EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS

Type of information collection burden	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost
Mail/email	6,000	2,000	$33.51	$67,020
Telephone	600	400	$33.51	$13,404
Web-based	3,000	500	$33.51	$16,755
Focus Groups	1,500	3,000	$33.51	$100,530
In-person	600	600	$33.51	$20,106
Automated	1,500	1,500	$33.51	$50,265
Cognitive Testing	600	900	$33.51	$30,159
Totals	13,800	8,900	na	$298,239

*Based upon the average wages for 29–000 (Healthcare Practitioner and Technical Occupations), ''National Compensation Survey: Occupational Wages in the United States, May 2009,'' U.S. Department of Labor, Bureau of Labor Statistics.

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: August 20, 2014.

Richard Kronick,

Director.

[FR Doc. 2014–20421 Filed 8–27–14; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–0260]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of 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; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Health Hazard Evaluations/Technical Assistance and Emerging Problems (0920–0260, Expiration 11/30/2014)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Occupational Safety and Health Act of 1970 and the Federal Mine Safety and Health Act of 1977, mandates the National Institute for Occupational Safety and Health (NIOSH) respond to requests for health hazard evaluations (HHE) to identify chemical, biological or physical hazards in workplaces throughout the United States. Each year, NIOSH receives approximately 300 such requests. Most HHE requests come from the following types of companies: service, manufacturing, health and social services, transportation, construction, agriculture, mining, skilled trade and construction.

A printed HHE request form is available in English and in Spanish. The form is also available on the Internet and differs from the printed version only in format and in the fact that it can be submitted directly from the Web site. The request form takes an estimated 12 minutes to complete. The form provides the mechanism for employees, employers, and other authorized representatives to supply the information required by the regulations governing the NIOSH HHE program (42 CFR 85.3–1).

If employees are submitting the form, it must contain the signatures of three or more current employees. However, regulations allow a single signature if the requestor: is one of three (3) or fewer employees in the process, operation, or job of concern; or is any officer of a labor union representing the employees for collective bargaining purposes. An individual management official may request an evaluation on behalf of the employer. The information provided is used by NIOSH to determine whether there is reasonable cause to justify conducting an investigation and provides a mechanism to respond to the requestor.

NIOSH reviews the HHE request to determine if an on-site evaluation is needed. The primary purpose of an on-site evaluation is to help employers and employees identify and eliminate occupational health hazards. For 40% of the requests received NIOSH determines an on-site evaluation is needed.

In about 70% of on-site evaluations, employees are interviewed to help further define concerns. Interviews may take approximately 15 minutes per respondent. The interview questions are specific to each workplace and its suspected diseases and hazards. However, interviews are based on standard medical practices.

In approximately 30% of on-site evaluations (presently estimated to be 38 facilities), questionnaires are distributed to the employees (averaging about 100 employees per site). Questionnaires may require approximately 30 minutes to complete.

The survey questions are specific to each workplace and its suspected diseases and hazards, however, items in the questionnaires are derived from standardized or widely used medical and epidemiologic data collection instruments.

About 70% of the on-site evaluations involve employee exposure monitoring in the workplace. Employees participating in on-site evaluations by wearing a sampler or monitoring device to measure personal workplace exposures are offered the opportunity to get a written notice of their exposure results. To indicate their preference and, if interested, provide mailing information, employees complete a contact information post card. Completing the contact card may take 5 minutes or less. The number of employees monitored for workplace exposures per on-site evaluation is estimated to be 25 per site.

NIOSH distributes interim and final reports of health hazard evaluations, excluding personal identifiers, to: requesters, employers, employee representatives; the Department of Labor (Occupational Safety and Health Administration or Mine Safety and Health Administration, as appropriate); state health departments; and, as needed, other state and federal agencies.

NIOSH administers a follow-back program to assess the effectiveness of its HHE program in reducing workplace hazards. This program entails the mailing of follow-back questionnaires to employer and employee representatives at all the workplaces where NIOSH conducted an on-site evaluation. In a small number of instances, a follow-back on-site evaluation may be completed. The first follow-back questionnaire is sent shortly after the first visit for an on-site evaluation and takes about 10 minutes to complete. A second follow-back questionnaire is sent a year later and requires about 15 minutes to complete. At 24 months, a third follow-back questionnaire is sent which takes about 15 minutes to complete.

For requests where NIOSH does not conduct an on-site evaluation, the requestor receives the first follow-back questionnaire 12 months after our response and a second one 24 months after our response. The first questionnaire takes about 10 minutes to complete and the second questionnaire takes about 15 minutes to complete.

Because of the number of investigations conducted each year, the need to respond quickly to requests for assistance, the diverse and unpredictable nature of these investigations, and its follow-back program to assess evaluation effectiveness; NIOSH requests a consolidated clearance for data collections performed within the domain of its HHE program. There is no cost to respondents other than their time. The total estimated annual burden hours are 3,019.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response in hours
Employees and representatives/employers	Health Hazard Evaluation Request Form	300	1	12/60
Employees	Health Hazard Evaluation specific interview example.	2,670	1	15/60
Employees	Health Hazard Evaluation specific questionnaire example.	3,800	1	30/60
Employees	Contact information post card	2,225	1	5/60
Employees and Representatives; Employers—Year 1 (on-site evaluation).	First follow-back questionnaire	252	1	10/60
	Second follow-back questionnaire	252	1	15/60
Employees and Representatives; Employers—Year 2. (on-site evaluation)	Third follow-back questionnaire	252	1	15/60
Employees and Representatives; Employers—Year 1. (without on-site evaluation)	First follow-back questionnaire	90	1	10/60
Employees and Representatives; Employers—Year 2. (without on-site evaluation)	Second follow-back questionnaire	90	1	15/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–20477 Filed 8–27–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Announcement of Requirements and Registration for the Culture-Independent Straintyping and Characterization Challenge

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

Authority: 15 U.S.C. 3719.

Award Approving Official: Thomas R. Frieden, MD, MPH, Director, Centers for Disease Control and Prevention, and Administrator, Agency for Toxic Substances and Disease Registry.

SUMMARY: The Centers for Disease Control and Prevention (CDC) located within the Department of Health and Human Services (HHS) launches a challenge competition for the development of a method or process to accurately and efficiently identify, subtype, and characterize pathogenic microorganisms directly from clinical or environmental samples without the need for culture or culture-based enrichment.

Laboratory-based infectious disease surveillance programs, such as PulseNet, the National Tuberculosis Surveillance System, and the Active Bacterial Core Surveillance program, rely on primary culture and microbiologic testing in community hospital and clinical laboratories. A new generation of non-culture-based diagnostic tests are now beginning to enter the marketplace offering physicians faster results and, in some cases, more types of information than were previously available. Unfortunately, these new tests do not typically result in isolates being available for public health purposes, and, as their use continues to grow, it will likely become increasingly difficult or impossible to detect and investigate outbreaks or other important infectious disease trends. New laboratory approaches that do not depend on isolates or culture for subtyping and characterization of microbes are needed to maintain and improve important public health activities across a range of pathogenic organisms.

The Culture-Independent Straintyping and Characterization Challenge is an opportunity to develop novel approaches to identifying and characterizing pathogens similar to normal flora in a complex matrix in a process that does not require any culture, including pre-enrichment. Straintyping and characterization of the Shiga toxin-producing Escherichia coli (STEC) from clinical stool samples represents a significant challenge and has been selected as the target organism for this challenge. STEC are similar in most respects to the commensal E. coli that are carried in the intestinal tract of nearly everyone. Consistent identification, straintyping, and characterization of pathogenic STEC directly from a complex matrix, such as stool, requires the consistent identification of both a variable marker that can be used for subtyping and a second, more stable marker that can be used for definitive identification.

How To Enter

- Sign up for a Challenge.gov account and become a follower of the Culture-Independent Straintyping and Characterization Challenge at *http://www.cdc.gov/amd/cidtchallenge.*
- Review the rules and guidelines of this contest listed below and at *http://www.cdc.gov/amd/cidtchallenge.*

DATES: Contestants can submit solutions between September 2, 2014 and November 30, 2014. Judging will take place between December 1 and 10, 2014, during which time additional information, clarification or documentation may be requested. The winner will be notified and prize awarded by December 15, 2014.

Contest Prizes: We will choose one winning proposal and award $200,000 by electronic funds transfer. The winner may need to pay Federal income taxes on any prize money. We will follow Internal Revenue Service withholding and reporting requirements, where applicable.

How Winners Will Be Selected: An expert panel of CDC program staff with expertise in diagnostic testing, bioinformatics, and biotechnology who meet the requirements of the America COMPETES Act will evaluate all entries. The judging panel will use the following criteria to select a single winning submission:

(1) Resolution and typeability: Ability to accurately straintype and characterize STEC at high resolution from a stool sample matrix, without the need for culture-based amplification.

(2) Reproducibility and stability: Ability to return consistent, unambiguous results from three or more replicate specimens.

(3) Throughput parameters: Proposed solutions should have a feasible sample-to-answer turnaround time of under 48 hours, and a per-sample reagent and consumables cost of $100 per sample or less. Methods should be scalable to accommodate high-throughput testing.

(4) Portability: Data should be objective, based on open or established standards, and amenable for computerized analysis and easily disseminated between laboratories.

(5) Generalizability: While the subject organism for this challenge is STEC, special consideration will be given to proposals that may be readily adapted to a range of other pathogenic microorganisms.

(6) Epidemiologic concordance: Consistency of the resultant data with the known epidemiologic context of the specimen.

Contest Rules and Guidelines

Subject of Contest Competition: Your entry for the Culture-Independent Straintyping and Characterization Challenge should describe a novel or innovative method to straintype and characterize pathogenic organisms, such as STEC, directly from a complex clinical sample, without the need for culture or culture-based amplification.

Eligibility Rules for Participating in the Competition: The contest is open to everyone, with the exceptions noted below. Participants may submit individual proposals or work as teams.

To have a chance to win a prize in this contest you must—

(1) Register for the contest at CHALLENGE.GOV and follow posted contest rules;

(2) Meet all of the requirements in this section;

(3) Enter the contest as an individual or as a team in which a you or all members of the team are citizen(s) or permanent resident(s) of the United States; or as an entity where entities are limited to those that are incorporated and maintain a primary place of business in the United States; and

(4) Federal employees may not participate in this contest in their official capacity. Federal employees seeking to participate in this contest should talk with their ethics official before submitting a proposal.

(5) Federal grantees cannot use Federal funds to develop *COMPETES Act* challenge applications unless consistent with the purpose of their grant award.