FOR FURTHER INFORMATION CONTACT: Dr. Ruth Lunn, RoC Office, 919–316–4637 *lunn@niehs.nih.gov.*

SUPPLEMENTARY INFORMATION:

Background

Captafol and ortho-nitrotoluene are among the candidate substances under review for possible listing in the 12th RoC (see complete list at *http://ntp.niehs.nih.gov/go/10091*). Captafol (CAS RN: 2425–06–1) is a broad-spectrum fungicide that was widely used in the United States prior to the mid 1980s on fruits, vegetables, and other plants, as well as on timber products. In 1999, the U.S. Environmental Protection Agency (EPA) revoked all captafol tolerances except those for onions, potatoes, and tomatoes. In 2006, EPA revoked specific tolerances and tolerance exemptions for captafol, and stakeholders withdrew their support for import tolerances. Although many countries have now banned its use, captafol is still registered in some countries (such as Mexico). The potential exists for past, extensive exposure for U.S. workers producing the chemical, as well as for agricultural workers because of past production and use of millions of pounds of captafol.

Ortho-nitrotoluene (CAS RN: 88–72–2) is used to synthesize agricultural and organic chemicals, explosives, azo and sulfur dyes, and dyes for cotton, wool, silk, leather, and paper. Ortho-nitrotoluene is a high production volume chemical, and its U.S. production was between 10 million and 50 million pounds for every four-year reporting period from 1986 to 2002. Exposure to ortho-nitrotoluene in the United States is primarily a result of occupational exposure during the production and use of this chemical.

As part of the RoC review process (available at *http://ntp.niehs.nih.gov/go/15208*), the NTP announced the availability of the draft background documents for captafol and ortho-nitrotoluene in the **Federal Register** (72 FR 41755, July 31, 2007), invited public comments on the draft background documents, and announced the captafol and ortho-nitrotoluene expert panel meeting. The RoC Office convened a nine-member expert panel of scientists from the public and private sectors to evaluate these two substances. The expert panel met on October 15–16, 2007, in a public forum at the Sheraton Chapel Hill Hotel in North Carolina. The panel first addressed captafol and then ortho-nitrotoluene in its deliberations. The panel was charged to peer review the draft background document for the candidate substance and then to make a recommendation on its listing status in the 12th RoC and to provide a scientific justification for that recommendation. Details about the meeting, including public comments received and the expert panel reports, are available on the RoC Web site (*http://ntp.niehs.nih.gov/go/29682*). The expert panel report for each candidate substance contains two parts: Part A contains the peer-review comments on the draft background document and Part B is the recommendation on listing status and its scientific justification. The expert panel recommended that (1) captafol be listed in the 12th RoC *as reasonably anticipated to be a human carcinogen* and (2) ortho-nitrotoluene be listed in the 12th RoC *as reasonably anticipated to be a human carcinogen.* The panel's recommendation on listing status and its scientific justification are now being released for public comment.

Next Steps

The RoC Office is in the process of finalizing the background document for each candidate substance based upon the expert panel's peer review comments and the public comments received (72 FR 41755). Persons can register free-of-charge with the NTP listserve (*http://ntp.niehs.nih.gov/go/231*) to receive notification when the final background documents are posted on the RoC Web site (*http://ntp.niehs.nih.gov/go/10091*).

As part of the RoC review process, two government groups will also conduct reviews of captafol and ortho-nitrotoluene; these meetings are not open to the public. Upon completion of these reviews, the NTP will (1) draft a substance profile, for captafol and for ortho-nitrotoluene which contains its listing recommendation for the 12th RoC and the scientific information supporting that recommendation; (2) solicit public comment on the draft substance profiles; and (3) convene a meeting of the Board of Scientific Counselors to peer review the draft substance profiles.

Request for Comments

The RoC Office invites written public comments on the expert panel's recommendations on listing status for captafol and ortho-nitrotoluene and the scientific justifications for the recommendations. All comments received will be posted on the RoC Web site. Persons submitting written comments are asked to include their name and contact information (affiliation, mailing address, telephone and facsimile numbers, e-mail, and sponsoring organization, if any) and send them to Dr. Lunn (see **ADDRESSES** above). The deadline for submission of written comments is April 24, 2008.

Background Information on the RoC

The RoC is a Congressionally mandated document that identifies and discusses agents, substances, mixtures, or exposure circumstances (collectively referred to as ''substances'') that may pose a hazard to human health by virtue of their carcinogenicity. The RoC follows a formal, multi-step process for review and evaluation of selected chemicals. Substances are listed in the report as either *known or reasonably anticipated human carcinogens.* The NTP prepares the RoC on behalf of the Secretary of Health and Human Services. Information about the RoC and the review process are available on its Web site (*http://ntp.niehs.nih.gov/go/roc*) or by contacting Dr. Lunn (see **FOR FURTHER INFORMATION CONTACT** above).

Dated: February 29, 2008.

Samuel H. Wilson,

Acting Director, National Institute of Environmental Health Sciences and National Toxicology Program.

[FR Doc. E8–4782 Filed 3–7–08; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Statement of Organization, Functions, and Delegations of Authority

The Agency for Healthcare Research and Quality (AHRQ) is amending Part E, Chapter E, of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (61 FR 15955, April 10, 1996, most recently amended at 68 FR 44084, July 25, 2003) to reflect recent organizational changes.

AHRQ is consolidating all existing Office of Communications and Knowledge Transfer (OCKT) (see *http://www.ahrq.gov/about/ockt/ocktmiss.htm*) subdivisions to streamline information synthesis and dissemination activities. The specific amendments are as follows, under Section E–20, Functions:

- Delete the title and statement for Division of Print and Electronic Publishing (EBB) in its entirety;

- Delete the title and statement for Division of Public Affairs (ENC) in its entirety; and,

• Delete the title and statement for Division of User Liaison and Research Translation (END) in its entirety.

These changes are effective upon the date of the Director of AHRQ's signature.

Dated: February 28, 2008.

Carolyn M. Clancy,

AHRQ Director.

[FR Doc. E8–4458 Filed 3–7–08; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–0692]

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) 639–5960 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.

Notice of Correction to Burden Table

Proposed Project

A Survey of the Knowledge, Attitudes and Practice of Medical and Allied Health Professionals Regarding Fetal Alcohol Exposure—Revision—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Description of Correction

The previous 30-day Federal Registrar (FRN) published January 25, 2008, Volume 73, No. 17, Pages 4575–4576, was submitted with an error showing five previously approved forms. This notice is corrected to show only the requested number of burden hours to continue this project.

Background and Brief Description

Maternal prenatal alcohol use is one of the leading, preventable, causes of birth defects and developmental disabilities. Children exposed to alcohol during fetal development can suffer a wide array of disorders, from subtle changes in I.Q. and behaviors to profound mental retardation. These conditions are known as fetal alcohol spectrum disorders (FASDs). The most severe condition within the spectrum is fetal alcohol syndrome (FAS), which involves disorders of the brain, growth retardation, and facial malformations.

Physicians and other health practitioners play a vital role in diagnosing FAS and in screening women of child-bearing age for alcohol consumption and drinking during pregnancy. In Diekman's, *et al.* (2000) study of obstetricians and gynecologists, only one fifth of doctors surveyed reported abstinence to be the safest way to avoid the adverse outcomes associated with fetal alcohol exposure. Importantly, 13% of doctors surveyed were not sure of levels of alcohol consumption associated with adverse outcomes. One of CDC's multifaceted initiatives in combating alcohol-exposed pregnancies is the education and reeducation of medical and allied health students and practitioners.

In fiscal year 2002, the Centers for Disease Control and Prevention (CDC) received a congressional mandate to develop guidelines for the diagnosis of FAS and other conditions resulting from prenatal alcohol exposure; and to incorporate these guidelines into curricula for medical and allied health students and practitioners [Public Health Service Act Section 317K (247b–12) b and c].

In response to the second congressional mandate listed above, CDC proposed five national surveys of health providers. In August of 2005, OMB approved these five surveys under control number 0920–0692. The purposes of the surveys are to assess, among various health care provider groups, their knowledge, attitudes, and practices regarding the prevention, identification, and treatment of FASDs. These health care provider groups are pediatricians, obstetrician-gynecologists (OB-GYNs), psychiatrists, family physicians, and allied health professionals.

The results of the surveys will help to inform further development of model FASD curricula to disseminate among medical and allied health students and professionals nation wide using a variety of formats including computer interactive learning applications, workshops and conferences, Continuing Medical Education credit courses, and medical and allied health school grand rounds and clerkships. Consistent with OMB's previous terms of clearance, CDC does not expect the results to be generalizable to the larger populations of the professional organizations from which the samples were drawn. Instead, the survey results will provide necessary information to further develop and refine educational materials for medical and allied health students and practitioners and to evaluate their effectiveness. No gifts or compensation will be given to respondents who complete the survey. An average of one survey per year will be conducted.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 375.

ESTIMATED ANNUALIZED BURDEN

Type of respondent	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Selected Survey Instrument	900	1	25/60