TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (hours)	Total burden (hours)
Follow-Up Survey	Health and Health Care Professionals.	4208	1.00	10/60	701
Follow-Up Survey	Community Health Workers	6	2.00	10/60	2
Focus Groups	Health and Health Care Professionals.	15	1.00	120/60	29
Key Informant Interviews	Health and Health Care Professionals.	13	1.00	60/60	13
Key Informant Interviews	Community Health Workers	25	1.00	60/60	25
Total		23187			2031

OS specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Darius Taylor,

Paperwork Reduction Act Clearance Officer.

[FR Doc. 2015–18810 Filed 7–30–15; 8:45 am]

BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

Julie Massè, Pennsylvania State University (PSU): Based on an assessment conducted by the Pennsylvania State University College of Medicine (PSU–COM) and the Respondent's admission, ORI and PSU found that Ms. Julie Massè, former postdoctoral scholar, PSU–COM, engaged in research misconduct in research supported by National Cancer Institute (NCI), National Institutes of Health (NIH), grant 4 R00 CA138498.

ORI found that the Respondent knowingly engaged in research misconduct by falsifying and/or fabricating Western blot data and analyses that were including in the following manuscript:

• ''Cellular invasion following p120-catenin loss is mediated by AP-1, ITGA2 and MMP11,'' submitted to *Molecular Cancer Research* (hereafter referred to as the ''*Molecular Cancer Research* manuscript'').

ORI found that the Respondent knowingly falsified and/or fabricated Western blot images, by manipulating the images to give the desired results, and quantitative PCR data and cell invasion and migration data, which were included in Figures 2, 3, S1, and S2 in the *Molecular Cancer Research* manuscript.

Specifically, ORI found that the Respondent included falsified and/or fabricated data and images in the following figures, and the corresponding text, in the *Molecular Cancer Research* manuscript:

1. Bands were cut and pasted from different Western blots for the following figures:

a. Figures 2A, lanes 2 and 3, for P-cJun (S73)

b. Figure 2D, lanes 4 and 6, bands identified as ITGA2

c. Figure 3B, bands identified as ITGA2 and MMP11

d. Figure 3D, bands identified as ITGA2 and MMP11 for lanes M2Neo-↑ITGA2 control and ↓MMP1

e. Figure 3E, bands identified as ITGA2 and MMP11 for lanes M2KO-↓ITGA2 control and M2KO-↓ITGA2-↑MMP11

f. Figure S1A, bands identified as P-cJun (S73)

g. Figure S2A, bands identified as P-cJun (S73)

h. Figure S2C, bands identified as P-cJun (S73)

i. Figure S2E, bands identified ITGA2 and MMP11

j. Figures S4B and C, identical bands were used for β-actin

2. Numbers were increased or decreased in cell invasion and migration assays to give the desired results in the following figures:

a. Figure 2B, for M2KO-DMSO cells and M2KO-SR11302 cells

b. Figure 3F, for M2Neo-↑ITGA2 ↓MMP11

c. Figure 3G, for M2KO-↓ITGA2 ↑MMP11

d. Figure S1B, for F2KO-cJun peptide

e. Figure S2B, for F2KO-cJun DMSO and F2KO-cJun SR11302

f. Figure S2D, for F2KO-cJun peptide

g. Figure S2F, for F2Tom-↑ITGA2 and F2KO-↓ITGA2 peptide

h. Figures S4A, B, C, and D, for the migration for M2KO and F2KO cells

3. qPCR numbers were altered in Figure 2C, for M2KO-DMSO-PcJun ChIP and for M2KO-SR11302-PcJun ChIP, to give the desired result of PcJun binding to ITGA2 promoter.

Ms. Massè has entered into a Voluntary Settlement Agreement and has voluntarily agreed for a period of two (2) years, beginning on July 6, 2015:

(1) To have her research supervised; Respondent agreed that prior to the submission of an application for U.S. Public Health Service (PHS) support for a research project on which her participation is proposed and prior to her participation in any capacity on PHS-supported research, Respondent shall ensure that a plan for supervision of her duties is submitted to ORI for approval; the supervision plan must be designed to ensure the scientific integrity of her research contribution; Respondent agreed that she will not participate in any PHS-supported research until such a supervision plan is submitted to and approved by ORI; Respondent agreed to maintain responsibility for compliance with the agreed upon supervision plan;

(2) that any institution employing her shall submit in conjunction with each application for PHS funds, or report, manuscript, or abstract involving PHS-supported research in which Respondent is involved, a certification to ORI that the data provided by Respondent are based on actual

experiments or are otherwise legitimately derived, and that the data, procedures, and methodology are accurately reported in the application, report, manuscript, or abstract; and

(3) to exclude herself voluntarily 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 FURTHER INFORMATION CONTACT: Acting Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8200.

Donald Wright,

Acting Director, Office of Research Integrity.

[FR Doc. 2015–18756 Filed 7–30–15; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; NIAID Peer Review Meeting.

Date: August 24–25, 2015.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate contract proposals.

Place: Hilton Washington/Rockville, 1750 Rockville Pike, Rockville, MD 20852.

Contact Person: Susana, DVM, Ph.D. Mendez, Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, Room 3G53B, National Institutes of Health, NIAID, 5601 Fishers Lane Dr. MSC 9823, Bethesda, MD 20892–9823, (240) 669–5077, *mendezs@niaid.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: July 27, 2015.

David Clary,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2015–18752 Filed 7–30–15; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; New Assessment of NHLBI's Global Health Initiative Collaborating Centers of Excellence

SUMMARY: Under the provisions of 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. This proposed information collection was previously published in the **Federal Register** on 3/13/2015, document number 2015–05722, pages 13396–13397. One comment was received. The purpose of this notice is to allow an additional 30 days for public comment. The National Heart, Lung and Blood Institute (NHLBI), 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.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: NIH Desk Officer.

DATES: *Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Ms. Deshiree Belis, National Heart, Lung, and Blood Institute, National Institutes of Health, 6705 Rockledge Dr., Suite 6185A, Bethesda, MD 20892, or call non-toll-free number 301–435–1032, or Email your request, including your address to *deshiree.belis@nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: New Assessment of NHLBI's Global Health Initiative Collaborating Centers of Excellence (NHLBI), 0925—New, National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH).

Need and Use of Information Collection: This collection proposes to conduct a one-time outcome evaluation of the NHLBI Global Health Initiative Centers of Excellence (GHI COE) Program to examine the extent to which the program achieved its intended objectives in developing sustainable research and research training capacity, and advancing information about the prevention and treatment of chronic non-communicable chronic cardiovascular and pulmonary diseases (CVPD) in low- and middle-income country (LMIC) populations. The outcome evaluation will utilize a mixed-methods approach to comprehend each COE's processes, short term outcomes, and sustainability outcomes/efforts. Specifically, the evaluation will involve triangulating quantitative data sources (*e.g.,* archived systematic reporting data), and qualitative data sources (*e.g.,* archival data and key informant interview data). Data collected will be used to develop a Case Study report for each COE outlining their experience with implementing their program as well as a comprehensive cross-site Lessons Learned Report describing knowledge and experiences from the overall program, including similarities and differences across a variety of project settings and conditions. Findings from interviews will be incorporated into the Case Studies report and Lessons Learned report, which will be used by CTRIS to inform NHLBI and NIH stakeholders about structural issues relevant to planning both global and domestic biomedical research and training programs with diverse operational conditions and challenges. Additionally, COEs may utilize the Case Studies report as a marketing tool to attract additional funding and media coverage.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 36.