incorrect dates for these electronic study data standards. This document corrects those errors.

FOR FURTHER INFORMATION CONTACT: Chenoa Conley, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Rm. 1117, Silver Spring, MD 20993–0002, 301–796–0035, *cderdatastandards@fda.hhs.gov,* or Stephen Ripley, Center for Biologics Evaluation and Research, Food and Drug Administration, Bldg. 71, Rm. 7301, Silver Spring, MD 20993–0002, 240–402–7911.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of August 20, 2020 (85 FR 51450), in FR Doc. 2020–18236, the following correction is made:

On page 51450, in the second and third columns, the last paragraph of the document is corrected to read as follows: ''On page 40659, in the first column, the last three sentences of the document are corrected to read as follows: Support for version 1.7 of the CDISC SDTM, version 3.3 of the SDTMIG, and version 2.1 of the Define-XML will begin on March 15, 2021, and the date that the requirement begins will be on March 15, 2022, for new drug applications, abbreviated new drug applications, and certain biologics license applications. For certain investigational new drug applications, the date that requirement begins will be March 15, 2023. Support and requirement for version 1.3 of the CDISC SDTM and version 3.1.3 of the SDTMIG will end on March 15, 2021.''

Dated: December 13, 2022.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2022–27346 Filed 12–15–22; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS–0990-new]

Agency Information Collection Request: 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before January 17, 2023.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 264–0041, or *PRA@HHS.GOV.* When submitting comments or requesting information, please include the document identifier 0990-New-30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: National Strategy for a Resilient Public Health Supply Chain Paperwork Reduction Act Clearance.

Type of Collection: New Father Generic ICR.

OMB No. 0990-new—Administration for Strategic Preparedness and Response—Office of Strategy, Policy, Planning, and Requirements.

Abstract: The Office of Strategy, Policy, Planning, and Requirements, within the Department of Health and Human Services (HHS), Administration for Strategic Preparedness and Response (ASPR), is seeking OMB approval of a new Generic clearance. In July 2021, the White House published the *National Strategy for a Resilient Public Health Supply Chain* (National Strategy), which provides a strategic approach to design, build, and sustain a long-term capability in the United States to manufacture supplies for future pandemics and biological threats. HHS is working with the White House and across the federal interagency to launch a multiyear implementation of the National Strategy involving the identification and coordination of measurable activities across the U.S. government, State, Local, Tribal, and Territorial (SLTT) jurisdictions, and the private sector.

HHS is requesting a 3-year PRA generic clearance for purposes of implementation to engage with SLTTs, trade groups, mixed cross-sector audiences, non-governmental organizations, manufacturers, academia, healthcare providers and facilities, local communities, and other partners to: gain a better understanding of the public health supply chain; develop future strategic goals and recommendations for building immediate and long-term resilience through increased visibility, agility, and robustness in the public health supply chain to prepare for and mitigate future public health emergencies; and to ensure ASPR, HHS, and the broader U.S. government have current data and information to inform program and policy decision-making.

Cross-sectoral engagement underpins many of the interdependent implementation activities. For example, one such activity involves information collection from SLTT partners on facility, local, and state stockpiling plans to ensure coordinated plans are in place for a future public health emergency. Other potential engagements include, but are not limited to questionnaires, stakeholder meetings, requests for information, town hall meetings, and workshops. Stakeholder engagement frequency will vary depending on the type of stakeholder and the information collection needs. Therefore, some engagements may only occur once, while others may require a series of recurring meetings.

ESTIMATED ANNUALIZED BURDEN TABLE OVER THREE YEARS

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Private sector companies, SLTT, Trade groups and associations, NGOs, Manufacturers, distributors, Academia, Healthcare delivery providers/facilities, Public, USG Supply chain inventory holders, Biopharmaceutical industry, Biotechnology development companies, Communities, GPOs, standards development organizations, logistics, third party contractors, purchasing organizations, professional associations/societies, Mixed cross-sector audience, labor unions, workforce training providers, organizations, state and local workforce boards.	32800 (Form: Informed consent)	1	5/60	2734
	32800 (Form: Demographics standardized questionnaire with decision logic allowing some questions to be omitted).	1	15/60	8200
	6000(Form: Cognitive questionnaire)	1	8	48000
	6600(Form: Formative interviews and focus groups).	2	4	52800
	10200 (Form: Town halls and public meetings).	2	8	163200
	1000 (Form: Supply chain questionnaires)	156	30/60	78000
	6000 (Form: Knowledge-based questionnaires).	1	30/60	3000
	3000 (Form: Interviews and focus groups)	1	1	3000
Total				358,934

Sherrette A. Funn,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2022–27262 Filed 12–15–22; 8:45 am]

BILLING CODE 4150–37–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 Alice C. Chang, Ph.D. (formerly named Chun-Ju Chang) (Respondent), who was an Associate Professor of Basic Medical Sciences, College of Veterinary Medicine, Purdue University (PU). Respondent engaged in research misconduct in research supported by U.S. Public Health Service (PHS) funds, specifically National Cancer Institute (NCI), National Institutes of Health (NIH), grants P30 CA023168 and R37 CA215087. The administrative actions, including debarment for a period of ten (10) years, were implemented beginning on December 7, 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:

Alice C. Chang, Ph.D., Purdue University: Based on the report of an investigation conducted by PU and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Alice C. Chang (formerly named Chun-Ju Chang), former Associate Professor of Basic Medical Sciences, College of Veterinary Medicine, PU, engaged in research misconduct in research supported by U.S. Public Health Service (PHS) funds, specifically National Cancer Institute (NCI), National Institutes of Health (NIH), grants P30 CA023168 and R37 CA215087.

ORI found that Respondent engaged in research misconduct by knowingly, intentionally, or recklessly falsifying and/or fabricating data included in the following sixteen (16) grant applications submitted for PHS funds:

- R21 CA191797–01, ''Targeting miR–200c for early detection of aggressive breast cancer,'' submitted to NCI, NIH, on 02/17/2014.
- R21 CA194474–01, ''The role of miRNA regulated-cell polarity machinery in breast cancer stem cell fate decision,'' submitted to NCI, NIH, on 06/19/2014.
- R03 CA198606–01, ''Targeting cell polarity machinery to exhaust breast cancer stem cell pool,'' submitted to NCI, NIH, on 10/28/2014 (funded).
- R01 CA205940–01, ''Epigenetic regulation governing ATRA-mediated cellular programming,'' submitted to NCI, NIH, on 06/04/2015.
- R01 CA208325–01, ''Epigenetic mechanism underlying retinoic acid resistance in breast cancer stem cells,'' submitted to NCI, NIH, on 10/05/2015.
- R01 CA208325–01A1, ''Epigenetic mechanism underlying retinoic acid resistance in tumor stem cells,'' submitted to NCI, NIH, on 11/07/2016.
- R21 CA215908–01, ''Targeting EMT-induced mitochondrial heterogeneity in breast cancer,'' submitted to NCI, NIH, on 06/24/2016.
- R01 CA211063–01, ''The role of mitochondrial regulation in directing the cancer stem cell fate,'' submitted to NCI, NIH, on 01/28/2016.
- R01 CA215087–01, ''Targeting metformin-directed stem cell fate in triple negative breast cancer,'' submitted to NCI, NIH, on 06/03/2016.
- R37 CA215087–01A1, ''Targeting metformin-directed stem cell fate in triple negative breast cancer,'' submitted to NCI, NIH, on 03/06/2017 (funded).
- R01 CA226951–01, ''(PQ11) Role of DHA in directing luminal differentiation and therapy response in triple-negative breast cancer,'' submitted to NCI, NIH, on 06/22/2017.
- R01 CA231940–01, ''Regulation of Tet2 in programming mammary stem cell fate,'' submitted to NCI, NIH, on 10/05/2017.