Customer	Number of respondents	Frequency of response	Average time per response	Annual hour burden
FY 2011				
Clinical Center Patients	5000	1	.5	2500
Family Members of Patients	3000	1	.5	1500
Visitors to the Clinical Center	1500	1	.17	255
NIH Intramural Collaborators	1500	1	.25	375
Vendors and Collaborating Commercial Enterprises	1000	1	.25	250
Professionals and Organizations Referring Patients	3000	1	.33	1000
Regulators	30	1	.33	10
Volunteers	275	1	.33	92
Total	15,305			5,982
FY 2012				
Clinical Center Patients	5000	1	.5	2500
Family Members of Patients	2000	1	.5	1000
Visitors to the Clinical Center	1000	1	.17	170
NIH Intramural Collaborators	1000	1	.17	170
Vendors and Collaborating Commercial Enterprises	2500	1	.25	625
Professionals and Organizations Referring Patients	3000	1	.33	1000
Regulators	25	1	.25	6
Volunteers	300	1	.25	75
Total	14,825			5,546

Estimated costs to the respondents consists of their time; time is estimated using a rate of $10.00 per hour for patients and the public; $30.00 for vendors, regulators, organizations and $55.00 for health care professionals. The estimated annual costs to respondents for each year for which the generic clearance is requested is $127,885 for 2010, $126,895 for 2011, and $120,730 for 2012. Estimated Capital Costs are $7,000. Estimated Operating and Maintenance costs are $75,000.

Requests 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 functions of the Clinical Center and the agency, including whether the information shall 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 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, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, *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: Dr. David K. Henderson, Deputy Director for Clinical Care, National Institutes of Health Clinical Center, Building 10, Room 6–1480, 10 Center Drive, Bethesda, Maryland 20892, or call non-toll free: 301–496–3515, or e-mail your request or comments, including your address to: *dkh@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: November 22, 2010.

David K. Henderson,

Deputy Director for Clinical Care, CC, National Institutes of Health.

[FR Doc. 2010–29953 Filed 11–26–10; 8:45 am]

BILLING CODE 4140–01–P

HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Environmental Health Sciences; Notification of Request for Emergency Clearance; GuLF Study: Gulf Long-term Follow-up Study for Oil Spill Clean-Up Workers and Volunteers

In accordance with Section 3507(j) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) hereby publishes notification of request for Emergency Clearance for the information collection related to the GuLF Study: Gulf Long-term Follow-up Study for Oil Spill Clean-Up Workers and Volunteers.

This information collection is essential to the mission of NIEHS (42 U.S.C. 285l), which is to conduct and support research, training, health information dissemination, and other programs with respect to factors in the environment that affect human health, directly or indirectly. Through this mission, the NIEHS has a mandate to study the environmental impact on individuals of natural and man-made catastrophes and the long term health effects of these incidents. The Deepwater Horizon disaster, with its release of approximately 5 million barrels (~ 680,000 tons) of crude oil into the Gulf of Mexico, represents the largest oil spill in U.S. history. Given the magnitude of this spill and the scope of the potential exposures—over 100,000 persons have completed safety training in preparation for participation

in clean-up activities related to the spill—study of the human health effects of this spill is urgently needed to monitor gulf clean-up workers and to understand the adverse consequences of oil spills in general.

Close ongoing community engagement will enhance scientific validity of the study, make it more broadly relevant from a public health perspective, and expand its benefits to the affected communities. We have established contacts with community organizations, representative worker organizations, advocacy groups, and State and local governments to identify the primary health issues of concern locally and to discuss study implementation issues across the five State area. Further, we will identify Community Outreach Coordinators to organize and implement outreach activities in each of the Gulf States. In addition to the continuing efforts with public health and community group representatives, we have been conducting and will continue webinars, dockside chats, and phone and in-person briefings with key stakeholder groups and health departments.

NIEHS cannot reasonably comply with the normal clearance procedures to initiate this information collection, because the use of normal procedures will delay the collection and hinder the agency in accomplishing its mission, to the detriment of the public good. Compelling reason exists to collect the required information at the earliest opportunity in order to capture information that may be lost with passage of time and to initiate contact with the workers and populations exposed to the effects of the spill.

The information to be obtained by this survey will provide the NIEHS, the U.S. government and the private sector with information on potential short- and long-term human health effects associated with clean-up and disposal activities surrounding the Deepwater Horizon oil spill in the Gulf of Mexico. Health areas of interest include, but are not limited to, respiratory, cardiovascular, hematologic, dermatologic, neurologic, cancer, reproductive, mental health, substance abuse, immunologic, hepatic, and renal effects. The study will investigate biomarkers of potentially adverse biological effect, including DNA damage, aberrant epigenetic profiles, and alterations in gene expression, some of which have been observed in previous studies of oil spill clean-up workers. The study will create a resource for additional collaborative research on specific scientific hypotheses or on subgroups of interest, and work with external scientists to facilitate nested sub-studies within the existing cohort to examine outcomes and exposure subgroups of interest; and create a resource to better understand the short and long-term human health effects of oil and oil dispersants in the environment.

Proposed Collection: Title: GuLF Study: Gulf Long-term Follow-up Study for Oil Spill Clean-Up Workers and Volunteers. *Type of Information Collection Request:* Emergency. *Need and Use of Information Collection:* The purpose of the GuLF Study is to investigate potential short- and long-term health effects associated with oil spill clean-up activities and exposures surrounding the Deepwater Horizon disaster; and to create a resource for additional collaborative research on focused hypotheses or subgroups. Over 55,000 persons participating in oil-spill clean-up activities have been exposed to a range of known and suspected toxins in crude oil, burning oil, and dispersants, to excessive heat, and possibly to stress due to widespread economic and lifestyle disruption. Exposures range from negligible to potentially significant, however, potential long-term human health consequences are largely unknown due to insufficient research in this area. Participants will be recruited from across job/exposure groups of primarily English, Spanish, or Vietnamese speaking adults (accommodations for other languages developed as appropriate) who performed oil-spill clean-up-related work ("exposed") and similar persons who did not ("unexposed" controls), and followed in either an *Active Follow-up Cohort* (N~27,000) or a *Passive Follow-up Cohort* (N~28,000). Exposures will be estimated using detailed job-exposure matrices developed from data from monitoring performed by different agencies and organizations during the crisis, information obtained by interview, and the available scientific literature. We will investigate acute health effects among all cohort members via self-report from the enrollment interview, and via clinical measures and biological samples from Active Follow-up Cohort members only. All cohort members will be followed for development of a range of health outcomes through record linkage (*e.g.,* cancer, mortality) and possibly through linkage with routinely collected health surveillance data (collected by health departments and the CDC) or with electronic medical records. Recruitment of subjects should begin in late 2010, with telephone interviews and the baseline home visits conducted within 18 months.

Frequency of Response: Participation will include one enrollment telephone interview (0.5 hr); collection of biological and environmental samples, basic clinical measurements, and GPS coordinates (2.75 hr) from the Active Follow-up Cohort only; annual contact information update (0.25; Active and Passive) or biennial follow-up telephone or Web interviews (0.5 hr; Active only) for 10 years or more. We also anticipate screening 25,000 ineligible respondents. *Affected Public:* Individuals or households. *Type of Respondents:* Workers involved in Deepwater Horizon disaster clean-up, and similar individuals not involved in clean-up effort. The annual reporting burden is as follows: *Estimated Number of Respondents:* Active Follow-up Cohort (N~27,000) and Passive Follow-up Cohort (N~28,000). *Estimated Number of Responses per Respondent: See* table.

Activity (3-yrs)	Estimated number of respondents	Estimated responses per respondent	Burden hours per response	Total burden hours per respondent	Estimated total burden hours
Ineligible respondents	25,000	1	0.25	0.25	6,250
Enrollment interview (All)	55,000	1	0.50	0.50	27,500
Home Visit (Active)	27,000	1	2.75	2.75	74,250
Annual Contact Info Update (Passive)	28,000	3	0.25	0.75	21,000
Annual Contact Info Update (Active)	27,000	2	0.25	0.50	13,500
Biennial interview (Active)	27,000	1	0.50	0.50	13,500
Passive Cohort Total responses & hrs		4		1.25	
Active Cohort Total responses & hrs		5		4.25	
Total responses & avg hrs per response		9		0.58	156,000
Average per year					52,000

Average Burden Hours per Response: 0.58 hour; and *Estimated Total Burden Hours Requested:* 156,000 (over 3 years). The average annual burden hours requested is 52,000. The annualized cost to respondents is estimated at $11.60 (assuming $20 hourly wage × 0.58 hour). 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 should address one or more of the following points: (1) Evaluate 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) Evaluate 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) Enhance the quality, utility, and clarity of the information to be collected; and (4) 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: Dr. Dale P. Sandler, Chief, Epidemiology Branch, NIEHS, Rall Building A3–05, PO Box 12233, Research Triangle Park, NC 27709; non-toll-free number 919–541–4668 or E-mail *sandler@niehs.nih.gov.* Include your address.

By publication of this request of this request for emergency review, the NIEHS is requesting the approval for this collection. In view of the urgent public priority to initiate the study at the earliest opportunity in the wake of a public emergency, NIEHS requests that the collection of information be approved within 14 days of the publication of the **Federal Register** notice. This will allow sufficient time for public comment.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 10 days of the date of this publication.

Dated: November 18, 2010.

W. Christopher Long,

NIEHS, Acting Associate Director for Management, National Institutes of Health.

[FR Doc. 2010–29944 Filed 11–26–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Cancer Advisory Board, December 7, 2010, 9 a.m. to December 7, 2010, 5:30 p.m., National Institutes of Health, Building 31, 31 Center Drive, Bethesda, MD 20892 which was published in the **Federal Register** on November 8, 2010, 75 FR 68611.

This notice is amending the start and end times of the closed session from 4:30 p.m.–5:30 p.m. to 4:15 p.m. to 5 p.m. The adjournment time of this meeting has also been changed from 5:30 p.m. to 5 p.m.

Dated: November 22, 2010.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010–29950 Filed 11–26–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

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

The meetings 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 grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel, Member Conflict: BMIT/CMIP/MEDI Imaging Applications.

Date: December 17, 2010.

Time: 1 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892. (Telephone Conference Call).

Contact Person: Dharam S. Dhindsa, DVM, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5110, MSC 7854, Bethesda, MD 20892. (301) 435–1174. *dhindsad@csr.nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel, Topics in Microbiology.

Date: December 28–29, 2010.

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

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892. (Virtual Meeting).

Contact Person: Fouad A. El-Zaatari, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3206, MSC 7808, Bethesda, MD 20814–9692. (301) 435–1149. *elzaataf@csr.nih.gov.*

Name of Committee: Risk, Prevention and Health Behavior Integrated Review Group, Psychosocial Risk and Disease Prevention Study Section.

Date: January 27–28, 2011.

Time: 8 a.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: Serrano Hotel, 405 Taylor Street, San Francisco, CA 94102.

*Contact Person:*Stacey FitzSimmons, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3114, MSC 7808, Bethesda, MD 20892. 301–451–9956. *fitzsimmonss@csr.nih.gov.*

Name of Committee: Oncology 2—Translational Clinical Integrated Review Group, Developmental Therapeutics Study Section.

Date: January 27–28, 2011.

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

Agenda: To review and evaluate grant applications.

Place: Hilton Alexandria Old Town, 1767 King Street, Alexandria, VA 22314.

Contact Person: Sharon K. Gubanich, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6214, MSC 7804, Bethesda, MD 20892. (301) 408–9512. *gubanics@csr.nih.gov.*

Name of Committee: Brain Disorders and Clinical Neuroscience Integrated Review Group, Acute Neural Injury and Epilepsy Study Section.

Date: January 27–28, 2011.

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

Agenda: To review and evaluate grant applications.

Place: Fairmont San Francisco, 950 Mason Street, San Francisco, CA 94108.

Contact Person: Seetha Bhagavan, PhD, Scientific Review Officer, Center for