image of AP-stained MEPM cells to falsely represent AP staining under different experimental conditions three times in Figures 3 and 5 in Manuscript 2022 and reporting false statements in RPPR 2019 and RPPR 2020 based on these falsified data. The image panel in row two, column three of Figure 3D in Manuscript 2022 reports to be the results of MEPM cells under ''Ror1–KO/FGF+BIM–1'' treatment; specifically, this panel is:

—duplicated and flipped on its vertical axis in the YAP–KO/PDGF panel of Figure 5A

—duplicated and flipped on its vertical and horizontal axis in the TAZ–KO/FGF+BIM–1 panel of Figure 5C

• microscopy data for cell differentiation studies by duplicating, manipulating, and relabeling a single image of AP-stained MEPM cells to falsely represent AP staining under different experimental conditions in Figures 3 and 5 in Manuscript 2022 and reporting false statements in RPPR 2019 and RPPR 2020 based on these falsified data. The image panel in row two, column four of Figure 3D in Manuscript 2022 reports to be the results of MEPM cells under ''Ror1–KO/PDGF'' treatment; specifically, this panel is duplicated, flipped on its horizontal axis, and added or removed cell images in the YAP–KO/FGF+BIM–1 panel of Figure 5A.

• microscopic image data for cell differentiation studies by duplicating, manipulating, and relabeling a single image of AP-stained MEPM cells to falsely represent AP staining under different experimental conditions in Figure 5 in Manuscript 2022 and reporting false statements in RPPR 2019 and RPPR 2020 based on these falsified data. The image panel in row two, column five of Figure 5C in Manuscript 2022 reports to be the results of MEPM cells under ''TAZ–KO/PDGF+PMA'' treatment; specifically, this panel is duplicated and flipped on its horizontal axis in the PDGF/YAP/TAZ–dKO panel of Figure 5E.

• microscopic image data for cell differentiation studies by duplicating, manipulating, and relabeling a single image of calcium imaging in MEPM cells to falsely represent results under different experimental conditions in Figure S9A in Manuscript 2022 and reporting false statements in RPPR 2019 and RPPR 2020 based on these falsified data. Specifically, the FGF–8+BIM–1 panel and the PDGF panels in Figure S9A are the same image that have been duplicated and flipped on their horizontal axis with their brightness also altered.

On January 6, 2026, based on the information in the administrative record, ORI proposed a three-year period of supervision under 42 CFR § 93.407(a)(7) and a three-year period of prohibition from PHS advisory service under 42 CFR 93.407(a)(9). HHS provided Respondent with the opportunity to contest the proposed administrative actions under 42 CFR part 93 by requesting a hearing before an administrative law judge with the HHS Departmental Appeals Board. Respondent did not contest within the prescribed 30-day notice period. Accordingly, the following administrative actions have been implemented:

• Respondent will have his PHS-supported research activities supervised for a period of three (3) years beginning on February 6, 2026 (the ''Supervision Period''). During the Supervision Period, prior to his participation in any capacity in PHS-supported research activities, he must submit a plan for supervision of his duties to ORI for approval. Respondent may only participate in PHS-supported research activities if a supervision plan is approved by ORI and he complies with the approved plan. The requirements for Respondent's supervision plan are as follows:

—Committee oversight. The supervision plan must designate a committee of at least two senior researchers at the institution employing Respondent who are familiar with his field of research and are not his supervisor or collaborators to oversee his PHS-supported research activities during the Supervision Period.

▪ Review of primary data. The supervision plan must provide for the committee to review primary data generated by or for Respondent through PHS-supported research activities on a quarterly basis.

▪ Advance reviews. The supervision plan must provide for the committee to conduct advance reviews of any reporting of PHS-supported research activities in which Respondent is or was involved, including reporting in manuscripts, abstracts, progress reports, or applications or proposals for PHS funding, to ensure his contributions are supported by the primary data. The advance reviews must include discussion with Respondent.

—Reporting to ORI. The supervision plan must include a requirement for the committee to submit a report to ORI at 6-month intervals. The report must identify any primary data reviewed, the date of review, and the results of the review. The report also must summarize any advance reviews conducted by the committee. Additionally, the report must verify that Respondent is complying with accepted research practices.

• During the Supervision Period, Respondent must ensure that any institution employing him submits, in conjunction with each application for PHS funds, or each report, manuscript, or abstract involving PHS-supported research activities in which Respondent was involved, a certification to ORI and the funding agency that the data provided by Respondent are based on actual experiments and legitimately derived, and that the data, procedures, and methodology are accurately reported.

• If Respondent does not have a supervision plan approved by ORI during the Supervision Period, Respondent must submit a written statement to ORI at the conclusion of the Supervision Period certifying that he has not participated in PHS-supported research activities during the Supervision Period.

• Respondent is prohibited from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for a period of three (3) years, beginning on February 6, 2026.

Dated: March 11, 2026.

Sheila R. Garrity,

Director, Office of Research Integrity, Office of the Assistant Secretary for Health.

[FR Doc. 2026–04984 Filed 3–12–26; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection: 30-Day Comment Request; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (NCI)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995 to provide an opportunity for public comment on proposed data collection projects, the National Institutes of Health, National Cancer Institute (NCI) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

DATES: Comments regarding this information collection are best assured of having their full effect if received by April 13, 2026.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Melissa Park, PRA Liaison, Office of Management Policy and Compliance, National Cancer Institute, 9609 Medical Center Drive, Room 2E196, Bethesda, MD 20892 or call non-toll-free number (240) 276–5717 or email your request, including your address to: *melissa.park@nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

SUPPLEMENTARY INFORMATION: This proposed information collection was previously published in the **Federal Register** on January 12, 2026 (Vol. 91, No. 7 FR 1192) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Cancer Institute (NCI), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

Proposed Collection Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (NCI), 0925–0642, Expiration Date 03/31/2026, EXTENSION, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: This activity collects qualitative customer and stakeholder feedback efficiently and timely, per the Administration's commitment to improving service delivery. This generic provides information about the National Cancer Institute's customer or stakeholder perceptions, experiences, and expectations; provides an early warning of service issues; or focuses on areas where communication, training, or operations changes might improve product or service delivery. It also allows feedback to contribute directly to the improvement of program management. Feedback collected under this generic clearance provides valuable information but will not yield data that can be generalized to the overall population.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 9,337 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Surveys	Individuals	27,100	1	12/60	5,420
In-Depth Interviews (IDIs) or Small Discussion Groups.	Individuals	500	1	90/60	750
Focus Groups	Individuals	1,000	1	90/60	1,500
Website or Software Usability Tests	Individuals	5,000	1	20/60	1,667
Total			33,600		9,337

Dated: March 11, 2026.

Melissa M. Park,

Project Clearance Liaison, National Cancer Institute, National Institutes of Health.

[FR Doc. 2026–04979 Filed 3–12–26; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, contact the SAMHSA Reports Clearance Officer at *samhsapra@samhsa.hhs.gov.*

Comments are invited on: (a) Whether the proposed collections of information are 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.

Proposed Project: 2026–2029 National Survey on Drug Use and Health: Methodological Field Tests (Office of Management and Budget No. 0930–0290)—Extension

The National Survey on Drug Use and Health (NSDUH) is a survey of the U.S. civilian, non-institutionalized population aged 12 years old or older. The data are used to provide estimates of substance use and mental illness at the national, state, and substate levels. NSDUH data also help to identify the extent of substance use and mental illness among different subgroups, estimate trends over time, and determine the need for treatment services. The results are used by SAMHSA, the Office of National Drug Control Policy, federal government