for the proper performance of the functions of the FTC, including whether the information will have practical utility; (2) the accuracy of the FTC's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of collecting information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of responses. All comments should be filed as prescribed in the **ADDRESSES** section above, and must be received on or before December 15, 2008.

IV. FTC's Proposed Study of Consumer Perception

The FTC proposes to collect information from up to 7,000 consumers in order to gather data on consumer perception of environmental marketing claims. All information will be collected on a voluntary basis. The FTC plans to contract with a consumer research firm to identify consumers and conduct the study via the Internet. Among other things, the research firm will be expected to study a stratified sample of the adult United States population broadly representative of consumer group characteristics (*e.g.*, geographic location, housing characteristics, gender, age, education, and race/ethnicity), relative to the most recent Census Bureau Current Population Survey.

The FTC expects that selected respondents will be asked questions about a number of express or implied environmental marketing claim concepts, such as ''renewable'' and ''sustainable.'' Each concept may be featured in a separate module of questions. Such questions may explore perceptions about the unqualified general concept and variations on the concept. The results will assist the FTC in its review of the Green Guides by helping to ensure that the Green Guides are consistent with consumer perception of environmental marketing claims.

The FTC is considering pre-testing the consumer questionnaires on approximately 100 respondents to ensure that all questions are easily understood. The FTC expects that the pre-test would take approximately 25 minutes on average per person, approximately 42 hours total (100 respondents x 25 minutes each). Once the pretest is completed, the FTC plans to seek information from up to 7,000 respondents for approximately 25 minutes each. Thus, answering the FTC's information requests will require up to 2,917 hours total (7,000 respondents x 25 minutes each). Accordingly, cumulative total burden hours for the survey will be approximately 3,000 hours.

The cost per respondent should be negligible. Participation is voluntary and will not require start-up, capital, or labor expenditures by respondents.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. E8–24339 Filed 10–10–08: 8:45 am]

BILLING CODE 6750–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 30-day notice]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–6974.

Proposed Project: Evaluating Institutions Research Misconduct Education Efforts—OMB No. 0990–NEW–Office of Research Integrity.

Abstract: The Office of Research Integrity (ORI) is conducting this study of Research Misconduct Education in medical schools because these institutions are responsible for dissemination of information and guidelines to their faculty, staff, and students concerning the U.S. Public Health Service (PHS) Policies on Research Misconduct (42 CFR Part 93). The ORI review of institutional research misconduct policies, investigation reports, requests for technical assistance in handling allegations, and analyses of filings of the Annual Report on Possible Research Misconduct (PHS 6349) have raised questions about the level of knowledge of medical school faculty conducting research and responding to allegations, and the faculty's perception of their institution's commitment to dealing with research misconduct. This study is designed to evaluate the knowledge of medical school faculty members about their institution's policies and procedures and identify best practices and approaches used by medical institutions to produce the most positive perceptions of commitment and the best understanding of research misconduct. Also, the study will identify the areas of responsibility and specify the activities that institutions perform in the process of educating their employees to the meaning of scientific misconduct at their institutions.

This will involve a one-time data collection effort. These researchers have been identified from a list of medical school principal investigators (PIs) that we obtained from the National Institutes of Health (NIH). All received NIH research projects awards in 2005 or 2006.

ESTIMATED ANNUALIZED BURDEN HOURS

Forms	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Recruit Letters	10,754	1	15/60	2,689
Web Survey	10,754	1	20/60	3,585
Total				6,274

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E8–24297 Filed 10–10–08; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality (AHRQ), Office for Civil Rights (OCR)

Implementing the Patient Safety and Quality Improvement Act of 2005 Including How to Become a Patient Safety Organization: Interim Guidance Availability

October 14, 2008.

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Office for Civil Rights (OCR), HHS.

ACTION: Notice of Availability.

SUMMARY: AHRQ and OCR are announcing the availability of the guidance entitled ''Implementing the Patient Safety and Quality Improvement Act of 2005 Including How to Become a Patient Safety Organization.'' The Interim Guidance document explains how the Department of Health and Human Services (HHS) will begin implementing the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act), how an entity can become a Patient Safety Organization (PSO), and how information may be protected as Patient Safety Work Product (PSWP) in the interim period prior to the promulgation of a final regulation. To access the Interim Guidance, visit AHRQ's PSO Web site at *http://www.pso.ahrq.gov.*

DATES: The Interim Guidance is effective immediately with the publication of this notice. The Interim Guidance will remain effective until the effective date of the final regulation, which is expected to be promulgated before the end of 2008.

SUPPLEMENTARY INFORMATION:

I. Background

The Interim Guidance document is intended to inform private, public and nonprofit health care communities, the legal community and others of HHS's policies and procedures for implementing the Patient Safety Act, prior to the promulgation of a final regulation. This Interim Guidance interprets the Patient Safety Act. The Patient Safety Act (Pub. L. 109–41) amended the Public Health Service Act (42 U.S.C. 299 *et seq.*) by renumbering existing sections and inserting new sections 921 through 926 (42 U.S.C. 299b–21 through 299b–26). The Patient Safety Act authorizes the listing by the Secretary of statutorily defined PSOs. PSOs are to carry out statutorily defined patient safety activities on behalf of providers in order to assist them to improve patient safety. To encourage providers to submit information to PSOs and PSOs to conduct analyses regarding patient safety, the statute establishes privilege and confidentiality protections to protect certain information, including information collected by providers for sharing with PSOs for analysis, analyses performed by the providers and/or the PSOs, and information shared between the PSOs and the health care providers they serve. This information is defined in the statute as PSWP.

II. Significance of the Interim Guidance

The Interim Guidance establishes the process by which the Secretary will list PSOs. Once PSOs are listed by the Secretary, providers can: (1) Voluntarily submit information to PSOs, and (2) seek PSOs' analysis of patient safety events. These activities should lead to improvements in patient safety. The protections established by the Patient Safety Act will permit and encourage numerous providers to submit pertinent data to PSOs so that the PSOs will be able to aggregate and analyze the data from multiple providers, thus enabling the identification of patterns that could suggest underlying or systemic causes of patient risks and hazards that then can be addressed to improve patient safety and quality.

III. Paperwork Reduction Act of 1995

The listing of PSOs under the Interim Guidance involves collecting of information that is subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520). These collections of information have been approved under OMB control number 0935–0143.

Dated: October 7, 2008.

Ann C. Agnew,

Executive Secretary to the Department.

[FR Doc. E8–24267 Filed 10–8–08; 4:15 pm]

BILLING CODE 4153–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2008–N–0448]

International Drug Scheduling; Convention of Psychotropic Substances; Single Convention on Narcotic Drugs; Gamma-hydroxybutyric acid; Ketamine; Dextromethorphan; N-benzylpiperazine; 1-(3-trifluoromethylphenyl) piperazine; 1-(3-chlorophenyl) piperazine; 1-(4-Methoxyphenyl) piperazine; 1-(3,4-methylenedioxybenzyl) piperazine; Gamma-butyrolactone; 1,4-Butanediol; Reopening of Comment Period

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; reopening of comment period.

SUMMARY: The Food and Drug Administration (FDA) is reopening until October 20, 2008, the comment period for the notice on ''International Drug Scheduling; Convention on Psychotropic Substances; Single Convention on Narcotic Drugs,'' published in the **Federal Register** of September 5, 2008 (73 FR 51823), requesting comments on abuse potential, actual abuse, medical usefulness, trafficking, and impact of scheduling changes on availability for medical use of 10 drug substances. FDA is taking this action in response to a request for a reopening of the comment period to allow interested persons additional time to review the notice and submit comments.