A draft questionnaire is available for review at *http://www.regulations.gov.*

NIOSH requests public input on the content of the questionnaire and consideration of the following:

(1) Apart from a survey, what alternative methods should be considered to gather this information?

(2) What resources are available that can be used to identify nanomaterial producers, distributors, end-users, and R&D laboratories for inclusion in a sampling frame?

(3) A web-based survey is being proposed primarily because it is cost-efficient and can be easy to administer. Should any other modes (telephone, mail) be considered?

(4) In small and medium-sized establishments, who would be the person best suited to respond to questions addressing risk management practices for ENMs?

(5) What should be the maximum amount of time needed to complete the survey?

(6) Is benchmarking adherence to safe use guidelines of value to your organization?

(7) What guidelines are being used by your organization to minimize worker exposure to ENMs?

(8) Are there any questions in the draft survey that should be excluded? Are there any questions not included in the draft survey that should be included?

FOR FURTHER INFORMATION CONTACT: Jim *Boiano—jboiano@cdc.gov;* 513–841–4246 or Rebecca Tsai—*rtsai@cdc.gov;* 513–841–4398, NIOSH, 4676 Columbia Parkway, Mail Stop R17, Cincinnati, Ohio 45226–1998.

Dated: June 13, 2013.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2013–14564 Filed 6–18–13; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

The meeting announced below concerns Centers for Disease Control and Prevention Public Health Preparedness and Response Research to Aid Recovery from Hurricane Sandy, Request for Application (RFA) TP13–001, initial review.

Correction: The notice was published in the **Federal Register** on June 11, 2013, Volume 78, Number 112, Pages 35035—35036. The time, date and place should read as follows:

Time and Date: 12:00 p.m.–5:00 p.m. (EST), July 10, 2013 (Closed).

Place: Teleconference.

Contact Person for More Information: Shoukat Qari, D.V.M., Ph.D., Scientific Review Officer, CDC, 1600 Clifton Road, NE., Mailstop K72, Atlanta, Georgia 30333, Telephone: (770) 488–8808.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dana Redford,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2013–14541 Filed 6–18–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: National Medical Support Notice

OMB No.: 0970–0222

Description: The National Medical Support Notice (NMSN) is a two-part document that requires information from State child support enforcement agencies, employers, and health plan administrators to assist in enforcing health care coverage provisions in a child support order. The Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) developed and maintains Part A of the NMSN, which is sent to an obligor's employer for completion; the Department of Labor (DOL) developed and maintains Part B of the NMSN, which is provided to health care administrators following completion of Part A.

DOL revised Part B to conform with changes to the currently approved Part A and is seeking a three year approval from OMB. To avoid burdening the State child support enforcement agencies with potential reprogramming at varying times due to future changes in either Part A or Part B, ACF is resubmitting an unchanged information collection package and requesting an extension to the current OMB approval of NMSN Part A to synchronize the expiration date with NMSN Part B.

Respondents: State child support enforcement agencies, employers, and health plan administrators.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
National Medical Support Notice—Part A—Notice To Withhold for Health Care Coverage	54	97,775	0.17	897,574.50

Estimated Total Annual Burden Hours: 897,574.50.

Additional Information:

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *infocollection@acf.hhs.gov.*

OMB Comment:

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect

if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following:

Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–7285, Email: *OIRA_SUBMISSION@OMB.EOP.GOV*, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2013–14589 Filed 6–18–13; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2013–N–0012]

Linking Marketplace Heparin Product Attributes and Manufacturing Processes to Bioactivity and Immunogenicity

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of grant funds for the support of a sole source award to the University of North Carolina. The goal of the award is to identify what component(s) of the complex heparin mixtures have the propensity to cause heparin induced thrombocytopenia (HIT) to improve the safety of heparin drug products. The FDA seeks to identify the components of the heparin mixture that are associated with HIT so that actions may be taken to reduce these events and improve patient outcomes with this widely used drug.

DATES: Important dates are as follows:

1. The application due date is July 15, 2013.

2. The anticipated start date is August, 2013.

3. The opening date is the date this announcement is published in the **Federal Register**.

4. The expiration date is July 16, 2013.

ADDRESSES: Submit the paper application to: Gladys Melendez at the Food and Drug Administration, Grants Management (HFA–500), 5630 Fishers Lane, Rockville, MD 20857. For more information, see section III of the **SUPPLEMENTARY INFORMATION** section of this notice.

FOR FURTHER INFORMATION CONTACT: David Keire, Center for Drug Evaluation and Research, Food and Drug Administration, 1114 Market St., rm. 1002, St Louis, MO, 63130, 314–539–3850; or Gladys Melendez, Office of Acquisition Support and Grant Services, Food and Drug Administration, 5630 Fishers Lane, Rockville, MD 20857, 301–827–7175, email: *Gladys.bohler@fda.hhs.gov.*

For more information on this funding opportunity announcement (FOA) and to obtain detailed requirements, please contact *Gladys.bohler @fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Funding Opportunity Description

Request for Application: FDA RFA–13–007

[Catalog of Federal Domestic Assistance: 93.103]

A. Background

The goal of this Research Project is to identify which components of heparin drug mixtures have the propensity to cause heparin induced thrombocytopenia (HIT) in order to improve the safety profile of this widely used anticoagulant. Heparin is a heterogeneous mixture of polysaccharides of varying length, sulfation pattern, acylation and conformation that has been in clinical use since the 1930s. HIT is a drug-dependent immune disorder caused by antibodies to complexes formed between platelet factor 4 (PF4) and heparin which can occur in patients who undergo major trauma (e.g. broken bones and cardiovascular surgery) and receive heparin. The condition leads to formation of abnormal blood clots and concomitant complications associated with clots. PF4-heparin antibodies are observed in all patients with HIT. In addition, low molecular weight heparins or the synthetic pentasaccharide (fondaparinux) have also been shown to cause HIT antibody formation although these smaller chain length heparins are much less likely to lead to clinical HIT symptoms.

The major limitation in the available reagents for studies aimed at identifying the components of heparin that lead to the pathogenesis of HIT is the lack of pure component heparin standards. Therefore, this collaboration brings together the following capabilities and laboratories: (1) Synthesis of heparin chains of the same length, sulfation pattern and conformation (Dr. Liu at the University of North Carolina and Dr. Linhardt at Rensselaer Polytechnical Institute), (2) synthesis and physicochemical characterization of heparin and heparin-PF4 complexes (Keire FDA/DPA St Louis) and (3) a HIT-immunogenicity animal model (Dr. Arepally at Duke University). FDA believes that this combination of skills and expertise has the potential to make pure standards, fully characterize the standards, create and characterize PF4-heparin standard aggregates and assess their propensity to elicit an immune response in an animal model. This research is unique and not otherwise available. The ability to make pure heparin standards in gram quantities and fully characterize their properties is only available from the Liu and Linhardt laboratories. Furthermore, Dr. Arepally's mouse model of HIT immunogenicity is not available in any other laboratory. When completed the study will identify heparin components that enhance HIT propensity and which could potentially be minimized in heparin manufacturing, leading to safer heparin drugs with better patient outcomes.

B. Research Objectives

The research objective is to identify the components of the heparin mixture that have the propensity to lead to HIT pathogenesis.

C. Eligibility Information

This is a sole source RFA because the investigators identified in this document have unique skills and expertise necessary to perform the proposed work.

II. Award Information/Funds Available

A. Award Amount

Only one award will be available to the University of North Carolina in the amount of $250,000 (Total Cost) in the first year.

B. Length of Support

Depending on research progress and subject to the availability of funds additional funds may be awarded under this grant for up to a five year project period reflecting $250,000 Total Cost per year.

III. Paper Application, Registration, and Submission Information

To submit a paper application in response to this FOA, applicants should first review the full announcement. Persons interested in applying for a grant may obtain an application at *http://grants.nih.gov/grants/forms.htm.*

For all paper application submissions, the following steps are required:

- Step 1: Obtain a Dun and Bradstreet (DUNS) Number
- Step 2: Register With Central Contractor Registration