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Arrangement For Public Inspection:  
All nominations will be available for  
public inspections by appointment at  
the Center for Primary Care, Prevention  
& Clinical Partnerships, 301.427.1500,  
weekdays between 10 a.m. and 5 p.m.  
(eastern time).

**SUPPLEMENTARY INFORMATION:**

**Background**

Under Title IX of the Public Health  
Service Act, AHRQ is charged with  
enhancing the quality, appropriateness  
and effectiveness of health care services  
and access to such services. AHRQ  
accomplishes these goals through  
scientific research and promotion of  
improvements in clinical practice,  
including prevention of diseases and  
other health conditions and  
improvements in the organization,  
financing and delivery of health care  
services (42 U.S.C. 299–299c–7 as  
amended by Pub. L. 106–129 (1999)).

The United States Preventive Services  
Task Force (USPSTF) is an independent  
expert panel, first established in 1984  
under the auspices of the U.S. Public  
Health Service. Currently, under  
AHRQ's authorizing legislation noted  
above, the Director of AHRQ is  
responsible for convening the USPSTF  
to be composed of individuals with  
appropriate expertise. The mission of  
the Task Force is to rigorously evaluate  
the effectiveness of critical preventive  
services and to formulate  
recommendations for primary care  
clinicians regarding the appropriate  
provision of preventive services. The  
USPSTF transitioned to a standing Task  
Force in 2001. Current Task Force  
recommendations and associated  
evidence reviews are available at  
<http://www.preventiveservices.ahrq.gov>.

**Topic Nomination Solicitation**

The purpose of this solicitation for  
new topics by AHRQ and the USPSTF  
is to create a balanced portfolio of  
relevant topics for the current Task  
Force library. The library is based on  
populations, types of services  
(screening, counseling, preventive  
medications), and disease types (cancer;  
heart and vascular disease; injury and  
violence-related disorders; infectious  
diseases; mental disorders and  
substance abuse; metabolic, nutritional  
and endocrine diseases; musculoskeletal  
conditions; obstetric and gynecological  
conditions; pediatric disorders; and,

vision and hearing disorders). Selection  
of suggested topics will be made on the  
basis of qualifications of nominations as  
outlined above (see basic topic  
nomination requirements) and the  
current expertise of the USPSTF.

**U.S. Preventive Services Task Force**

	Type of preventive service
<i>Topics Currently Under Review:</i>	
Additional Risk Factors for Intermediate CHD Risk.	S
Aspirin Primary Prevention of CHD.	PM
Aspirin Prophylaxis in Pregnancy.	PM
Aspirin/NSAIDs to prevent Colorectal Cancer.	PM
Bacterial Vaginosis in Pregnancy.	S
Breast Cancer .....	S/PM
Carotid Artery Stenosis .....	S
Chlamydial Infection .....	S
Colorectal Cancer .....	S
Depression in Adults .....	S
Drug Misuse .....	S
Dyslipidemia in Adults and Children.	S
Gestational Diabetes Mellitus	S
Hearing Impairment in Elderly	S
Hearing Impairment Newborn	S
Hemochromatosis .....	S
Hip Dysplasia .....	S
HIV & Other Sexually Transmitted Diseases.	C
Iron Deficiency Anemia, including iron prophylaxis.	S
Lead Levels in Childhood & Pregnancy.	S
Motor Vehicle Occupant Injuries.	C
Obesity in Adults .....	S/C
Osteoporosis to prevent Fractures.	S
Skin Cancer .....	S/C
Speech & Language Delay .....	S
Thyroid Cancer .....	S
<i>Topics Recently Reviewed:</i>	
Abdominal Aortic Aneurysm ...	S
Adolescent Idiopathic Scoliosis	C
Alcohol Misuse .....	C
Bladder Cancer .....	S
BRCA 1 & 2 .....	S
Breastfeeding .....	C
Cervical Cancer .....	S
Coronary Heart Disease screening by EKG, ETT, EBCT.	S
Dementia .....	S
Dental Caries in Preschool Children.	S
Diabetes Mellitus Type 2 .....	S
Family Violence .....	S
Genital Herpes Simplex .....	S
Glaucoma .....	S
Gonorrhea .....	S
Hepatitis B Virus Infection .....	S
Hepatitis C Virus Infection in Adults.	S
Healthy Diet .....	C
HIV Infection .....	S
Hypertension .....	S

	Type of preventive service
Low Back Pain .....	C
Lung Cancer .....	S
Obesity in Children .....	S
Oral Cancer .....	S
Ovarian Cancer .....	S
Pancreatic Cancer .....	S
Peripheral Arterial/Vascular Disease.	S
Physical Activity .....	C
Postmenopausal Hormone Prophylaxis (HRT).	PM
Prostate Cancer .....	S
Rh Incompatibility .....	S
Suicide Risk .....	S
Syphilis .....	S
Testicular Cancer .....	S
Thyroid Disease .....	S
Visual Impairment in Children	S

*Type of Preventive Service:* S = Screening;  
C = Counseling; PM = Preventive Medications.

Dated: January 17, 2006.

**Carolyn M. Clancy,**

*Director.*

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**BILLING CODE 4160–90–M**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Agency for Healthcare Research and  
Quality**

**Notice of Meetings**

In accordance with section 10(d) of  
the Federal Advisory Committee Act as  
amended (5 U.S.C., Appendix 2), the  
Agency for Healthcare Research and  
Quality (AHRQ) announces meetings of  
scientific peer review groups. The  
subcommittees listed below are part of  
the Agency's Health Services Research  
Initial Review Group Committee.

The subcommittee meetings will be  
closed to the public in accordance with  
the Federal Advisory Committee Act,  
section 10(d) of 5 U.S.C., Appendix 2  
and 5 U.S.C. 552b(c)(6). Grant  
applications are to be reviewed and  
discussed at these meetings. These  
discussions are likely to involve  
information concerning individuals  
associated with the applications,  
including assessments of their personal  
qualifications to conduct their proposed  
projects. This information is exempt  
from mandatory disclosure under the  
above-cited statutes.

1. Name of Subcommittee: Health Care  
Technology and Decision Sciences.

Date: February 2, 2006 (Open from 8  
a.m. to 8:15 a.m. on February 2 and  
closed for remainder of the  
meeting).

2. Name of Subcommittee: Health Research Dissemination and Implementation.  
Date: February 16, 2006 (Open from 8 a.m. to 8:15 a.m. on February 16 and closed for remainder of the meeting).
3. Name of Subcommittee: Health Care Quality and Effectiveness Research.  
Date: February 23, 2006 (Open from 8 a.m. to 8:15 a.m. on February 23 and closed for remainder of the meeting).
4. Name of Subcommittee: Health Research Training.  
Date: February 27–28, 2006 (Open from 9 a.m. to 9:15 a.m. on February 27 and closed for remainder of the meeting).
5. Name of Subcommittee: Health Systems Research.  
Date: February 28, 2006 (Open from 9 a.m. to 9:15 a.m. on February 28 and closed for remainder of the meeting).

All the meetings above will take place at: Agency for Healthcare Research and Quality, John Eisenberg Conference Center, 540 Gaither Road, Rockville, Maryland 20850.

*Contact Person:* Anyone wishing to obtain a roster of members, agenda or minutes of the nonconfidential portions of the meetings should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Suite 2000, Rockville, Maryland 20850, Telephone (301) 427–1554.

Agenda items for these meetings are subject to change as priorities dictate.

This notice is being published less than 15 days prior to the February 2 meeting, due to the time constraints of reviews and funding cycles.

Dated: January 13, 2006.

**Carolyn M. Clancy,**  
*Director.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day–06–0576]

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and

Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–4766 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

Possession, Use, and Transfer of Select Agents and Toxins (OMB Control No. 0920–0576)—Revision—Office of the Director (OD), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Pub. L. 107–188) specifies that the Secretary of Health and Human Services (HHS) shall provide for the establishment and enforcement of standards and procedures governing the possession, use, and transfer of select agents and toxins that have the potential to pose a severe threat to public health and safety. The Act specifies that entities that possess, use, and transfer these select agents register with the HHS Secretary. The HHS Secretary has designated CDC as the agency responsible for collecting this information.

CDC is requesting continued OMB approval to collect this information through the use of five separate forms. These forms are: (1) Application for Registration, (2) Request to Transfer Select Agent or Toxin, (3) Report of Theft, Loss, or Release of Select Agent and Toxin, (4) Report of Identification of Select Agent or Toxin, and (5) Request for Exemption.

The Application for Registration (42 CFR, 73.7(d)) is used by entities to register with CDC. The Application for Registration requests facility information; a list of select agents or toxins in use, possession, or for transfer by the entity; characterization of the select agent or toxin; and laboratory information. Estimated average time to complete this form is 3 hours, 45 minutes for an entity with one principal investigator working with one select agent or toxin. CDC estimates that entities will need an additional 45 minutes for each additional investigator or agent. In our regulatory analysis, we have estimated that 70% of the 350 entities have 1–3 principal investigators, 15% have 5 principal investigators, and 15% have 10 principal investigators. We have used these figures to calculate the burden for this section. Estimated

burden for the Application for Registration is 2,191 hours.

Entities may amend their registration (42 CFR, 73.7(h)(1)) if any changes occur in the information submitted to CDC. To apply for an amendment to a certificate of registration, an entity must obtain the relevant portion of the application package and submit the information requested in the package to CDC. Estimated time to amend a registration package is 1 hour.

The Request to Transfer Select Agent or Toxin form (42 CFR 73.16) is used by entities requesting transfer of a select agent or toxin to their facility and by the entity transferring the agent. CDC revised the Request to Transfer Select Agent or Toxin form by removing the requirement that entities provide written notice within five business days when select agents or toxins are consumed or destroyed after a transfer. Estimated average time to complete this form is 1 hour, 30 minutes.

The Report of Theft, Loss, or Release of Select Agent and Toxin form (42 CFR 73.19(a)(b)) must be completed by entities whenever there is theft, loss, or release of a select agent or toxin. Estimated average time to complete this form is 1 hour.

The Report of Identification of Select Agent or Toxin form 42 CFR 73.5(a)(b) and 73.6(a)(b) is used by clinical and diagnostic laboratories to notify CDC that select agents or toxins identified as the result of diagnostic or proficiency testing have been disposed of in a proper manner. In addition, the form is used by Federal law enforcement agencies to report the seizure and final disposition of select agents and toxins. Estimated average time to complete this form is 1 hour.

The Request for Exemption form (42 CFR 73.5 (d)(e) and 73.6 (d)(e)) is used by entities that are using an investigational product that are, bear, or contain select agents or toxins or in cases of public health emergency. Estimated average time to complete this form is 1 hour.

In addition to the standardized forms, this regulation also outlines situations in which an entity must notify or may make a request of the HHS Secretary in writing. An entity may apply to the HHS Secretary for an expedited review of an individual by the Attorney General (42 CFR 73.10(e)). To apply for this expedited review, an entity must submit a request in writing to the HHS Secretary establishing the need for such action. The estimated time to gather the information and submit this request is 30 minutes. CDC has not developed standardized forms to use in the above situations. Rather, the entity should