participating schools.[6] Thus, the incremental PRA burden for teachers and students would be much less than the estimates shown above.[7] For example, if only the time required to take or administer the 20-minute test is considered, the resulting total would be a small fraction of the totals noted above.

A few participating teachers (20–40) also will take part in focus group discussions, lasting approximately 90 minutes. The estimated teacher time in focus groups, including an added hour of round-trip transportation to and from the discussion site, is 50–100 hours. Finally, administering the study will impose a small time burden on school district staff charged with scoring the tests and with compiling a master data set of 8–12 year-old students, stripped of personally identifiable information (to facilitate random assignment to treatment and control groups). These programming and data management tasks should take approximately 10–15 hours.

The cumulative burden for participating students, teachers, and school district staff for the Admongo evaluation will total 34,300–45,769 hours. Again, however, the bulk of this time would be subsumed within pre-existing classroom requirements.

C. Estimated Costs

The cost per respondent should be negligible in both the evaluation and focus group components of the study. The participation of the school district in the evaluation is voluntary, and the district will use the Admongo program to meet curriculum requirements. Thus, participation in the evaluation study will not impose any start-up, capital, or labor expenditures beyond those ordinarily incurred by the district to administer curriculum units. Participation by students in the evaluation and teachers in the focus groups also will be voluntary and not impose any start-up, capital, or labor expenditures. Teachers participating in the focus groups will be compensated at the standard rate paid by the contractor to focus group participants. The school district will be compensated for the cost of the staff time to perform the data management and test-scoring tasks.

D. Request for Comment

You can file a comment online or on paper. For the Commission to consider your comment, we must receive it on or before September 4, 2012. Write ''Admongo Evaluation, FTC File No. P085200'' on your comment. Your comment—including your name and your state—will be placed on the public record of this proceeding, including, to the extent practicable, on the public Commission Web site, at *http://www.ftc.gov/os/publiccomments.shtm.* As a matter of discretion, the Commission tries to remove individuals' home contact information from comments before placing them on the Commission Web site.

Because your comment will be made public, you are solely responsible for making sure that your comment does not include any sensitive personal information, like anyone's Social Security number, date of birth, driver's license number or other state identification number or foreign country equivalent, passport number, financial account number, or credit or debit card number. You are also solely responsible for making sure that your comment does not include any sensitive health information, like medical records or other individually identifiable health information. In addition, don't include any ''[t]rade secret or any commercial or financial information which is obtained from any person and which is privileged or confidential,'' as provided in Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2). In particular, don't include competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

If you want the Commission to give your comment confidential treatment, you must file it in paper form, with a request for confidential treatment, and you have to follow the procedure explained in FTC Rule 4.9(c), 16 CFR 4.9(c).[8] Your comment will be kept confidential only if the FTC General Counsel, in his or her sole discretion, grants your request in accordance with the law and the public interest.

Postal mail addressed to the Commission is subject to delay due to heightened security screening. As a result, we encourage you to submit your comments online. To make sure that the Commission considers your online comment, you must file it at *https://ftcpublic.commentworks.com/ftc/admongoevaluationPRA2,* by following the instructions on the Web-based form. If this Notice appears at *http://www.regulations.gov/#!home,* you also may file a comment through that Web site.

If you file your comment on paper, write ''Admongo Evaluation, FTC File No. P085200'' on your comment and on the envelope, and mail or deliver it to the following address: Federal Trade Commission, Office of the Secretary, Room H–113 (Annex J), 600 Pennsylvania Avenue NW., Washington, DC 20580. If possible, submit your paper comment to the Commission by courier or overnight service.

Visit the Commission Web site at *http://www.ftc.gov* to read this Notice and the news release describing it. The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before September 4, 2012. You can find more information, including routine uses permitted by the Privacy Act, in the Commission's privacy policy, at *http://www.ftc.gov/ftc/privacy.htm.*

Willard K. Tom,

General Counsel.

[FR Doc. 2012–18846 Filed 8–1–12; 8:45 am]

BILLING CODE 6750–01–P

[6] *See http://www.admongo.gov/state-standards/.*

[7] *See* 5 CFR 1320.3(b)(2)(A) (a collection of information incurred by persons in the normal course of their activities is excluded from ''burden'' to the extent that the activities necessary to comply with it are ''usual and customary'').

[8] In particular, the written request for confidential treatment that accompanies the comment must include the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. *See* FTC Rule 4.9(c), 16 CFR 4.9(c).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day 12–0840]

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 404–639–7570 and send comments to Kim Lane, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Formative Research and Tool Development—(OMB # 0920–0840, Exp. 3/31/2013)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention request approval to collect formative research and tool development data over a three-year period. This information collection request has been revised to include one additional type of formative research information collection activity, additional detail regarding the previously approved categories of formative research, and instrument testing for data collection activities used to inform many aspects of surveillance, communications, health promotion, and research project development for NCHHSTP's four priority diseases (HIV/AIDS, sexually transmitted diseases/infections (STD/STI), viral hepatitis, and tuberculosis elimination). Formative research is the basis for developing effective strategies including communication channels, for influencing behavior change. It helps researchers identify and understand the characteristics (interests, behaviors and needs) of target populations that influence their decisions and actions.

Formative research is research that occurs before a program is designed and implemented, or while a program is being conducted and is and is integral in developing programs as well as improving existing and ongoing programs. Formative research also looks at the community in which a public health intervention is being or will be implemented and helps the project staff understand the interests, attributes and needs of different populations and persons in that community.

Formative research is also an integral part of adapting programs that deal with the complexity of behaviors, social context, cultural identities, and health care that underlie the epidemiology of HIV/AIDS, viral hepatitis, STDs, and tuberculosis (TB) in the U.S.

CDC conducts formative research to develop public-sensitive communication messages and user-friendly tools prior to developing or recommending interventions, or care. Sometimes these studies are entirely behavioral but most often they are cycles of interviews and focus groups designed to inform the development of a product.

Products from these formative research studies will be used for prevention of HIV/AIDS, Sexually Transmitted Infections (STI), viral Hepatitis, and Tuberculosis. Findings from these studies may also be presented as evidence to disease-specific National Advisory Committees, to support revisions to recommended prevention and intervention methods, as well as new recommendations.

Much of CDC's health communication takes place within campaigns that have fairly lengthy planning periods—timeframes that accommodate the standard Federal process for approving data collections.

This request includes studies investigating the utility and acceptability of proposed sampling and recruitment methods, intervention contents and delivery, questionnaire domains, individual questions, and interactions with project staff or electronic data collection equipment. These activities will also provide information about how respondents answer questions and ways in which question response bias and error can be reduced.

This request also includes collection of information from public health programs to assess needs related to initiation of a new program activity or expansion or changes in scope or implementation of existing program activities to adapt them to current needs. The information collected will be used to advise programs and provide capacity-building assistance tailored to identified needs.

Overall, these development activities are intended to provide information that will increase the success of the surveillance or research projects through increasing response rates and decreasing response error, thereby decreasing future data collection burden to the public. The studies that will be covered under this request will consist of healthcare providers and the general public as respondents and will include one or more of the following investigational modalities: (1) Structured and qualitative interviewing for surveillance, research, interventions and material development, (2) cognitive interviewing for development of specific data collection instruments, (3) methodological research, (4) usability testing of technology-based instruments and materials, (5) field testing of new methodologies and materials, (6) investigation of mental models for health decision-making, to inform health communication messages, and (7) organizational needs assessment to support development of capacity. Respondents who will participate in individual and group interviews (qualitative, cognitive, and computer assisted development activities) are selected purposively from those who respond to recruitment advertisements.

In addition to utilizing advertisements for recruitment, respondents who will participate in research on survey methods may be selected purposively or systematically from within an ongoing surveillance or research project. Participation of respondents is voluntary.

There is no cost to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average hours per response	Total response burden (hours)
General public and health care providers	Screener	97440	1	10/60	16240
General public and health care providers	Consent Forms	48720	1	5/60	4060
General public and health care providers	Individual interview	7920	1	1	7920
General public and health care providers	Group interview	4800	1	2	9600
General public and health care providers	Survey of Individual	36000	1	30/60	18000
Total		194880			55820

Kimberly S. Lane,

Deputy Director, Office of Science Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–18851 Filed 8–1–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, Office of Public Health Preparedness and Response (BSC, OPHPR)

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 meeting of the aforementioned committee:

Times and Dates:

9:30 a.m.–3 p.m., August 21, 2012; 9:30 a.m.–3 p.m., August 22, 2012.

Place: CDC, 1600 Clifton Road NE., Roybal Campus, Building 19, Auditorium B2, Atlanta, Georgia 30329.

Status: Open to the public limited only by the space available. The meeting room will accommodate up to 30 people. Public participants should pre-register for the meeting as described in Additional Information for Public Participants.

Purpose: This Board is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS), the Assistant Secretary for Health (ASH), the Director, Centers for Disease Control and Prevention (CDC), and the Director, Office of Public Health Preparedness and Response (OPHPR), concerning strategies and goals for the programs and research within OPHPR, monitoring the overall strategic direction and focus of the OPHPR Divisions and Offices, and administration and oversight of peer review of OPHPR scientific programs. For additional information about the Board, please visit: *http://www.cdc.gov/phpr/science/counselors.htm.*

Matters to be Discussed: Agenda items for this meeting include: (1) Briefings and BSC deliberation on the following topics: OPHPR International Activities; National Health Security Preparedness Index Update; update on the activities of the joint BSC-National Biodefense Science Board Strategic National Stockpile ad hoc working group; CDC's response to laboratory biosafety issues; Public Health Emergency Medical Countermeasure Enterprise (PHEMCE) and CDC's smallpox vaccine program; OPHPR's national policy initiatives; history and overview of the Preparedness and Emergency Response Learning Centers; update on CDC's biosurveillance and situational awareness activities; (2) BSC liaison representative updates to the Board highlighting organizational activities relevant to the OPHPR mission.

Agenda items are subject to change as priorities dictate.

Additional Information for Public Participants: Members of the public that wish to attend this meeting should pre-register by submitting the following information by email, facsimile, or phone (see Contact Person for More Information) no later than 12 noon (EDT) on Monday, August 13, 2012:

- Full Name,
- Organizational Affiliation,
- Complete Mailing Address,
- Citizenship, and
- Phone Number or Email Address.

Contact Person for More Information: Marquita Black, Office of Science and Public Health Practice Executive Assistant, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop D–44, Atlanta, Georgia 30333, telephone (404) 639–7325; facsimile (404) 639–7977; email: *OPHPR.BSC.Questions@cdc.gov.*

The Director, Management Analysis and Services Office, 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.

Dated: July 27, 2012.

Catherine Ramadei,

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

[FR Doc. 2012–18852 Filed 8–1–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No.FDA–2012–N–0001]

Statistical Process Controls for Blood Establishments; Public Workshop

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public workshop.

The Food and Drug Administration (FDA) is announcing a public workshop entitled: ''Statistical Process Controls for Blood Establishments.'' The purpose of this public workshop is to discuss the implementation of statistical process controls to validate and monitor manufacturing processes in blood establishments. The public workshop has been planned in partnership with the AABB, America's Blood Centers, and the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health. The public workshop will include presentations and discussions led by experts from government and industry.

Dates and Times: The public workshop will be held on October 19, 2012, from 8:30 a.m. to 5 p.m.

Location: The public workshop will be held at the FDA White Oak Campus, The Great Room, Bldg. 31, 10903 New Hampshire Ave. Silver Spring, MD, 20993. Please visit the following Web site for location, parking, security, and travel information: *http://www.fda.gov/AboutFDA/WorkingatFDA/BuildingsandFacilities/WhiteOakCampusInformation/ucm241740.htm.* The public workshop will also be available to be viewed online via webcast.

Streaming Webcast of the Public Workshop: For those unable to attend in person, FDA will webcast the public workshop. To join the web-cast of the public workshop, please go to: *https://collaboration.fda.gov/stat101912/.*

If you have never attended a Connect Pro meeting before: Test your connection: *https://collaboration.fda.gov/common/help/en/support/meeting_test.htm.* Get a quick overview: *http://www.adobe.com/go/connectpro_overview.*

Contact Person: Jennifer Scharpf, Center for Biologics Evaluation and Research (HFM–302), Food and Drug Administration, 1401 Rockville Pike, suite 200N, Rockville, MD 20852–1448, 301–827–6128, FAX: 301–827–2843, email: *CBEROBRRWorkshops@fda.hhs.gov.*

Registration: Mail, fax, or email your registration information (including name, title, firm name, address, telephone and fax numbers, and email address) to Jennifer Scharpf (*see Contact Person)* by September 27, 2012. Please indicate if you will attend the workshop in person or if you will participate in the webcast. There is no registration fee for the public workshop. Early registration is recommended because seating is limited. Those who wish to present at the workshop must attend in person. Registration on the day of the public workshop will be provided on a space-available basis beginning at 7:30 a.m.

If you need special accommodations due to a disability, please contact Jennifer Scharpf (*see Contact Person)* at least 7 days in advance.

Requests for Oral Presentations: Interested persons are invited to make presentations relevant to the public workshop topic. Attendees who wish to make presentations at the public workshop should notify the Contact Person and submit a brief statement of the general nature of the presentation before September 27, 2012. Presentations will be scheduled on the afternoon of October 19, 2012. Time allotted for each presentation may be limited depending on the number of individuals requesting to speak.