

SUMMARY: The Food and Drug Administration (FDA) of the Department of Health and Human Services (HHS) is announcing a public meeting to present the "Quantitative Assessment of the Relative Risk to Public Health from Foodborne *Listeria monocytogenes* Among Selected Categories of Ready-to-Eat Foods" and to present information relative to the risk management action plan that has been updated in light of the results of the risk assessment. The risk assessment was conducted by FDA in cooperation with the Food Safety and Inspection Service (FSIS) of the U.S. Department of Agriculture and in consultation with the Centers for Disease Control and Prevention (CDC) of HHS. The notice of availability of the risk assessment was published in the **Federal Register** on October 24, 2003 (68 FR 61006). This public meeting is intended to provide clarification about the results of the risk assessment and information as to how the risk assessment may be utilized. Stakeholders will have an opportunity to ask questions about the risk assessment and the risk management action plan. Questions may also be submitted in advance of the public meeting (see the *Contact* section of this document).

Date and Time: The meeting will be held on December 4, 2003, from at 8:30 a.m. to 5 p.m. Registration and requests for formal oral presentations by December 2, 2003.

Location: The meeting will be held at the FDA/CFSAN Harvey W. Wiley Building, 1500 Paint Branch Pkwy., College Park, MD 20740-3835.

Contact: Lori Pisciotto, Center for Food Safety and Applied Nutrition (CFSAN) (HFS-006), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD, 301-436-2279, FAX: 301-436-2630, e-mail: lpisciot@cfsan.fda.gov.

Registration and Requests for Oral Presentation: Send registration information (including name, title, firm name, address, telephone and fax number), to the contact person by December 2, 2003. Interested persons may present data, information, or views orally or in writing, on the issue. If you desire to make a formal oral presentation, you should notify the contact person before December 2, 2003, and be prepared to give a brief description of the general nature of the information you wish to present. Time allotted for each presentation may be limited. Written submissions must also be made to the contact person by December 2, 2003.

If you need special accommodations due to a disability, please contact Ms.

Pisciotta (see the *Contact* section) at least 7 days in advance of the meeting.

Transcripts: Transcripts of the meeting may be requested in writing from the Freedom of Information Office (HFI-35), Food and Drug Administration, 5600 Fishers Lane, rm. 12A-16, Rockville, MD 20857, approximately 15 working days after the meeting at a cost of 10 cents per page.

SUPPLEMENTARY INFORMATION: FDA is announcing a public meeting on December 4, 2003, to present the "Quantitative Assessment of the Relative Risk to Public Health from Foodborne *Listeria monocytogenes* Among Selected Categories of Ready-to-Eat Foods" and the risk management action plan that has been updated in light of the risk assessment. In the **Federal Register** of January 19, 2001 (66 FR 5515), FDA and FSIS announced the availability of a draft *Listeria monocytogenes* risk assessment and a draft risk management plan based on the risk assessment. FDA, FSIS, and CDC held a public meeting on March 19, 2001, to receive comments on the technical aspects of the draft risk assessment on the relationship between foodborne *L. monocytogenes* and human health. Interested persons were given until March 20, 2001, with extensions to May 21, 2001, and to July 18, 2001, to comment on these documents. The risk assessment has been revised in response to public comments, newly available data, and updated modeling techniques, and was made available to the public in the **Federal Register** of October 24, 2003 (68 FR 61006). Comparable revisions also have been made to the draft risk management action plan.

Dated: October 31, 2003.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 03-28005 Filed 11-6-03; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003D-0493]

Draft Guidance for Industry on Powder Blends and Finished Dosage Units—Stratified In-Process Dosage Unit Sampling and Assessment; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a draft guidance for

industry entitled "Powder Blends and Finished Dosage Units—Stratified In-Process Dosage Unit Sampling and Assessment." The draft guidance is intended to provide recommendations to manufacturers of human drug products on how to develop a single control procedure to demonstrate the adequacy of mix to ensure uniformity and homogeneity of in-process powder blends and finished dosage units.

DATES: Submit written or electronic comments on the draft guidance by March 8, 2004. General comments on agency draft guidance documents are welcome at any time.

ADDRESSES: Submit written requests for single copies of the draft guidance to the Division of Drug Information (HFD-240), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your requests. Submit written comments on the draft guidance to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to <http://www.fda.gov/dockets/ecomments>. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the draft guidance document.

FOR FURTHER INFORMATION CONTACT: Jon Clark, Center for Drug Evaluation and Research (HFD-003), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-5103.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of a draft guidance for industry entitled "Powder Blends and Finished Dosage Units—Stratified In-Process Dosage Unit Sampling and Assessment." The draft guidance is intended to respond to industry concerns regarding FDA policies on demonstrating the adequacy of in-process powder mixing and uniform content in finished products under 21 CFR 211.110(a)(3).

In the **Federal Register** of August 27, 1999 (64 FR 46917), FDA published notice of the availability of a draft guidance for industry on blend uniformity analysis. Although FDA subsequently withdrew the draft guidance on May 17, 2002 (67 FR 35120), comments submitted on the draft guidance led to the formation of the Blend Uniformity Working Group (BUWG). The BUWG, which includes representatives from the agency, industry, and academia, conducted a public meeting on September 7 and 8,

2000, and developed a draft recommendation, "The Use of Stratified Sampling of Blend and Dosage Units to Demonstrate Adequacy of Mix for Powder Blends," which included the consensus reached by participants in this workshop. The *PDA Journal of Pharmaceutical Science and Technology* published the recommendation (March/April 2003, pp. 59–74). This draft guidance reflects CDER's effort to incorporate the recommendation into regulatory policy.

Stratified sampling is the selection of in-process dosage unit samples to specifically target locations in the compression/filling operation that have the greatest potential to yield extreme highs and lows in test results. The test results are used to monitor the manufacturing process output that is most responsible for causing finished product variability. These test results can be used to develop a single control procedure to ensure adequate powder mix and uniform content in finished products.

This draft guidance is being issued consistent with FDA's good guidance practices regulation (21 CFR 10.115). The draft guidance, when finalized, will represent the agency's current thinking on "Powder Blends and Finished Dosage Units—Stratified In-Process Dosage Unit Sampling and Assessment." It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statutes and regulations.

II. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments on the draft guidance. Two copies of mailed comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The draft guidance and received comments are available for public examination in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

III. Electronic Access

Persons with access to the Internet may obtain the document at either <http://www.fda.gov/cder/guidance/index.htm> or <http://www.fda.gov/ohrms/dockets/default.htm>.

Dated: October 31, 2003.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 03–28045 Filed 11–6–03; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003D–0204]

Guidance for Industry: Institutional Review Board Review of Stand-Alone Health Insurance Portability and Accountability Act Authorizations; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a document entitled "Guidance for Industry: IRB Review of Stand-Alone HIPAA Authorizations Under FDA Regulations," dated October 21, 2003. The guidance document provides clarification for institutional review boards (IRBs) of their responsibilities for reviewing and approving stand-alone authorizations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. A stand-alone HIPAA authorization is a document used to obtain permission from an individual for a covered entity to use and/or disclose the individual's identifiable health information for a research study and that is not combined with an informed consent document to participate in the research itself. This guidance is intended to encourage IRBs to permit enrollment of subjects in clinical investigations without the IRB's prior review and/or approval of stand-alone HIPAA authorizations, even under circumstances in which the IRB's written procedures require such review and/or approval. Because FDA has determined that prior public participation is not feasible or appropriate, this guidance document will be implemented upon posting on FDA's Web site.

DATES: Submit written or electronic comments on agency guidances at any time.

ADDRESSES: Submit written comments on the guidance document to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

Submit electronic comments to <http://www.fda.gov/dockets/ecomments>. See

the **SUPPLEMENTARY INFORMATION** section for electronic access to the guidance document.

Submit requests for the guidance document to the Division of Dockets Management at the address provided. Your request should include the docket number in the heading of this document.

FOR FURTHER INFORMATION CONTACT:

Catherine Lorraine, Office of the Commissioner (HF–11), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–3360.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of a document entitled "Guidance for Industry: IRB Review of Stand-Alone HIPAA Authorizations Under FDA Regulations," dated October 21, 2003. This guidance is similar to a guidance published by the Office of Civil Rights, Department of Health and Human Services (HHS), entitled "Privacy Guidance about Authorizations for Research and Institutional Review Boards," which is available on the HHS Web site at <http://www.hhs.gov/ocr/hipaa>. (FDA has verified the Web site address, but is not responsible for subsequent changes to the Web site after this document publishes in the **Federal Register**.) The Privacy Rule is a Federal regulation implementing certain provisions of the HIPAA (Public Law 104–191), that protects the privacy of certain health information (see 45 CFR parts 160 and 164). The Privacy Rule is a comprehensive set of minimum requirements intended to safeguard individually identifiable health information while permitting important research and health care activities to continue. The Privacy Rule went into effect on April 14, 2003.

The Privacy Rule establishes the right of individuals, including research subjects, to authorize the use and disclosure of their protected health information by signing an authorization form for uses and disclosures not otherwise permitted by the Privacy Rule (see 45 CFR 164.508). For example, in the context of a clinical investigation, a valid and properly executed HIPAA authorization explains the ways in which a subject's protected health information will be used and disclosed by the clinical investigator and permits the clinical investigator to use and disclose that information as specifically described in the authorization. An HIPAA authorization is different than a subject's informed consent in that an HIPAA authorization focuses on uses and disclosures of information that may