To Be Placed at the End of the Document as a Tear-Out Page

Questions to Ask About Genetic Testing

Below are some questions you can ask yourself and your healthcare provider as you consider genetic testing. Many of these same questions could be asked about any medical test. There may not be answers to all of these questions and some of the answers may change as our knowledge about genetic testing grows.

Questions to Ask Yourself

- ☐ Do I know what type of genetic test is being offered?
- ☐ Will the test results be helpful to me? Do I want to know this information?
- ☐ What might I do differently if I have the results?
  - ☐ Will I make changes in my healthcare based on the results?
  - ☐ Will I make changes in my life decisions (e.g. children, finances, career choice) based on the results?
- ☐ Is this a good time in my life for me to have the genetic test?
- ☐ What will my reactions be when receiving the genetic test results?
- ☐ Do I have the support that I may need or people who I can talk to, if needed?
- ☐ Have I given myself enough time to explore these issues?
- ☐ Do I have all the information I need to make a decision about genetic testing? Have all my questions been answered?

Questions to Ask Your Healthcare Provider

- ☐ *Specific genetic test and purpose:* What genetic test(s) will be done? What is the purpose of doing the genetic test? Why is the genetic test recommended?
- ☐ *Test accuracy & limitations:* How accurate is the genetic test? What are the limitations of the genetic test? How well does the test diagnose or predict the medical condition? Does the laboratory where the test will be performed have the appropriate certification?
- ☐ *Benefits & risks:* What are the benefits and risks of being tested? Of not being tested?
- ☐ *Result interpretation:* What are the possible test outcomes and what will the results mean?
- ☐ *Communication of results:* When can I expect to receive my test results? How will results be communicated to me?
- ☐ *Medical care:* What are the signs and symptoms of this condition? Are there medical treatments or preventive options available for the condition? Would options change depending on the test results? What would my options be if I decide not to be tested?
- ☐ *Insurance issues:* What is the cost of the genetic test(s)? Will my insurance cover the cost? Will the results of genetic testing affect my insurance rates, coverage or my ability to obtain insurance?
- ☐ *Confidentiality of test results:* Who will have access to my test results? Will the results be kept confidential?
- ☐ *Family issues:* What will my test results mean for other family members? Should other family members consider genetic testing? What should I tell my family members?
- ☐ *Sample issues:* Will part of my sample be left over from the test and, if so, what will happen to it?

Genetic Testing—It Should Be Your Decision

This brochure has provided some basic information about genetic testing. We hope it will be helpful if you have to make decisions about genetic testing. Some people may decide to have a genetic test because they feel the information would be important for their healthcare and/or life decisions. Others may decide not to have a genetic test because they feel that the risks outweigh the benefits of having the information, they feel their decisions would be no different, or they prefer not to know. The decision to have a genetic test is yours to make. It's your genetic information, and it's your choice.

Dated: March 18, 2002.

Sarah Carr,

Executive Secretary, SACGT.

[FR Doc. 02–7056 Filed 3–22–02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Agricultural Health Study (A Prospective Cohort Study of Cancer and Other Diseases Among Men and Women in Agriculture)—Validation Sub-Study, on Rheumatoid Arthritis

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on Tuesday, October 23, 2001, pages 53618–53619 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an 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: Agricultural Health Study (A Prospective Cohort Study of Cancer and Other Diseases Among Men and Women in Agriculture)—validation sub-study on Rheumatoid Arthritis.

Type of Information Collection Request: Revision of a currently approved collection (0925–0406, expiration 11/31/03).

Need and Use of Information Collection: The Agricultural Health Study is an ongoing prospective cohort study of 89,189 farmers, their spouses, and commercial applicators of pesticides from Iowa and North Carolina. The proposed collection of additional information is intended to assess the validity of self-reported Rheumatoid Arthritis (RA) in the Agricultural Health Study (AHS) within small subgroups of individuals. The collection is intended to identify confirmed cases of RA to include in etiologic analyses of farming exposures and RA; evaluate the efficacy of certain questions or sets of questions for screening out false-positives for self-reported RA and identify subgroups to target for future etiologic studies of RA, based on a relatively high prevalence of RA and the feasibility of disease confirmation.

Frequency of Response: Single time reporting.

Affected Public: Individuals or households, Farms.

Type of Respondents: Private pesticide applicators and their spouses. The annual reporting burden is as follows:

Estimated Number of Respondents: 11,373..

Estimated Number of Responses per Respondent: 2.2;

Average Burden Hours Per Response: 1.18.

Estimated Total Annual Burden Hours Requested: 13,433.

The annualized cost to respondents is estimated at: $138,045. There are no Capital Costs to report. There are no

Operating or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB

Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Michael C.R. Alavanja, Dr. P.H., Division of Epidemiology and Genetics, National Cancer Institute, Executive Plaza South, Suite 8000, 6120 Executive Boulevard, Rockville, MD 20852, or call non-toll free (301) 435–4720, or E-mail your request, including your address to: *alavanjam@mail.nih.gov*

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: March 15, 2002.

Reesa Nichols,

NCI Project Clearance Liaison.

[FR Doc. 02–7055 Filed 3–22–02; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Director's Council of Public Representatives.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: Director's Council of Public Representatives.

Date: April 15, 2002.

Time: 8:30 a.m. to 4:30 p.m.

Agenda: Among the topics proposed for discussion are: (1) The NIH Response to COPR's October Report on Human Research Protections; (2) Health Disparities; and (3) Research in Environmental Health Sciences by Dr. Kenneth Olden, Director, NIEHS.

Place: National Institutes of Health, 9000 Rockville Pike, Building 31, Conference Room 10, Bethesda, MD 20892.

Contact Person: Jennifer E. Gorman, NIH Public Liaison/COPR Coordinator, Office of Communications and Public Liaison, Office of the Director, National Institutes of Health 9000 Rockville Pike, Building 1, Room 344, Bethesda, MD 20892, (301) 435–4448, *gorman@od.nih.gov.*

In the interest of security. NIH has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

Information is also available on the Institute's/Center home page: *www.nih.gov/about/publicliaison/index.html,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.14, Intramural Research Training Award; 93.187, Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds; 93.22, Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds; 93.232, Loan Repayment Program for Research Generally; 93.39, Academic Research Enhancement Award; 93.936, NIH Acquired Immunodeficiency Syndrome Research Loan Repayment Program, National Institutes of Health, HHS)

Dated: March 14, 2002.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 02–7051 Filed 3–22–02; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Special Emphasis Panel

Date: March 27, 2002.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate contract proposals.

Place: Pooks Hill Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Contact Person: C Michael Kerwin, PhD, Scientific Review Administrator, Special Review and Resources Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6116 Executive Boulevard, Room 8039, Rockville, MD 20892–7405, 301–496–7421.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: March 14, 2002.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 02–7050 Filed 3–22–02; 8:45 am]

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