package 7 days after the end of the public comment period. While there is currently no SARS outbreak, expedited clearance is needed because the season when SARS outbreaks are most likely to occur is quickly approaching.

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 or other forms of information technology. Send comments to Seleda M. Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333. Written comments should be received within 14 days of this notice.

Proposed Project

SARS Laboratory Safety Survey—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

During the past year, incidents of lab-acquired SARS–CoV infection have occurred at research institutions in China, Singapore, and Taiwan. As part of measures taken by CDC to prevent lab-acquired SARS infections in the United States, the Respiratory and Enteric Virus Branch (REVB) would like to collect information on current biosafety practices and use of live SARS–CoV from U.S. institutions that have obtained the virus, either from CDC or from other sources.

Response data will be used to determine to what extent research involving live SARS–CoV and other biosafety level 3 pathogens is being conducted, the safety of the research environment, information about biosafety training, and the level of lab worker experience with BSL–3 pathogens. Expedited collection of this information is necessary to ascertain the safety of environments where live SARS–CoV research may be taking place and to potentially address any deficiencies that may exist. There is no cost to the respondents.

Form	Respondent	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden hours
Safety Survey for Laboratories Conducting Research with live SARS–CoV and Other BSL–3 Pathogens.	Laboratorians	120	1	10/60	20
Total	.....	.....	.....	.....	20

Dated: August 4, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–18331 Filed 8–10–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–0497]

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) 498–1210.

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 or other forms of information technology. Send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

Evaluating CDC Funded Health Department HIV Prevention Programs, Partner Counseling and Referral Services, OMB No. 0920–0497—Extension—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background

CDC is requesting approval for the continued use of two currently approved forms under OMB No. 0920–0497, for collecting HIV partner counseling and referral services (PCRS) program data. The current forms expire October 31, 2004. This request is for a 12-month clearance past this date. The extension of the current forms will allow grantees to continue to collect PCRS data as they transition to the new Program Evaluation and Monitoring System (PEMS) over the next year.

CDC funds HIV prevention projects in 65 public health agencies (50 states, 6 cities, 7 territories, Washington, DC, and Puerto Rico) through cooperative agreements. PCRS is one of a number of public health strategies supported by CDC that is designed to control and prevent the spread of HIV.

A fundamental feature of PCRS is informing current and past partners of an HIV-infected person that they have been identified as a sex or injection-drug-paraphernalia-sharing partner, and advising them to be tested for HIV. Informing partners of their exposure to HIV is confidential, and partners are not told who reported their name, or when the reported exposure occurred. Notified partners, who may not have suspected their risk, can choose whether to have HIV counseling and testing. Those who choose to be tested and are found to be HIV positive can receive a medical evaluation, treatment, and prevention services designed to modify their high risk behavior, thereby possibly reducing the number of new HIV infections.

HIV prevention programs that conduct PCRS interventions can reach significant numbers of persons at very high risk of contracting HIV. The CDC requires aggregate PCRS program data to determine if interventions are being

delivered as intended, gauge the degree to which program performance indicator targets are being achieved, and help agencies improve their programs to better deliver effective PCRS. Until grantees transition to PEMS, it is essential that they be allowed to continue to collect aggregate PCRS data using the existing forms.

Each health department funded to conduct PCRS will prepare and submit aggregate PCRS data to the CDC annually. Completion of two data collection forms is necessary for evaluation of aggregate PCRS data, and it is estimated that one hour is needed to complete each form; therefore, 65 health departments × 2 responses × 1 hour = 130 hours. There is no cost to respondents.

ESTIMATES OF ANNUAL BURDEN

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Health Departments	65	2	1	130
Total				130

Dated: August 4, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–18332 Filed 8–10–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB review; comment request.

Title: Financial Institution Data Match.

OMB No.: 0970–0196.

Description: Section 466(a)(17) of the Social Security Act (the Act), requires States to establish procedures under which the state child support enforcement (IV–D) agency shall enter into agreements with financial institutions doing business in the State to develop and operate a data match system for the purpose of securing information leading to the enforcement of child support orders. Under sections 452(1) and 466(a)(17)(A)(i) of the Act, the Secretary may aid State agencies conducting data matches with financial institutions doing business in multiple States by centrally matching through the Federal Parent Locator Service.

Respondents: Financial institutions doing business in two or more States.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Financial Data Match Tape	4501	4	.5	9002
Election Form	333	1	.5	166.5

Estimated Total Annual Burden Hours: 9168.5.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *grjohnson@acf.hhs.gov.*

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Attn: Desk Officer for ACF, e-mail address: *katherine_t._astrich@eop.gov.*

Dated: August 5, 2004.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 04–18362 Filed 8–10–04; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003D–0497]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Draft Guidance for Industry on Pharmacogenomic Data Submissions

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget