

- Lanes 1 and 2 (GFP:FLAG co-IP experiments in 3MBT–GFP lysates in the presence or absence of D381A; Figure 3, Manuscript)
- N = 3 in Figure S6, ACS 2016
- Lanes 5 and 6 (GFP/Flag Input and GFP/FlagIP; 9/13 experiment) to represent:
  - Lanes 3 and 4 (GFP:Flag co-IP experiments in FL–GFP–WT lysates; Figure 3, Manuscript)
  - N = 1 in Figure S6, ACS 2016
  - Lanes 9 and 10 (mCherry input and mCherry Bn-1215 IP; 9/13 experiment) to represent:
    - Lanes 5 and 6 (GFP:FLAG co-IP experiments in FL–GFP lysates in the presence or absence of D381A; Figure 3, Manuscript)
    - Lanes 11 and 12 (mCherry/Flag input and mCherry/Flag IP; 9/13 experiment) to represent:
      - Lanes 7 and 8 (GFP:FLAG co-IP experiments in FL–GFP WT lysates; Figure 3, Manuscript)
      - lanes 13 and 14 (mCherry/Flag IP unbound and mCherry/Flag BN–1215; 9/13 experiment) to represent:
        - Lanes 9 and 10 (GFP:FLAG co-IP experiments in FL–GFP lysates in the presence or absence of D274A; Figure 3, manuscript)
        - N = 2 in Figure S6, ACS 2016

Dr. Baughman entered into a Voluntary Exclusion Agreement. The following administrative actions have been implemented for a period of two (2) years, beginning on March 19, 2018:

(1) Because Dr. Baughman knew when she signed the 2017 Agreement with ORI that there was an additional paper with falsified figures, she agreed to exclude herself voluntarily from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in nonprocurement programs of the United States Government referred to as “covered transactions” pursuant to HHS’ Implementation (2 CFR part 376) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the “Debarment Regulations”); this Agreement supersedes the terms of the previous supervision Agreement that included three (3) years of research supervision, which began on May 17, 2017; and

(2) Dr. Baughman agreed to exclude herself voluntarily from serving in any advisory capacity to the U.S. Public Health Service (PHS) including, but not limited to, service on any PHS advisory

committee, board, and/or peer review committee, or as a consultant.

**Wanda K. Jones,**

*Interim Director, Office of Research Integrity.*

[FR Doc. 2018–07521 Filed 4–11–18; 8:45 am]

**BILLING CODE 4150–31–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0391]

### Agency Information Collection Request; 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before June 11, 2018.

**ADDRESSES:** Submit your comments to [Sherrette.Funn@hhs.gov](mailto:Sherrette.Funn@hhs.gov) or by calling (202) 795–7714.

**FOR FURTHER INFORMATION CONTACT:**

When submitting comments or requesting information, please include the document identifier 0990–0391 and project title for reference, to [Sherrette.funn@hhs.gov](mailto:Sherrette.funn@hhs.gov), or call the Reports Clearance Officer.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

*Title of the Collection:* Hospital Preparedness Program Data Collection.

*Type of Collection:* Extension.

*OMB Number:* 0990–0391—Hospital Preparedness Program (HPP) within the Division of National Healthcare Preparedness Programs (NHPP).

*Abstract:* The Hospital Preparedness Program (HPP) within the Division of National Healthcare Preparedness Programs (NHPP), in the Office of Emergency Management (OEM), Office of Assistant Secretary for Preparedness

and Response (ASPR), in the Department of Health and Human Services is seeking clearance by the Office of Management of Budget (OMB) for an extension on Generic Data Collection Form. The Generic Data Collection Form will serve as the foundation for assessment and evaluation for HPP stakeholders, recipients, and sub-recipient programs and performance under the HPP Cooperative Agreement (CA) Program. Program data are gathered from recipients for both ad-hoc episodic reporting as well as required reporting as part of the HPP Cooperative Agreement. Ad-hoc reporting includes but is not limited to Coalition Assessment Tool (CAT) Data Collection Tool, Impact Survey, HPP Partner Survey, CA after action reports, Ebola and Other Special Pathogens. Required reporting include: Mid-Year and End-of-Year Progress Reports and other similar information collections (ICs) that account for recipient spending and program performance on all activities conducted in pursuit of achieving the HPP Cooperative Agreement goals.

As part of its health care sector preparedness and response obligations, HPP actively collaborates with The Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Program in order to realize health care preparedness and response goals. As part of the HPP Cooperative Agreement, the HPP data collection supports the U.S. public health and health care systems’ ability to prepare for and to respond effectively to public health emergencies within the United States and associated territories and freely associated states. Recent public health threats of potentially catastrophic proportion underscore the importance of effective planning and response capabilities that can be applied to all hazards. As new threats to public health and health care emerge, ASPR must ensure that health and medical systems are not only integral parts of emergency response activities but also part of emergency preparedness planning with all relevant partners. Increased cooperation among responders, including state and local public health officials, emergency medical services (EMS), health care coalitions (HCCs), and private health care organizations, ensure the nation is better prepared to respond to all hazards. State public health departments and the mostly private sector health care delivery systems are now recognized as essential partners in emergency response and they have increased abilities to identify

and mitigate potential threats to the public's health. The HPP data collection provides key health care and public health data to support technical assistance. The data collections also help to identify resources to support state, local, and territorial public health departments, HCCs, and health care organizations, and they help to show measurable and sustainable progress toward achieving the preparedness and response capabilities that promote prepared and resilient communities.

This generic data collection effort is crucial to HPP's decision-making process regarding the continued existence, design and funding levels of this program. Results from these data analyses enable HPP to monitor health care emergency preparedness and progress towards national preparedness and response goals. HPP supports priorities outlined by the National Preparedness Goal (the Goal) established by the Department of Homeland Security (DHS) in 2005.<sup>1</sup> The

Goal guides entities at all levels of government in the development and maintenance of capabilities to prevent, protect against, respond to and recover from major events. Additionally, the Goal will assist entities at all levels of government in the development and maintenance of the capabilities to identify, prioritize and protect critical infrastructure.

This request is for 3 years; for annual and ad-hoc reporting.

ANNUALIZED BURDEN HOUR TABLE

Forms (If necessary)	Respondents (If necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
Generic and Future Program Data Information Collection(s).	HPP Awardees and Sub-awardees.	62	1	58	3,596
Total .....		.....	1	.....	3,596

Date: April 6, 2018.  
**Terry Clark,**  
*Office of the Secretary, Asst Paperwork Reduction Act Reports Clearance Officer.*  
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**BILLING CODE 4150-37-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-0313]

**Agency Emergency Information Collection Clearance Request for Public Comment**

**AGENCY:** Office of the Secretary, HHS.  
 In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to *Sherrette.funn@hhs.gov*, or call the Reports Clearance Office on (202) 795-7714. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 7 days.

*Proposed Project:* National Blood Collection & Utilization Survey (NBCUS), OMB No. 0990-0313,

Emergency Information Collection Clearance Request, Reinstatement with change.

*Office:* HHS, Office of the Assistant Secretary for Health, Office of HIV/AIDS & Infectious Disease Policy.

*Abstract:* The NBCUS is a biennial survey of the blood collection and utilization community to produce reliable and accurate estimates of national and regional collections, utilization and safety of all blood products. The survey questionnaire will be mailed to approximately 2,800 institutions that include hospitals and blood collection facilities selected from the American Hospital Association (AHA) annual survey database and AABB member list of blood collection facilities. The survey includes a core of standard questions on blood collection, processing, and utilization practices to allow for comparison with data from previous surveys. Questions to specifically address emerging and developing issues and technologies in blood collection and utilization are included.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Hospitals, blood collection centers, cord blood banks .....	2,800	1	1	2,800