comments that are received in response to this notice to determine whether to amend the guidance document.

II. Significance of Guidance

This guidance is being issued consistent with FDA's good guidance practices regulation (21 CFR 10.115). The guidance represents the Agency's current thinking on low level laser systems for aesthetic use. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute and regulations.

III. Electronic Access

Persons interested in obtaining a copy of the guidance may do so by using the Internet. A search capability for all CDRH guidance documents is available at *http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/default.htm.* Guidance documents are also available at *http://www.regulations.gov.* To receive "Class II Special Controls Guidance Document: Low Level Laser System for Aesthetic Use," you may either send an e-mail request to *dsmica@fda.hhs.gov* to receive an electronic copy of the document or send a fax request to 301–847–8149 to receive a hard copy. Please use the document number 1735 to identify the guidance you are requesting.

IV. Paperwork Reduction Act of 1995

This guidance refers to previously approved collections of information found in FDA regulations. These collections of information are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520). The collections of information in 21 CFR part 807, subpart E, have been approved under OMB control number 0910–0120; the collections of information in 21 CFR part 820 have been approved under OMB control number 0910–0073; and the collections of information in 21 CFR 801 have been approved under OMB control number 0910–0485.

V. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) either electronic or written comments regarding this document. It is only necessary to send one set of comments. It is no longer necessary to send two copies of mailed comments. Identify comments with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Dated: April 7, 2011.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2011–8945 Filed 4–13–11; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail *paperwork@hrsa.gov* or call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Sickle Cell Disease Program Evaluations and Quality Improvement Activities—[NEW]

The Sickle Cell Disease and Newborn Screening Program (SCDNBSP) and the Sickle Cell Disease Treatment Demonstration Program (SCDTDP) are both administered by the Genetic Services Branch (GSB) of the Division of Services for Children with Special Health Needs in the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). The SCDTDP is comprised of geographically distributed regional networks that provide coordinated, comprehensive, culturally competent, and family-centered care to families with sickle cell disease and a national coordinating center to support grantee activities. The SCDTDP is designed to improve access to services for individuals with sickle cell disease, improve/expand patient and provider education, and improve/expand the continuity and coordination of service delivery for individuals with sickle cell disease and carriers of the sickle cell gene mutation. The SCDNBSP is comprised of several national funded community-based sickle cell disease networks located in the U.S. and the National Coordinating and Evaluation Center. The community-based sickle cell disease networks partner with State newborn screening programs, comprehensive sickle cell treatment centers, and health care professionals to provide support to infants screened positive for sickle cell disease, carriers of the sickle cell gene mutation and their families.

HRSA seeks to conduct two evaluations (SCDTDP evaluation previously approved by OMB) and a quality improvement project, the purpose of which are to assess the service delivery processes and outcomes resulting from the systems of care delivered by the SCDNBSP and SCDTDP networks to individuals affected by sickle cell disease who present at their sites for care. The clients of the three programs will be the respondents for this data collection activity.

The annual estimate of burden for both the SCDNBSP and the SCDTDP evaluations and quality improvement effort is as follows:

ESTIMATED HOUR AND COST BURDEN OF THE DATA COLLECTION

Questionnaires	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden	Wage rate	Total hour cost
MDP SCD Questionnaire	140	2	280	.45	126	$20.90	$2633.4
MDP SCT Questionnaire	1400	1	1400	.30	420	20.90	8778
Utilization Questionnaire (pre-demonstration)	900	1	900	.75	675	20.90	14,107.5

ESTIMATED HOUR AND COST BURDEN OF THE DATA COLLECTION—Continued

Questionnaires	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden	Wage rate	Total hour cost
Utilization Questionnaire (post demonstration)	900	1	900	.50	450	20.90	9,405
SF–36 Health Survey for adults over 18 years of age	630	2	1260	.25	315	20.90	6,583.5
PedsQL for parents of children & adolescents 18 years or younger	270	2	540	.25	135	20.90	2,821.5
PedsQL for children & adolescents 18 years or younger	225	2	450	.25	112.5	20.90	2,351.25
The Medical Home Family Index (Health Care Satisfaction)	900	2	1800	.25	450	20.90	9,405
QI Instrument	9	12	108	4	432	20.90	9,028.80
Hemoglobinopathies Emerging Populations Form (Client Family Communication)	900	2	1800	.20	360	20.90	7,524
Total	6,274		9,438		3,475.5		72,637.95

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: April 8, 2011.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2011–9077 Filed 4–13–11; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Privacy Act of 1974; Deletion of an Existing System of Records

AGENCY: Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA).

ACTION: Notice to delete an existing HRSA system of records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, HRSA is deleting an existing system of records titled Record of Patient's Personal Valuables and Monies, HRSA SOR #09–15–0002, established at Vol. 59, No. 61 **Federal Register** pp 6854–6, December 28, 1994.

DATES: *Effective Date:* The deletion will be effective on April 14, 2011.

ADDRESSES: The public should address comments to Associate Administrator, Health Resources and Services Administration, 5600 Fishers Lane, Room 17–105, Rockville, Maryland 20857, Telephone number 301–594–4110. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m. to 3 p.m., Eastern Time Zone.

SUPPLEMENTARY INFORMATION: HRSA's Bureau of Primary Health Care's National Hansen's Disease Program (NHDP) located in Baton Rouge, Louisiana, formerly leased hospital space where the elderly Hansen's disease resident patients resided. The purpose of this System of Records was to provide for the safekeeping of those residents' valuables as needed. In September 2009, when the hospital lease expired, those Hansen's disease residents were relocated to a nursing home facility; therefore, this system of records is no longer required.

Dated: March 31, 2011.

Mary K. Wakefield,

Administrator.

[FR Doc. 2011–9112 Filed 4–13–11; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention; Notice of Meeting

Pursuant to Public Law 92–463, notice is hereby given of the Web conference meeting of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) Drug Testing Advisory Board (DTAB) on May 3 and 4, 2011.

A portion of the meeting from 10 a.m. to 5 p.m. EDT on May 3 will be open to the public and will include the Federal drug testing updates from the Department of Transportation, the Department of Defense, the Nuclear Regulatory Commission, and the Federal Drug-Free Workplace Programs; updates on the electronic custody and control form and the medical review officer certification under the Mandatory Guidelines for Federal Workplace Drug Testing Programs; and updates on oral fluid as a potential alternative specimen for Federal Workplace Drug Testing Programs.

The public is invited to attend the open session in person or to listen via teleconference. Due to the limited seating space and call-in capacity, registration is requested. Public comments are welcome. To register,