

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hour
Site Addition .....	Health Care Practitioner ....	25	12	5/60	25
CTSU Roster Update Form .....	Health Care Practitioner ....	50	12	4/60	40
CTSU Radiation Therapy Facilities Inventory Form.	Health Care Practitioner ....	20	12	30/60	120
CTSU IBCSG Drug Accountability Form .....	Health Care Practitioner ....	11	12	10/60	22
CTSU IBCSG Transfer of Investigational Agent Form.	Health Care Practitioner ....	3	12	20/60	12
Site Initiated Data Update Form .....	Health Care Practitioner ....	10	12	10/60	20
Data Clarification Form .....	Health Care Practitioner ....	341	12	20/60	1,364
RTOG 0834 CTSU Data Transmittal Form ....	Health Care Practitioner ....	60	12	10/60	120
MC0845(8233) CTSU Data Transmittal .....	Health Care Practitioner ....	50	12	10/60	100
CTSU Generic Data Transmittal Form .....	Health Care Practitioner ....	500	12	10/60	1,000
CTSU Patient Enrollment Transmittal Form ...	Health Care Practitioner ....	200	12	10/60	400
CTSU P2C Enrollment Transmittal Form .....	Health Care Practitioner ....	15	12	10/60	30
CTSU Transfer Form .....	Health Care Practitioner ....	20	12	10/60	40
CTSU System Account Request Form .....	Health Care Practitioner ....	20	12	20/60	80
CTSU Request for Clinical Brochure .....	Health Care Practitioner ....	75	12	10/60	150
CTSU Supply Request Form .....	Health Care Practitioner ....	75	12	10/60	150
CTSU Web Site Customer Satisfaction Survey.	Health Care Practitioner ....	275	1	15/60	69
CTSU Helpdesk Customer Satisfaction Survey.	Health Care Practitioner ....	325	1	15/60	81
CTSU OPEN Survey .....	Health Care Practitioner ....	60	1	15/60	15
PIO Customer Satisfaction Survey .....	Health Care Practitioner ....	100	1	5/60	8
Concept Clinical Trial Survey .....	Health Care Practitioner ....	500	1	5/60	42
Prospective Clinical Trial Survey .....	Health Care Practitioner ....	1,000	1	5/60	83
Low Accrual Clinical Trial Survey .....	Health Care Practitioner ....	1,000	1	5/60	83
Annualized Totals .....	.....	22,785	237,560	.....	25,204

Dated: November 10, 2016.

**Karla Bailey,**

*Project Clearance Liaison, National Cancer Institute, National Institutes of Health.*

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**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Deafness and Other Communication Disorders; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Deafness and Other Communication Disorders Advisory Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and/or contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications and/or contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Deafness and Other Communication Disorders Advisory Council.

*Date:* January 27, 2017.

*Closed:* 8:30 a.m. to 9:40 a.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Building 31, Conference Room 6, 31 Center Drive, Bethesda, MD 20892.

*Open:* 9:40 a.m. to 2:00 p.m.

*Agenda:* Staff reports on divisional, programmatic, and special activities.

*Place:* National Institutes of Health, Building 31, Conference Room 6, 31 Center Drive, Bethesda, MD 20892.

*Contact Person:* Craig A. Jordan, Ph.D., Director, Division of Extramural Activities, NIDCD, NIH, Room 8345, MSC 9670, 6001

Executive Blvd., Bethesda, MD 20892-9670, 301-496-8693, [jordanc@nidcd.nih.gov](mailto:jordanc@nidcd.nih.gov).

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: <http://www.nidcd.nih.gov/about/Pages/Advisory-Groups-and-Review-Committees.aspx>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.173, Biological Research Related to Deafness and Communicative Disorders, National Institutes of Health, HHS)

Dated: November 16, 2016.

**Sylvia L. Neal,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

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