ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Form number & name | Number of respondents | Number of responses per respondent | Avg. burden per response (hours) | Total burden (hours) |
|---|---|---|---|---|
| 57.306 Hemovigilance Module Annual Survey—Non-acute care facility | 500 | 1 | 35/60 | 292 |
| 57.307 Hemovigilance Adverse Reaction—Acute Hemolytic Transfusion Reaction | 500 | 4 | 20/60 | 667 |
| 57.308 Hemovigilance Adverse Reaction—Allergic Transfusion Reaction | 500 | 4 | 20/60 | 667 |
| 57.309 Hemovigilance Adverse Reaction—Delayed Hemolytic Transfusion Reaction | 500 | 1 | 20/60 | 167 |
| 57.310 Hemovigilance Adverse Reaction—Delayed Serologic Transfusion Reaction | 500 | 2 | 20/60 | 333 |
| 57.311 Hemovigilance Adverse Reaction—Febrile Non-hemolytic Transfusion Reaction | 500 | 4 | 20/60 | 667 |
| 57.312 Hemovigilance Adverse Reaction—Hypotensive Transfusion Reaction | 500 | 1 | 20/60 | 167 |
| 57.313 Hemovigilance Adverse Reaction—Infection | 500 | 1 | 20/60 | 167 |
| 57.314 Hemovigilance Adverse Reaction—Post Transfusion Purpura | 500 | 1 | 20/60 | 167 |
| 57.315 Hemovigilance Adverse Reaction—Transfusion Associated Dyspnea | 500 | 1 | 20/60 | 167 |
| 57.316 Hemovigilance Adverse Reaction—Transfusion Associated Graft vs. Host Disease | 500 | 1 | 20/60 | 167 |
| 57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury | 500 | 1 | 20/60 | 167 |
| 57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload | 500 | 2 | 20/60 | 333 |
| 57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction | 500 | 1 | 20/60 | 167 |
| 57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction | 500 | 1 | 20/60 | 167 |
| 57.400 Outpatient Procedure Component—Annual Facility Survey | 700 | 1 | 10/60 | 117 |
| 57.401 Outpatient Procedure Component—Monthly Reporting Plan | 700 | 12 | 15/60 | 2,100 |
| 57.402 Outpatient Procedure Component Same Day Outcome Measures | 200 | 1 | 40/60 | 133 |
| 57.403 Outpatient Procedure Component—Monthly Denominators for Same Day Outcome Measures | 200 | 400 | 40/60 | 53,333 |
| 57.404 Outpatient Procedure Component—SSI Denominator | 700 | 100 | 40/60 | 46,667 |
| 57.405 Outpatient Procedure Component—Surgical Site (SSI) Event | 700 | 5 | 40/60 | 2,333 |
| 57.500 Outpatient Dialysis Center Practices Survey | 7,200 | 1 | 12/60 | 1,440 |
| 57.501 Dialysis Monthly Reporting Plan | 7,200 | 12 | 5/60 | 7,200 |
| 57.502 Dialysis Event | 7,200 | 30 | 25/60 | 90,000 |
| 57.503 Denominator for Outpatient Dialysis | 7,200 | 30 | 10/60 | 36000 |
| 57.504 Prevention Process Measures Monthly Monitoring for Dialysis | 1,730 | 12 | 75/60 | 25,950 |
| 57.505 Dialysis Patient Influenza Vaccination | 615 | 50 | 10/60 | 5,125 |
| 57.506 Dialysis Patient Influenza Vaccination Denominator | 615 | 5 | 10/60 | 513 |
| 57.507 Home Dialysis Center Practices Survey | 430 | 1 | 30/60 | 215 |
| Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities | 125 | 52 | 60/60 | 6,500 |
| Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Long-Term Care Facilities | 1,200 | 52 | 60/60 | 62,400 |
| Weekly Resident Influenza Vaccination Cumulative Summary for Long-Term Care Facilities | 2,500 | 52 | 60/60 | 130,000 |
| Annual Healthcare Personnel Influenza Vaccination Summary | 5,000 | 1 | 120/60 | 10,000 |
| Total | | | | 1,718,591 |

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2021–20846 Filed 9–24–21; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Solicitation of Nominations for Appointment to the Clinical Laboratory Improvement Advisory Committee (CLIAC)

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) is seeking nominations for membership on the CLIAC. The CLIAC consists of 20 experts including the Chair, represents a diverse membership across laboratory specialties, professional roles (laboratory management, technical specialists, physicians, nurses) and practice settings (academic, clinical, public health), and includes a consumer representative.

**DATES:** Nominations for membership on CLIAC must be received no later than March 1, 2022. Packages received after this time will not be considered for the current membership cycle.

**ADDRESSES:** All nominations should be mailed to Nancy Anderson, MMSc, MT(ASCP), CLIAC Secretary, Senior Advisor for Clinical Laboratories, Division of Laboratory Systems, Center

for Surveillance, Epidemiology and Laboratory Services, Office of Public Health Scientific Services, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop V24–3, Atlanta, Georgia 30329–4018, Telephone: (404) 498–2741; or via email at *CLIAC@cdc.gov.*

**FOR FURTHER INFORMATION CONTACT:** Heather Stang, MS, Deputy Chief, Quality and Safety Systems Branch, Division of Laboratory Systems, Center for Surveillance, Epidemiology and Laboratory Services, Office of Public Health Scientific Services, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop V24–3, Atlanta, Georgia 30329–4018, Telephone: (404) 498–2769; *HStang@cdc.gov.*

**SUPPLEMENTARY INFORMATION:** The Committee includes three ex officio members (or designees), including the Director, CDC; the Administrator, Centers for Medicare & Medicaid Services (CMS); and the Commissioner, Food and Drug Administration (FDA). A nonvoting representative from the Advanced Medical Technology Association (AdvaMed) serves as the industry liaison. The Designated Federal Official (DFO) or their designee and the Executive Secretary are present at all meetings to ensure meetings are within applicable statutory, regulatory, and HHS General Administration manual directives.

Nominations are being sought for individuals who have the expertise and qualifications necessary to contribute to the accomplishments of the committee's objectives. Nominees will be selected based on expertise in the fields of microbiology (including bacteriology, mycobacteriology, mycology, parasitology, and virology), immunology (including histocompatibility), chemistry, hematology, pathology (including histopathology and cytology), or genetic testing (including cytogenetics); from representatives in the fields of medical technology, bioinformatics, public health, and clinical practice; and from consumer representatives. Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms.

Selection of members is based on candidates' qualifications to contribute to the accomplishment of CLIAC objectives (*https://www.cdc.gov/cliac/*).

The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented, and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees (SGEs), requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for CLIAC membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in July, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address).
- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services. (Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*e.g.,* CDC, NIH, FDA, etc.).

Nominations may be submitted by the candidate, or by the person/organization recommending the candidate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Kalwant Smagh,**

*Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2021–20925 Filed 9–24–21; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–21–21IE; Docket No. CDC–2021–0103]**

### Proposed Data Collection Submitted for Public Comment and Recommendations

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Understanding Health System Approaches to Chronic Pain Management. The proposed study is designed to evaluate the effects of evidence-based guidelines related to chronic pain management and opioid prescribing.

**DATES:** CDC must receive written comments on or before November 26, 2021.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2021–0103 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

**Please note:** Submit all comments through the Federal eRulemaking portal (*regulations.gov*) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS