Rockville, MD 20850, Fax: 301.427.1597, E-mail: *tmiller@ahrg.gov*.

FOR FURTHER INFORMATION CONTACT: Therese Miller at *tmiller@ahrq.gov* or Gloria Washington at *gwashing@ahrq.gov*.

Arrangement For Public Inspection: All nominations will be available for public inspections by appointment at the Center for Primary Care, Prevention & Clinical Partnerships, 301.427.1500, weekdays between 10 a.m. and 5 p.m. (eastern time).

SUPPLEMENTARY INFORMATION:

Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness and effectiveness of health care services and access to such services. AHRQ accomplishes these goals through scientific research and promotion of improvements in clinical practice, including prevention of diseases and other health conditions and improvements in the organization, financing and delivery of health care services (42 U.S.C. 299–299c–7 as amended by Pub. L. 106–129 (1999)).

The United States Preventive Services Task Force (USPSTF) is an independent expert panel, first established in 1984 under the auspices of the U.S. Public Health Service. Currently, under AHRQ's authorizing legislation noted above, the Director of AHRQ is responsible for convening the USPSTF to be composed of individuals with appropriate expertise. The mission of the Task Force is to rigorously evaluate the effectiveness of critical preventive services and to formulate recommendations for primary care clinicians regarding the appropriate provision of preventive services. The USPSTF transitioned to a standing Task Force in 2001. Current Task Force recommendations and associated evidence reviews are available at *http://www.preventiveservices.ahrq.gov*.

Topic Nomination Solicitation

The purpose of this solicitation for new topics by AHRQ and the USPSTF is to create a balanced portfolio of relevant topics for the current Task Force library. The library is based on populations, types of services (screening, counseling, preventive medications), and disease types (cancer; heart and vascular disease; injury and violence-related disorders; infectious diseases; mental disorders and substance abuse; metabolic, nutritional and endocrine diseases; musculoskeletal conditions; obstetric and gynecological conditions; pediatric disorders; and, vision and hearing disorders). Selection of suggested topics will be made on the basis of qualifications of nominations as outlined above (see basic topic nomination requirements) and the current expertise of the USPSTF.

U.S. Preventive Services Task Force

	Type of preventive service
Topics Currently Under Review:	
Additional Risk Factors for Intermediate CHD Risk.	S
Aspirin Primary Prevention of CHD.	PM
Aspirin Prophylaxis in Pregnancy.	PM
Aspirin/NSAIDs to prevent Colorectal Cancer.	PM
Bacterial Vaginosis in Pregnancy.	S
Breast Cancer	S/PM
Carotid Artery Stenosis	S
Chlamydial Infection	S
Colorectal Cancer	S
Depression in Adults	S
Drug Misuse	S
Dyslipidemia in Adults and Children.	S
Gestational Diabetes Mellitus	S
Hearing Impairment in Elderly	S
Hearing Impairment Newborn	S
Hemochromatosis	S
Hip Dysplasia	S
HIV & Other Sexually Transmitted Diseases.	C
Iron Deficiency Anemia, including iron prophylaxis.	S
Lead Levels in Childhood & Pregnancy.	S
Motor Vehicle Occupant Injuries.	C
Obesity in Adults	S/C
Osteoporosis to prevent Fractures.	S
Skin Cancer	S/C
Speech & Language Delay	S
Thyroid Cancer	S
Topics Recently Reviewed:	
Abdominal Aortic Aneurysm	S
Adolescent Idiopathic Scoliosis	S
Alcohol Misuse	C
Bladder Cancer	S
BRCA 1 & 2	S
Breastfeeding	C
Cervical Cancer	S
Coronary Heart Disease screening by EKG, ETT, EBCT.	S
Dementia	S
Dental Caries in Preschool Children.	S
Diabetes Mellitus Type 2	S
Family Violence	S
Genital Herpes Simplex	S
Glaucoma	S
Gonorrhea	S
Hepatitis B Virus Infection	S
Hepatitis C Virus Infection in Adults.	S
Healthy Diet	C
HIV Infection	S
Hypertension	S
Low Back Pain	C
Lung Cancer	S
Obesity in Children	S
Oral Cancer	S
Ovarian Cancer	S
Pancreatic Cancer	S
Peripheral Arterial/Vascular Disease.	S
Physical Activity	C
Postmenopausal Hormone Prophylaxis (HRT).	PM
Prostate Cancer	S
Rh Incompatibility	S
Suicide Risk	S
Syphilis	S
Testicular Cancer	S
Thyroid Disease	S
Visual Impairment in Children	S

Type of Preventive Service: S = Screening; C = Counseling; PM = Preventive Medications.

Dated: January 17, 2006.

Carolyn M. Clancy,

Director.

[FR Doc. 06–612 Filed 1–23–06; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of Meetings

In accordance with section 10(d) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), the Agency for Healthcare Research and Quality (AHRQ) announces meetings of scientific peer review groups. The subcommittees listed below are part of the Agency's Health Services Research Initial Review Group Committee.

The subcommittee meetings will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications are to be reviewed and discussed at these meetings. These discussions are likely to involve information concerning individuals associated with the applications, including assessments of their personal qualifications to conduct their proposed projects. This information is exempt from mandatory disclosure under the above-cited statutes.

1. Name of Subcommittee: Health Care Technology and Decision Sciences.

   Date: February 2, 2006 (Open from 8 a.m. to 8:15 a.m. on February 2 and closed for remainder of the meeting).

2. Name of Subcommittee: Health Research Dissemination and Implementation.
   Date: February 16, 2006 (Open from 8 a.m. to 8:15 a.m. on February 16 and closed for remainder of the meeting).
3. Name of Subcommittee: Health Care Quality and Effectiveness Research.
   Date: February 23, 2006 (Open from 8 a.m. to 8:15 a.m. on February 23 and closed for remainder of the meeting).
4. Name of Subcommittee: Health Research Training.
   Date: February 27–28, 2006 (Open from 9 a.m. to 9:15 a.m. on February 27 and closed for remainder of the meeting).
5. Name of Subcommittee: Health Systems Research.
   Date: February 28, 2006 (Open from 9 a.m. to 9:15 a.m. on February 28 and closed for remainder of the meeting).

All the meetings above will take place at: Agency for Healthcare Research and Quality, John Eisenberg Conference Center, 540 Gaither Road, Rockville, Maryland 20850.

Contact Person: Anyone wishing to obtain a roster of members, agenda or minutes of the nonconfidential portions of the meetings should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Suite 2000, Rockville, Maryland 20850, Telephone (301) 427–1554.

Agenda items for these meetings are subject to change as priorities dictate.

This notice is being published less than 15 days prior to the February 2 meeting, due to the time constraints of reviews and funding cycles.

Dated: January 13, 2006.

Carolyn M. Clancy,

Director.

[FR Doc. 06–611 Filed 1–23–06; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–0576]

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 Officer at (404) 639–4766 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Possession, Use, and Transfer of Select Agents and Toxins (OMB Control No. 0920–0576)—Revision—Office of the Director (OD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Pub. L. 107–188) specifies that the Secretary of Health and Human Services (HHS) shall provide for the establishment and enforcement of standards and procedures governing the possession, use, and transfer of select agents and toxins that have the potential to pose a severe threat to public health and safety. The Act specifies that entities that possess, use, and transfer these select agents register with the HHS Secretary. The HHS Secretary has designated CDC as the agency responsible for collecting this information.

CDC is requesting continued OMB approval to collect this information through the use of five separate forms. These forms are: (1) Application for Registration, (2) Request to Transfer Select Agent or Toxin, (3) Report of Theft, Loss, or Release of Select Agent and Toxin, (4) Report of Identification of Select Agent or Toxin, and (5) Request for Exemption.

The Application for Registration (42 CFR, 73.7(d)) is used by entities to register with CDC. The Application for Registration requests facility information; a list of select agents or toxins in use, possession, or for transfer by the entity; characterization of the select agent or toxin; and laboratory information. Estimated average time to complete this form is 3 hours, 45 minutes for an entity with one principal investigator working with one select agent or toxin. CDC estimates that entities will need an additional 45 minutes for each additional investigator or agent. In our regulatory analysis, we have estimated that 70% of the 350 entities have 1–3 principal investigators, 15% have 5 principal investigators, and 15% have 10 principal investigators. We have used these figures to calculate the burden for this section. Estimated burden for the Application for Registration is 2,191 hours.

Entities may amend their registration (42 CFR, 73.7(h)(1)) if any changes occur in the information submitted to CDC. To apply for an amendment to a certificate of registration, an entity must obtain the relevant portion of the application package and submit the information requested in the package to CDC. Estimated time to amend a registration package is 1 hour.

The Request to Transfer Select Agent or Toxin form (42 CFR 73.16) is used by entities requesting transfer of a select agent or toxin to their facility and by the entity transferring the agent. CDC revised the Request to Transfer Select Agent or Toxin form by removing the requirement that entities provide written notice within five business days when select agents or toxins are consumed or destroyed after a transfer. Estimated average time to complete this form is 1 hour, 30 minutes.

The Report of Theft, Loss, or Release of Select Agent and Toxin form (42 CFR 73.19(a)(b)) must be completed by entities whenever there is theft, loss, or release of a select agent or toxin. Estimated average time to complete this form is 1 hour.

The Report of Identification of Select Agent or Toxin form 42 CFR 73.5(a)(b) and 73.6(a)(b)) is used by clinical and diagnostic laboratories to notify CDC that select agents or toxins identified as the result of diagnostic or proficiency testing have been disposed of in a proper manner. In addition, the form is used by Federal law enforcement agencies to report the seizure and final disposition of select agents and toxins. Estimated average time to complete this form is 1 hour.

The Request for Exemption form (42 CFR 73.5 (d)(e) and 73.6 (d)(e)) is used by entities that are using an investigational product that are, bear, or contain select agents or toxins or in cases of public health emergency. Estimated average time to complete this form is 1 hour.

In addition to the standardized forms, this regulation also outlines situations in which an entity must notify or may make a request of the HHS Secretary in writing. An entity may apply to the HHS Secretary for an expedited review of an individual by the Attorney General (42 CFR 73.10(e)). To apply for this expedited review, an entity must submit a request in writing to the HHS Secretary establishing the need for such action. The estimated time to gather the information and submit this request is 30 minutes. CDC has not developed standardized forms to use in the above situations. Rather, the entity should