interested in participating in the public comment period should contact Ms. Sarah Carr, SACGT Executive Secretary, as shown below.

Under authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, the Department of Health and Human Services (DHHS) established the SACGT to advise and make recommendations to the Secretary through the Assistant Secretary for Health on all aspects of the development and use of genetic tests. The SACGT is directed to: (1) Recommended policies and procedures for the safe and effective incorporation of genetic technologies into health care; (2) assess the effectiveness of existing and future measures for oversight of genetic tests; (3) and identify research needs related to the Committee's purview.

Further information about the SACGT is available at the following web site: http://www.nih.gov/od/orda/sacgtdocs.htm. A draft meeting agenda will be posted to the site prior to the meeting. Individuals who wish to provide public comments should notify Ms. Carr, by telephone at 301–496–9838 or E-mail at *sc112c@nih.gov* as soon as possible and provide a copy of their remarks to Ms. Carr by October 15, 1999. Those who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify Ms. Carr at 301–496–9838. The SACGT office is located at 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892.

Dated: September 13, 1999.

Sarah Carr,

Executive Secretary, SACGT.

[FR Doc. 99–24376 Filed 9–17–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[INFO–99–38]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Agency for Toxic Substances and Disease Registry (ATSDR) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the ATSDR Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Nancy Cheal, Ph.D., ATSDR Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Exposure to Volatile Organic Compounds and Childhood Leukemia Incidence at MCB Camp Lejeune, North Carolina—Extension—Agency for Toxic Substances and Disease Registry (ATSDR). There is limited evidence that in utero exposure to volatile organic compounds (VOCs) such as trichloroethylene and tetrachloroethylene (PCE) in drinking water may be strongly associated with childhood leukemia (CL). In 1982, VOC contamination was identified in certain groundwater supply wells which supplied drinking water to housing units at U.S. Marine Corps Base Camp Lejeune in Jacksonville, North Carolina. In a previous health study of approximately 6,000 infants exposed in utero to this contaminated water and 6,000 unexposed births, it was shown that gestational PCE exposure was related to lower birth weights for certain subgroups. The purpose of the proposed nested case-control study is to investigate the potential relationship between exposure to VOCs in drinking water and incidence of CL at Camp Lejeune. A secondary objective of the proposed study is to investigate the potential relationship between VOCs in drinking water and birth defects in this population.

During this phase of the proposed study, an attempt will be made to locate as many of the children born to base residents between 1968 and 1985 as well as offspring from pregnancies that occurred during this time period but were not delivered at Camp Lejeune. A brief screening questionnaire will be interviewer-administered to identify potential cancer and birth defect cases. Some of the data to be collected by the questionnaire includes: confirmation of the name(s) of children and date(s) of birth; dates and location of residence on base during the pregnancy and/or at the time of delivery; current vital status of each child; the determination of diagnosis with cancer or birth defects before age 20. As a result of delays in obtaining data necessary to trace potential respondents, a renewal for this project has been requested.

It is necessary to identify each respondent in order to assess place of residence at Camp Lejeune as a measure of possible VOC exposure as well as to determine possible case status, i.e. reported diagnosis of childhood cancer or birth defect. This information will be used during the next study phase to identify potential cases and controls for the proposed nested case-control study.

With help from the U. S. Navy and U. S. Marine Corps sources, we will obtain current address information and attempt to contact respondents directly. For respondents with unknown current addresses, tracing efforts will include advertising in the general media as well as in publications directed toward Marine Corps and Navy personnel. Once the respondent is located, the questionnaire will be administered by trained interviewers over the telephone.

Respondents will be one of the following: (1) a parent who gave birth or was pregnant while residing at MCB Camp Lejeune between 1968 and 1985; (2) a parent who was pregnant while residing at MCB Camp Lejeune between 1968 and 1985 but gave birth elsewhere; or (3) an offspring of said parents. The number of births that occurred at MCB Camp Lejeune during this period is approximately 12,000. It has been estimated that approximately one-third of women who seek prenatal care while residing at Camp Lejeune are relocated before delivery. Therefore, attempts will be made to contact and interview up to an additional 4,000 respondents. Of the 16,000 total possible respondents, a conservative estimate of the number that will be located and subsequently interviewed is 13,000 (about 80%).

The hourly burden has been modified since the first submittal. This was a result of pretesting of the data collection instrument. It was found that the average completion time per survey was closer to 15 minutes as opposed to the original estimate of 9 minutes.

Type of respondents	Number of respondents	Number of responses/respondent	Avg. burden of response (In hrs.)	Total burden (In hrs.)
Parent/Child born at Camp Lejeune; 1968–1985	9,650	1	0.25	2,412.50
Pregnancy at Camp Lejeune, delivery else-where; 1968–1985	3,350	1	0.25	837.50
Total				3,250.00

Dated: September 14, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–24368 Filed 9–17–99; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–99–37]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

National Coal Workers' Autopsy Study Consent Release and History Form—(0920–0021)—Extension—National Institute for Occupational Safety and Health (NIOSH)—Under the Federal Coal Mine Health & Safety Act of 1977, PL91–173 (amended the Federal Coal Mine & Safety Act of 1969), the Public Health Service has developed a nationwide autopsy program (NCWAS) for underground coal miners. The Consent Release and History Form is primarily used to obtain written authorization from the next-of-kin to perform an autopsy on the deceased miner. The study is a service program to aid surviving relatives in establishing eligibility for black lung compensation. Because a basic reason for the post-mortem exam is research (both epidemiological and clinical), included are a minimum of essential information regarding the deceased miner, his occupational history, and his smoking history. The data collected will be used by the staff at NIOSH for research purposes in defining the diagnostic criteria for coal workers' pneumoconiosis (black lung) and will be correlated with pathologic changes and x-ray findings.

It is estimated that only 5 minutes is required for the pathologist to put a statement on the invoice affirming that no other compensation is received for the autopsy. From past experience, it is estimated that 15 minutes is required for the next-of-kin to complete form CDC/NIOSH 2.6. In as much as an autopsy report is routinely completed by a pathologist, the only additional burden is the specific request of abstract of terminal illness and final diagnosis relating to pneumoconiosis. Therefore, only 5 minutes of additional burden is estimated for the autopsy report.

Respondent Costs

25 Burden Hours (Pathologists) @ $60/hour = $ 1,500

37.5 Burden Hours (Next-of-Kin) @ $12/hour = $ 450

Total: $ 1,950

The total cost to respondents is estimated at $1,950.

Data Collection:

Respondents	Number of respondents	Number of responses/respondent	Avg. burden of response (In hrs.)	Total burden (In hrs.)
Pathologist Invoice	150	1	5/60	12.5
Report	150	1	5/60	12.5
Next-of-Kin	150	1	15/60	37.5
Total				62.5

Dated: September 14, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–24367 Filed 9–17–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Advisory Committee on Immunization Practices (ACIP).

Times and Dates: 8 a.m.–6 p.m., October 20, 1999; 8 a.m.–6 p.m., October 21, 1999; 8 a.m.–12 p.m., October 22, 1999.

Place: Auditorium B, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., Atlanta, Georgia 30333.