or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022–16898 Filed 8–5–22; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: DoNation General Workplace Campaign Scorecard, 0906–XXXX—New

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for the opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than September 7, 2022.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the acting HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–9094.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: DoNation General Workplace Campaign Scorecard OMB No. 0906–XXXX–New.

Abstract: HRSA's 'DoNation' Campaign for Organ Donation will enlist the help of America's workplaces to increase the number of registered organ, eye, and tissue donors by hosting awareness, education, outreach, and donor registration events in their companies, workplaces, and communities. This campaign now incorporates HRSA's Hospital Campaign, which encourages America's medical facilities and hospitals to promote organ, eye, and tissue donor registrations to streamline communications, better leverage internal and external resources, and combine campaign efforts under one unified and identifiable visual brand and name. A scorecard identifies activities that all participants can implement and assigns points to each activity. Participants that earn a certain number of points annually will be recognized by HRSA and other national organizations that support the campaign's mission. HRSA intends to create an electronic version of the scorecard that will be user-friendly and will collect information from America's workplaces regarding their donor registration and outreach activities. The scorecard will provide HRSA with data throughout the campaign year.

Need and Proposed Use of the Information: There is a substantial imbalance in the United States between the number of people whose life depends on an organ transplant (currently more than 107,000) and the annual number of organ donors (approximately 39,000 living and deceased donors since January 2020). In response to the need for increased donation, HRSA conducts public outreach initiatives to encourage the American public to enroll in their state donor registry as future organ, eye, and tissue donors.

The scorecard motivates and facilitates participation in the campaign, provides the basis for rewarding participants for their accomplishments, and enables HRSA to measure and evaluate the campaign process and outcome. The scorecard also enables HRSA to make data-based decisions and improvements for subsequent campaigns.

Likely Respondents: Community development and public relations staff of organ procurement and other donation organizations, hospital and workplace staff and/or leadership, such as human resources or public relations/communications professionals and other staff members, and/or volunteers who work with workplaces and organizations on organ donation initiatives.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Activity Scorecard (electronic PDF)	1,400	1	1,400	.25	350
Total	1,400	1	1,400	.25	350

HRSA specifically requests comments on (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.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022–16886 Filed 8–5–22; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Findings of research misconduct have been made against Deepak Kaushal, Ph.D. (Respondent), Professor and Director, Southwest National Primate Research Center, Host Pathogen Interactions Program, Texas Biomedical Research Institute (TBRI). Respondent engaged in research misconduct in research supported by U.S. Public Health Service (PHS) funds, specifically National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), grants U19 AI111211, R01 AI111943, R01 AI123047, R01 AI134240, K24 AI058609, and K24 AI114444, and Office of the Director, NIH, grants P51 OD011104 and P51 OD011133. The administrative actions, including supervision for a period of one (1) year, were implemented beginning on July 22, 2022, and are detailed below.

FOR FURTHER INFORMATION CONTACT: Wanda K. Jones, Dr.P.H., Acting Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 240, Rockville, MD 20852, (240) 453–8200.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

Deepak Kaushal, Ph.D., Texas Biomedical Research Institute: Based on the report of an inquiry conducted by TBRI, Respondent's admission, and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Deepak Kaushal, Professor and Director, Southwest National Primate Research Center, Host Pathogen Interactions Program, TBRI, engaged in research misconduct in research supported by PHS funds, specifically NIAID, NIH, grants U19 AI111211, R01 AI111943, R01 AI123047, R01 AI134240, K24 AI058609, and K24 AI114444, and Office of the Director, NIH, grants P51 OD011104 and P51 OD011133.

ORI found that Respondent engaged in research misconduct by intentionally, knowingly, and/or recklessly falsifying and fabricating the experimental methodology to demonstrate results obtained under different experimental conditions that were included in the following one (1) published paper and two (2) grant applications submitted for PHS funds:

- Isoniazid and Rifapentine Treatment Eradicates Persistent Mycobacterium tuberculosis in Macaques. *Am J Respir Crit Care Med.* 2020 Feb 15;201(4):469–77; doi: 10.1164/rccm.201903–0646OC (hereafter referred to as ''*Am J Respir Crit Care Med* 2020''). Retraction in: *Am J Respir Crit Care Med.* 2021 Apr 15;203(8):1045; doi: 10.1164/rccm.v203retraction1.
- R01 AI159898–01, ''Effect of latent TB infection on immunity to M. tuberculosis reinfection,'' submitted to NIAID, NIH, on June 25, 2020.
- R01 AI147947–01A1, ''Effect of prior latent TB infection on immune responses to M. tuberculosis,'' submitted to NIAID, NIH, on July 18, 2019.

Specifically, ORI found that Respondent knowingly, intentionally, or recklessly:

- Falsified and fabricated the numbers for treated and untreated non-human primates (NHP) used in the study. The experimental design in *Am J Respir Crit Care Med* 2020 falsely stated that seven NHPs were treated with 3HP (*i.e.,* a treatment regimen constituting of twelve once-weekly doses of 15 mg/kg isoniazid [INH] and 15 mg/kg rifapentine [RPT]) and another seven NHPs were untreated controls, when instead a total of eight NHPs were treated with INH and RPT and six NHPs were untreated controls.
- Falsified and fabricated the number of weekly doses of INH and RPT treatment administered to NHPs in the study. The experimental design in *Am J Respir Crit Care Med* 2020 falsely stated that seven NHPs were treated with 3HP, when instead the NHPs were treated with a variable number of INH and RPT doses that do not conform to the 3HP regimen.
- Falsified and fabricated the time interval between mycobacterium (Mtb) exposure and the first dose of INH and RPT treatments that were administered to NHPs in the study. The experimental design in *Am J Respir Crit Care Med* 2020 falsely stated that seven NHPs were treated with 3HP beginning in Week 16–18 after Mtb infection, when instead the treated NHPs received the first dose of INH and RPT treatment at different time points.
- Falsified and fabricated the time interval between the last weekly doses of INH and IPT treatment and infection with simian immunodeficiency virus (SIV). The experimental design in Figure 3A of *Am J Respir Crit Care Med* 2020 falsely stated that after treatment with weekly INH and RPT for three months, NHPs were rested for one month before coinfection with SIV, when instead the treated NHPs were infected with SIV either on the same day as the last dose of INH and RPT treatment or at a different time point.
- Included survival kinetics data from the falsified 3HP treatment in Figure 1G of *Am J Respir Crit Care Med* 2020 as Figure 5 of R01 AI159898–01 to demonstrate the efficacy of 3HP treatment against reactivation of latent Mtb infection in NHPs post SIV infection.
- Included bacterial persistence and burden data from the falsified 3HP treatment in Figures 2A, 2B, and 2C of *Am J Respir Crit Care Med* 2020 as Figure 6C of R01 AI159898–01 and Figure 2 of R01 AI147947–01A1 to represent the efficacy of 3HP treatment in reducing Mtb burden in NHPs post SIV infection.
- Included pulmonary pathology data from the falsified 3HP treatment in Figures 3A and 3B of *Am J Respir Crit Care Med* 2020 as Figures 6A and 6B, respectively, of R01 AI159898–01 to represent the efficacy of 3HP treatment against reactivation of latent Mtb infected NHPs post SIV infection.
- Included clinical parameters from the falsified 3HP treatment in Figure 1 of *Am J Respir Crit Care Med* 2020 as Figure 1 of R01 AI147947–01A1 to present clinical correlates of latent Mtb infection and SIV induced reactivation under 3HP treatment.
- Included pulmonary pathology data from the falsified 3HP treatment in Figure 3 of *Am J Respir Crit Care Med* 2020 as Figure 3 of R01 AI147947–01A1 to represent efficacy of 3HP treatment in reducing lung pathology due to reactivation of latent Mtb infection in NHPs post SIV infection.
- Included untreated NHP's lung tissue immunohistochemistry image representing CD3-positive T-cell staining from Figure 4B of *Am J Respir Crit Care Med* 2020 as Figure 6A of R01 AI147947–01A1 to represent CD3-positive T-cell staining in lung tissue of 3HP treated NHPs.