EARLY TERMINATIONS GRANTED—Continued
MARCH 1, 2015 THRU SEPTEMBER 30, 2015

20151664	G	KKR Asian Fund II Japan AIV L.P.; Bayer AG; KKR Asian Fund II Japan AIV L.P.
20151666	G	Amicus Therapeutics, Inc.; Scioderm, Inc.; Amicus Therapeutics, Inc.
20151701	G	JLL Partners Fund VII, L.P.; ATS Parent Co., Inc.; JLL Partners Fund VII, L.P.
20151713	G	Group 1 Automotive, Inc.; Garlyn O. Shelton 2005 Trust; Group 1 Automotive, Inc.
20151714	G	Group 1 Automotive, Inc.; Faye LaJuan Shelton 2005 Trust; Group 1 Automotive, Inc.
09/24/2015		
20151195	S	Endo International plc; TPG Partners VI, LP; Endo International plc.
20151626	G	Carlyle Partners VI, L.P.; Arlington Capital Partners II, L.P.; Carlyle Partners VI, L.P.
20151676	G	Hexagon AB; EcoSys Management LLC; Hexagon AB.
20151718	G	William H. Gates III; OCI N.V.; William H. Gates III.
09/25/2015		
20151620	G	LCP VIII (AIV I), L.P.; Johnson Controls Inc.; LCP VIII (AIV I), L.P.
20151720	G	General Atlantic Partners 93, L.P.; Avant, Inc.; General Atlantic Partners 93, L.P.
20151721	G	Berkshire Fund VIII, L.P.; American Capital Equity III, LP; Berkshire Fund VIII, L.P.
20151722	G	ABRY Partners VIII, L.P.; Altaris Health Partners II, L.P.; ABRY Partners VIII, L.P.
20151725	G	Devon Energy Corporation; Matador Resources Company; Devon Energy Corporation.
20151727	G	FC Trident, LLC; Sentinel Capital Partners IV, L.P.; FC Trident, LLC.
20151738	G	XPO Logistics, Inc.; Con-way Inc.; XPO Logistics, Inc.
20151755	G	ArcLight Energy Partners Fund VI, L.P.; HOVENSA L.L.C.; ArcLight Energy Partners Fund VI, L.P.
09/28/2015		
20151697	G	Sumitomo Life Insurance Company; Symetra Financial Corporation; Sumitomo Life Insurance Company.
20151715	G	Sanchez Production Partners LP; Sanchez Energy Corporation; Sanchez Production Partners LP.
20151732	G	Dot Foods, Inc.; Grabber Construction Products, Inc. Employee Stock Option; Dot Foods, Inc.
20151736	G	Flowers Foods, Inc.; Todd C. and Andrea C. Wood; Flowers Foods, Inc.
20151748	G	LCP VIII (AIV I), L.P.; Clearview Capital Fund II L.P.; LCP VIII (AIV I), L.P.
09/29/2015		
20150271	S	Tornier N.V.; Wright Medical Group, Inc.; Tornier N.V.
20151728	G	C.L. de Carvalho-Heineken; LBC Founders LLC; C.L. de Carvalho-Heineken.
20151731	G	Verizon Communication Inc.; Millennial Media, Inc.; Verizon Communication Inc.
09/30/2015		
20151200	G	Cox Family Voting Trust u/a/d 7/26/13; Dealertrack Technologies, Inc.; Cox Family Voting Trust u/a/d 7/26/13.
20151410	G	ACE Limited; The Chubb Corporation; ACE Limited.
20151729	G	Diane M. Hendricks; Compagnie De Saint-Gobain; Diane M. Hendricks.

FOR FURTHER INFORMATION CONTACT: Theresa Kingsberry, Program Support Specialist, Federal Trade Commission Premerger Notification Office, Bureau of Competition, Room CC–5301, Washington, DC 20024, (202) 326–3100.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 2015–27992 Filed 11–2–15; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–15AEZ]

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

Identification of Behavioral and Clinical Predictors of Early HIV Infection (Project DETECT)—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC provides guidelines for HIV testing and diagnosis for the United States, as well as technical guidance for its grantees. CDC will use the HIV testing data collected for this project to update these guidance documents to reflect the latest available testing technologies, their performance characteristics, and considerations regarding their use. Specifically, CDC will describe the information on behavioral and clinical characteristics of persons with early infection to help HIV test providers (including CDC grantees) choose which HIV tests to use and target tests appropriately to persons at different levels of risk. This information will primarily be disseminated through guidance documents (and articles in peer-reviewed journals).

The primary study population will be persons at high risk for or diagnosed with HIV infection, many of whom will be men who have sex with men (MSM) because the majority of new HIV infections occur each year among this population. The goals of the project are to: (1) Characterize the performance of new HIV tests for detecting established and early HIV infection at the point of care, relative to each other and to currently used gold standard, non-POC tests, and (2) identify behavioral and clinical predictors of early HIV infection.

Project DETECT will enroll 1,667 persons annually at the primary study site clinic in Seattle, and an additional 200 persons will be enrolled from other clinics in the greater Seattle area. The study will be conducted in two phases.

Phase 1: After a clinic client consents to participate, he/she will be assigned a unique participant ID and will then undergo testing with the 7 new HIV tests under study. While awaiting test results, participants will undergo additional specimen collections and complete the Phase 1 Enrollment Survey.

Phase 2: All Phase 1 participants whose results on the 7 tests under investigation are not in agreement with one another (''discordant'') will be considered to have a potential early HIV infection. Nucleic amplification testing that detects viral nucleic acids will be conducted to confirm an HIV diagnosis and rule out false positives. Study investigators expect that each year, 50 participants with discordant test results will be invited to participate in serial follow-up specimen collections to assess the time point at which all HIV test results resolve and become concordant positive (indicating enrollment during early infection) or concordant negative (indicating one or more false-positive test results in Phase 1).

The follow-up schedule will consist of up to nine visits scheduled at regular intervals over a 70-day period. At each follow-up visit, participants will be tested with the new HIV tests and additional oral fluid and blood specimens will also be collected for storage and use in future HIV test evaluations at CDC. Participants will be followed up only to the point at which all their test results become concordant. At each time point, participants will be asked to complete the Phase 2 HIV Symptom and Care survey that collects information on symptoms associated with early HIV infection as well as access to HIV care and treatment since the last Phase 2 visit. When all tests become concordant (*i.e.*, at the last Phase 2 visit) participants will complete the Phase 2 behavioral survey to identify any behavioral changes during follow-up. Of the 50 Phase 2 participants, it is estimate that no more than 26 annually will have early HIV infection.

All data for the proposed information collection will be collected via an electronic Computer Assisted Self-Interview (CASI) survey. Participants will complete the surveys on an encrypted computer, with the exception of the Phase 2 Symptom and Care survey, which will be administered by a research assistant and then electronically entered into the CASI system. Data to be collected via CASI include questions on socio-demographics, medical care, HIV testing, pre-exposure prophylaxis, antiretroviral treatment, sexually transmitted disease (STD) history, symptoms of early HIV infection, substance use and sexual behavior.

Data from the surveys will be merged with HIV test results and relevant clinical data using the unique ID number. Data will be stored on a secure server managed by the University of Washington Department of Medicine IT Services. The participation of respondents is voluntary. There is no cost to the respondents other than their time. The total annual burden hours are 2,110.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Persons eligible for study	Phase 1 Consent	2,334	1	15/60
Enrolled participants	Phase 1 Enrollment Survey A	1,667	1	45/60
	Phase 1 Enrollment Survey B	200	1	60/60
	Phase 2 Consent	50	1	15/60
	Phase 2 HIV Symptom and Care Survey	50	9	5/60
	Phase 2 Behavioral Survey	50	1	30/60

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. 2015–27888 Filed 11–2–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–0824]

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

BioSense (OMB Control No. 0920–0824, Expiration 11/30/2015)—Revision—Center for Surveillance, Epidemiology and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The BioSense Program was created by congressional mandate as part of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and was launched by the CDC in 2003. The original BioSense Program (BioSense 1.0) was intended to serve as a national level public health syndromic surveillance system for early detection and rapid assessment of potential bioterrorism-related illness and injury. In 2009, CDC began planning and developing the computing cloud-based BioSense 2.0 Platform. This cloud-based system would offer secure storage space for data and data sharing capacity for each state and local health department. Since August 2012, when CDC submitted a request to OMB for approval of a revision to the BioSense information collection request, HHS published new guidance on Meaningful Use of Electronic Health Records for syndromic surveillance. During this time, CDC also initiated its new CDC Surveillance Strategy. These actions provided new guidance for improvements to the BioSense Program, which resulted in new requirements for data submission to the BioSense Platform and new requests specified below.

CDC requests a three-year Revision approval for BioSense. This Revision includes new requests for approval to: (1) Change the title of the information collection request from BioSense to the National Syndromic Surveillance Program (NSSP); (2) receive data from additional state, local, and territorial health departments; (3) receive from state, local, and territorial health departments syndromic surveillance data submitted to those health departments from urgent care, ambulatory care and hospital inpatient settings (in addition to data from hospital emergency departments, included in the previously approved information collection request); and (4) receive from state, local, and territorial health departments additional syndromic surveillance data elements.

The total estimated number of burden hours has decreased since the previously approved information collection request because we inadvertently included estimates for the Department of Defense, Department of Veterans Affairs, and the two organizations that provide pharmacy data. We only included estimates for state, local, and territorial public health jurisdictions and the private sector laboratory company that provides laboratory data free of charge to CDC in this information collection request. There is no burden for the private sector laboratory company for recruitment, registration, and healthcare data collection. The private sector laboratory company chose their sharing permissions when they registered to use the system. The estimated annual burden is 39 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
State, Local and Territorial Public Health Departments	Recruitment Information Collection	20	1	1
State, Local and Territorial Public Health Departments	Registration Information Collection	200	1	5/60
State, Local, and Territorial Public Health Departments	Healthcare Information Collection: Administrator Data Sharing Agreements/Permissions.	20	1	5/60