S.C. 3507). OMB has now approved the information collection and has assigned OMB control number 0910–0052. The approval expires on April 30, 2000. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Dated: May 13, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–13152 Filed 5–19–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of June, 1997.

Name: Advisory Commission on Childhood Vaccines (ACCV).

Date and Time: June 11, 1997; 9 a.m.—5 p.m.; June 12, 1997; 9 a.m.—12 noon.

Place: Parklawn Building, Conference Room G, 5600 Fishers Lane, Rockville, Maryland 20857.

The meeting is open to the public.

The full Commission will meet on Wednesday, June 11 from 9 a.m. to 5 p.m. and Thursday, June 12 from 9 a.m. to 12 noon.

Agenda: Agenda items will include, but not be limited to: a report from the ACCV Subcommittee on Vaccine Safety, a review of section 314 activities and an update on new vaccines for licensure, and routine Program reports.

Public comment will be permitted before lunch and at the end of the Commission meeting on June 11, and before adjournment of the meeting on June 12. Oral presentations will be limited to 5 minutes per public speaker.

Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to: Ms. Melissa Palmer, Principal Staff Liaison, Division of Vaccine Injury Compensation, Bureau of Health Professions, Health Resources and Services Administration, Room 8A–35, 5600 Fishers Lane, Rockville, MD 20857, Telephone (301) 443–6593. Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. The Division of Vaccine Injury Compensation Program will notify each presenter by mail or telephone of their assigned presentation time. Persons who do not file an advance request for presentation, but desire to make an oral statement, may sign-up in Conference Room G on June 11–12. These persons will be allocated time as time permits.

Anyone requiring information regarding the Commission should contact Ms. Palmer.

Agenda Items are subject to change as priorities dictate.

Dated: May 14, 1997.

J. Henry Montes,

Director, Office of Policy and Information Coordination, Health Resources and Services Administration.

[FR Doc. 97–13154 Filed 5–19–97; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) as most recently amended at 60 FR 56605, November 6, 1995 and the Office of the Administrator as last amended (61 FR 65062–65 dated December 10, 1996). This notice is to revise the functional statement for the Office of the Administrator. We are also announcing several significant administrative actions: Three centers will operate from the Immediate Office of the Administrator: the Center for Managed Care, the Center for Quality, and the Center for Public Health Practice. In addition, to further strengthen certain important aspects of the Agency's activities, three senior advisors will report to the Administrator: Senior Advisor for International Health, Senior Advisor for Special Initiatives, and Senior Advisor for Women's Health. Although not part of the formal