

transmit or otherwise disclose the information. The total annual burden

hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Applicant type	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Applicant NPIs and CCNs Form ..	No NPI or CCN	3,400	1	3,400	0.02	68.00
	One NPI and/or CCN	1,700	1	1,700	0.05	85.00
	Two or more NPIs and/or two or more CCNs.	1,275	1	1,275	0.10	127.50
Total		6,375		6,375		280.50

Maria G. Button,

Director, Executive Secretariat.

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BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Data System for Organ Procurement and Transplantation Network, OMB No. 0906-0110—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In compliance with of the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than November 9, 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 a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Data System for Organ Procurement and Transplantation Network, OMB No. 0906-0110— Revision.

Abstract: Section 372(a) of the Public Health Service Act requires the Secretary of HHS to provide for the continued operation of the Organ Procurement and Transplantation Network (OPTN). Section 372(b)(1)(A) provides that the OPTN shall be operated through awards to public or private entities made by the Secretary. The OPTN is a unique public-private partnership that links professionals involved in the U.S. donation and transplantation system. HRSA, in alignment with the Paperwork Reduction Act of 1995, submits OPTN Board of Directors (BOD)-approved data elements for collection to OMB for official federal approval.

A 60-day Notice was published in the **Federal Register**, Vol. 91, No. 94, FR pp. 27964 (May 15, 2026). There was one comment from a Transplant Center. The commenter requested that HRSA identify the Board-approved revisions and the specific data collection forms affected. The commenter also requested clarification regarding whether the Patient Safety Contact Management and Patient Transfer forms are revisions to existing forms or new data collection requirements, the rationale for the new forms, and how duplicative data collection and additional administrative burden would be avoided. HRSA responded that draft data collection instruments may be requested at any time during the public comment period and will be made available in both clean and redline formats during the 30-day **Federal Register** Notice public comment

period. HRSA clarified that the Patient Safety Contact Management and Patient Transfer forms are new data collection forms and that their inclusion is described in the notice and reflected in the Estimated Annualized Burden Hours table. HRSA also identified where stakeholders can find the rationale for the proposed revisions to existing forms and the addition of new forms. HRSA encourages interested stakeholders to review these materials for additional background on the OPTN policy development process (<https://www.hrsa.gov/optn/policies-bylaws/public-comment>).

Need and Proposed Use of the Information: HRSA and the OPTN BOD use data to develop organ procurement, allocation, and transplantation policies; evaluate member compliance with OPTN policies and HHS regulations; assess member performance; promote patient safety; and fulfill the requirements of the OPTN regulations at 42 CFR part 121. In particular, the regulatory authority in 42 CFR 121.11 (<https://www.ecfr.gov/current/title-42/section-121.11>) requires the OPTN to maintain specified records and make OPTN data available, consistent with applicable laws, to OPTN members, the Scientific Registry of Transplant Recipients, HHS, and the public for evaluation, research, and other purposes.

This is a request to revise the currently approved OPTN information collection, which includes time-sensitive, life-critical information related to transplant candidates; potential organ donors, organ matching and allocation; histocompatibility testing; organ labeling and packaging; and pre- and post-transplant clinical information for transplant recipients and donors. These data are collected from transplant hospitals, organ procurement organizations, and histocompatibility laboratories.

HRSA and the OPTN use these data to (1) facilitate matching and placement

of donor organs with transplant candidates; (2) monitor member compliance with federal laws, regulations, and OPTN requirements; (3) evaluate and periodically report on the status of organ donation, procurement, and transplantation in the United States; (4) provide data to researchers and government agencies to support scientific, clinical, and policy analyses related to organ transplantation; and (5) perform transplantation-related public health surveillance, including the monitoring of donor-derived infections.

HRSA is requesting approval for the following changes to improve organ matching and allocation, enhance patient safety, and support member compliance with OPTN requirements:

(1) Add two new data collection forms to the OPTN Computer System and the OMB-approved information collection:

a. *The Patient Safety Contact Management Form.* This form will be used by OPTN members to identify the organization's primary and secondary patient safety contacts consistent with the responsibilities outlined in OPTN policy 15.1.

b. *The Patient Transfer Form:* This form will be used by transplant centers to facilitate the transfer of post-transplant patients to another transplant center during ongoing follow-up.

(2) Remove the Vascularized Composite Allograft (VCA) Transplant Candidate Registration. Following implementation of new VCA waitlist registration forms in the OPTN Waiting List system, OPTN members will no longer need to validate the data on the VCA Transplant Candidate Registration form. The form is now read-only, and all updates and validations will be completed directly within the waitlist registration forms.

(3) Remove the Death Notification Registration and Deceased Donor Death Referral forms. Following OMB approval of the OPTN Ventilated Patient Form (OMB Control No: 0906–0112), these collections are no longer needed within the OPTN Data System since the Ventilated Patient Form contains the information previously collected under these forms.

(4) Incorporate minor edits to previously OMB-approved forms for clarity.

Likely Respondents: Transplant Centers, Organ Procurement Organizations (OPOs), and Histocompatibility Laboratories.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time

needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

The total estimated annual burden for this information collection increased by 52,029.48 hours compared with the information collection package currently approved by OMB, which was approved June 25, 2025. This increase reflects updates to the number of respondents and responses based on actual OPTN data from calendar year 2025, the addition of two new data collection forms, and revisions to existing data collection forms approved by the OPTN BOD. These increases are partially offset by the reduction of 6,960.18 burden hours resulting from the removal of three forms from the OPTN Computer System.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form No.****	Form name	Number of respondents *	Number of responses per respondent	Total responses *	Average burden per response (in hours)	Total burden hours
1	Deceased Donor Registration +	55	452.4	24,882.00	0.48	11,943.36
2	Living Donor Registration	209	31.45	6,573.05	2.2	14,460.71
3	Living Donor Follow-up	209	100.33	20,968.97	1.52	31,872.83
4	Donor Histocompatibility	137	178.56	24,462.72	0.15	3,669.41
5	Recipient Histocompatibility +	137	323.81	44,361.97	0.32	14,195.83
6	Heart Transplant Candidate Registration	149	40.87	6,089.63	0.9	5,480.67
7	Heart Transplant Recipient Registration	149	30.78	4,586.22	1.96	8,988.99
8	Heart Transplant Recipient Follow Up (6 Month)	149	28.51	4,247.99	0.4	1,699.20
9	Heart Transplant Recipient Follow Up (1–5 Year)	149	122.62	18,270.38	0.9	16,443.34
10	Heart Transplant Recipient Follow Up (Post 5 Year)	149	202.66	30,196.34	0.5	15,098.17
11	Heart Post-Transplant Malignancy Form	149	14.58	2,172.42	0.9	1,955.18
12	Lung Transplant Candidate Registration	77	51.26	3,947.02	0.95	3,749.67
13	Lung Transplant Recipient Registration	77	45.34	3,491.18	1.14	3,979.95
14	Lung Transplant Recipient Follow Up (6 Month)	77	41.34	3,183.18	0.5	1,591.59
15	Lung Transplant Recipient Follow Up (1–5 Year)	77	147.7	11,372.90	1.1	12,510.19
16	Lung Transplant Recipient Follow Up (Post 5 Year)	77	162.26	12,494.02	0.6	7,496.41
17	Lung Post-Transplant Malignancy Form	77	22.73	1,750.21	0.4	700.08
18	Heart/Lung Transplant Candidate Registration	75	1.03	77.25	1.16	89.61
19	Heart/Lung Transplant Recipient Registration	75	0.8	60.00	2.09	125.40
20	Heart/Lung Transplant Recipient Follow Up (6 Month)	75	0.75	56.25	0.8	45.00
21	Heart/Lung Transplant Recipient Follow Up (1–5 Year)	75	2.69	201.75	1.1	221.93
22	Heart/Lung Transplant Recipient Follow Up (Post 5 Year)	75	3.64	273.00	0.6	163.80
23	Heart/Lung Post-Transplant Malignancy Form	75	0.2	15.00	0.4	6.00
24	Liver Transplant Candidate Registration	144	112.48	16,197.12	0.8	12,957.70
25	Liver Transplant Recipient Registration	144	85.72	12,343.68	1.2	14,812.42
26	Liver Transplant Recipient Follow Up (6 Month–5 Year)	144	384.5	55,368.00	1	55,368.00
27	Liver Transplant Recipient Follow Up (Post 5 Year)	144	466.79	67,217.76	0.5	33,608.88
28	Liver Recipient Explant Pathology Form	144	7.81	1,124.64	0.6	674.78
29	Liver Post-Transplant Malignancy Form	144	27.19	3,915.36	0.8	3,132.29
30	Intestine Transplant Candidate Registration	17	6.76	114.92	1.3	149.40
31	Intestine Transplant Recipient Registration	17	5.18	88.06	1.8	158.51
32	Intestine Transplant Recipient Follow Up (6 Month–5 Year)	17	23.29	395.93	1.5	593.90
33	Intestine Transplant Recipient Follow Up (Post 5 Year)	17	52.35	889.95	0.4	355.98
34	Intestine Post-Transplant Malignancy Form	17	0.35	5.95	1	5.95
35	Kidney Transplant Candidate Registration	232	225.83	52,392.56	0.8	41,914.05
36	Kidney Transplant Recipient Registration	232	118.94	27,594.08	1.2	33,112.90

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form No.****	Form name	Number of respondents *	Number of responses per respondent	Total responses *	Average burden per response (in hours)	Total burden hours
37	Kidney Transplant Recipient Follow Up (6 Month–5 Year)	232	610.62	141,663.84	0.9	127,497.46
38	Kidney Transplant Recipient Follow Up (Post 5 Year)	232	617.82	143,334.24	0.5	71,667.12
39	Kidney Post-Transplant Malignancy Form	232	31.57	7,324.24	0.8	5,859.39
40	Pancreas Transplant Candidate Registration	127	2.2	279.40	0.6	167.64
41	Pancreas Transplant Recipient Registration	127	0.84	106.68	1.2	128.02
42	Pancreas Transplant Recipient Follow Up (6 Month–5 Year)	127	4.2	533.40	0.5	266.70
43	Pancreas Transplant Recipient Follow Up (Post 5 Year)	127	15.71	1,995.17	0.5	997.59
44	Pancreas Post-Transplant Malignancy Form	127	0.72	91.44	0.6	54.86
45	Kidney/Pancreas Transplant Candidate Registration	127	13.35	1,695.45	0.6	1,017.27
46	Kidney/Pancreas Transplant Recipient Registration	127	6.34	805.18	1.2	966.22
47	Kidney/Pancreas Transplant Recipient Follow Up (6 Month–5 Year)	127	35.55	4,514.85	0.5	2,257.43
48	Kidney/Pancreas Transplant Recipient Follow Up (Post 5 Year)	127	68.19	8,660.13	0.6	5,196.08
49	Kidney/Pancreas Post-Transplant Malignancy Form	127	2.32	294.64	0.4	117.86
50	VCA Transplant Recipient Registration *	23	0.39	8.97	1.36	12.20
51	VCA Transplant Recipient Follow Up *	23	2.91	66.93	1.31	87.68
52	Organ Labeling and Packaging	55	308.47	16,965.85	0.18	3,053.85
53	Organ Tracking and Validating	306	18.68	5,716.08	0.08	457.29
54	Kidney Paired Donation Candidate Registration	155	0.4	62.00	0.26	16.12
55	Kidney Paired Donation Donor Registration	155	0.74	114.70	1.08	123.88
56	Kidney Paired Donation Match Offer Management	155	0.86	133.30	0.67	89.31
57	Disease Transmission Event	306	2.96	905.76	0.6	543.46
58	Living Donor Event	209	0.24	50.16	0.56	28.09
59	Safety Situation	443	1.33	589.19	0.24	141.41
60	Potential Disease Transmission Report	55	14.78	812.90	1.27	1,032.38
61	Request to Unlock Form	443	156.16	69,178.88	0.02	1,383.58
62	Initial Donor Registration *	55	453.87	24,962.85	4.75	118,573.54
63	OPO Notification Limit Administration	55	0.16	8.80	0.17	1.50
64	Potential Transplant Recipient	306	5332.24	1,631,665.44	0.05	81,583.27
65	Donor Hospital Registration	55	0.07	3.85	0.08	0.31
66	Donor Organ Disposition	55	453.87	24,962.85	0.17	4,243.68
67	Transplant Center Contact Management	251	863.46	216,728.46	0.06	13,003.71
68	Adult Kidney Candidate Listing Registration	232	227.93	52,879.76	0.52	27,497.48
69	Pediatric Kidney Candidate Listing Registration	103	11.66	1,200.98	0.47	564.46
70	Adult Kidney Pancreas Candidate Listing Registration	127	13.32	1,691.64	0.37	625.91
71	Pediatric Kidney Pancreas Candidate Listing Registration	29	0.1	2.90	0.3	0.87
72	Adult Pancreas Candidate Listing Registration	127	15.27	1,939.29	0.38	736.93
73	Pediatric Pancreas Candidate Listing Registration	30	1.17	35.10	0.38	13.34
74	Adult Pancreas Islet Listing Registration	18	4.44	79.92	0.38	30.37
75	Pediatric Pancreas Islet Listing Registration ***	18	0	0.00	0.33	0.00
76	Adult Liver Candidate Listing Registration	144	107.35	15,458.40	0.32	4,946.69
77	Pediatric Liver Candidate Listing Registration	59	12.51	738.09	0.4	295.24
78	Adult Intestine Candidate Listing Registration	17	4.53	77.01	0.38	29.26
79	Pediatric Intestine Candidate Listing Registration	17	2.24	38.08	0.43	16.37
80	Adult Heart Candidate Listing Registration	149	36.52	5,441.48	0.83	4,516.43
81	Pediatric Heart Candidate Listing Registration	63	10.3	648.90	0.58	376.36
82	Adult HeartLung Candidate Listing Registration *	75	0.96	72.00	0.85	61.20
83	Pediatric HeartLung Candidate Listing Registration	25	0.2	5.00	0.93	4.65
84	Adult Lung Candidate Listing Registration *	77	50.77	3,909.29	1.01	3,948.38
85	Pediatric Lung Candidate Listing Registration *	45	0.84	37.80	0.84	31.75
86	Candidate Registration Listing Removal	251	305.65	76,718.15	0.18	13,809.27
87	VCA Abdominal Wall Candidate Listing Registration ***	8	0	0.00	0.33	0.00
88	VCA External Male Genitalia Candidate Listing Registration ***	2	0	0.00	0.33	0.00
89	VCA Head and Neck Candidate Listing Registration	9	0.11	0.99	0.33	0.33
90	VCA Lower Limb Candidate Listing Registration ***	4	0	0.00	0.33	0.00
91	VCA Musculoskeletal Composite Graft Segment Candidate Listing Registration ***	2	0	0.00	0.33	0.00
92	VCA Other Genitourinary Organ Candidate Listing Registration	5	0.2	1.00	0.33	0.33
93	VCA Spleen Candidate Listing Registration ***	0	0	0.00	0.33	0.00
94	VCA Upper Limb Candidate Listing Registration ***	11	0	0.00	0.33	0.00
95	VCA Uterus Candidate Listing Registration	6	1.83	10.98	0.33	3.62
96	VCA Vascularized Gland Candidate Listing Registration ***	1	0	0.00	0.33	0.00
97	Organ Export Verification Form	55	0.29	15.95	0.03	0.48
98	OPTN Waiting Time Transfer Form	251	5.32	1,335.32	0.23	307.12
99	OPTN Waiting Time Modification Form	251	23.73	5,956.23	0.22	1,310.37
100	OPTN Renal Waiting Time Reinstatement Form	232	1.33	308.56	0.27	83.31
101	OPTN Pancreas Waiting Time Reinstatement Form	127	0.04	5.08	0.2	1.02
102	Intestinal Waiting Time Reinstatement Form	17	0.06	1.02	0.25	0.26
103	Prior Living Donor Priority	232	0.41	95.12	0.27	25.68
104	Kidney Minimum Acceptance Criteria	232	0.96	222.72	0.3	66.82
105	Adult Liver Status 1A Initial Justification and Extension Form	144	2.13	306.72	0.57	174.83
106	Pediatric Liver Status 1A Initial Justification and Extension Form	59	3	177.00	0.57	100.89
107	Pediatric Liver Status 1B Initial Justification and Extension Form	59	7.1	418.90	0.47	196.88
108	Liver Cholangiocarcinoma (CCA) Initial MELD/PELD Score Exception Form	144	0.83	119.52	0.43	51.39
109	Liver Cholangiocarcinoma (CCA) MELD/PELD Score Exception Extension Form	144	0.67	96.48	0.32	30.87
110	Liver Cystic Fibrosis (CF) Initial MELD/PELD Score Exception and Extension Form	144	0.08	11.52	0.33	3.80
111	Liver Familial Amyloid Polyneuropathy (FAP) Initial MELD/PELD Score Exception Form ***	144	0	0.00	0.4	0.00

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form No.****	Form name	Number of respondents *	Number of responses per respondent	Total responses *	Average burden per response (in hours)	Total burden hours
112	Liver Familial Amyloid Polyneuropathy (FAP) MELD/PELD Score Exception Extension Form.	144	0.01	1.44	0.3	0.43
113	Liver Hepatic Artery Thrombosis (HAT) Initial MELD/PELD Score Exception and Extension Form.	144	0.55	79.20	0.35	27.72
114	Liver Hepatocellular Carcinoma (HCC) Initial MELD/PELD Score Exception Form.	144	22.18	3,193.92	0.47	1,501.14
115	Liver Hepatocellular Carcinoma (HCC) MELD/PELD Score Exception Extension Form.	144	28.84	4,152.96	0.35	1,453.54
116	Liver Hepatopulmonary Syndrome (HPS) Initial MELD/PELD Score Exception Form.	144	1.42	204.48	0.32	65.43
117	Liver Hepatopulmonary Syndrome (HPS) MELD/PELD Score Exception Extension Form.	144	0.81	116.64	0.25	29.16
118	Liver Metabolic Disease Initial MELD/PELD Score Exception and Extension Form.	144	0.84	120.96	0.28	33.87
119	Liver Portopulmonary Hypertension Initial MELD/PELD Score Exception Form.	144	0.52	74.88	0.42	31.45
120	Liver Portopulmonary Hypertension MELD/PELD Score Exception Extension Form.	144	0.38	54.72	0.33	18.06
121	Liver Primary Hyperoxaluria Initial MELD/PELD Score Exception and Extension Form.	144	0.1	14.40	0.35	5.04
122	Liver Other Diagnosis Initial MELD/PELD Score Exception and Extension Form.	144	14.33	2,063.52	0.35	722.23
123	Pediatric Heart and HeartLung Status 1A Initial Justification Form ...	63	15.56	980.28	0.52	509.75
124	Pediatric Heart and HeartLung Status 1A Extension and Appeal Justification Forms.	63	73.57	4,634.91	0.47	2,178.41
125	Pediatric Heart and HeartLung Status 1B Initial Justification Form ...	63	7.05	444.15	0.42	186.54
126	Adult Heart and HeartLung Status 1–6 Justification Form Demographic Data.	149	161.57	24,073.93	0.32	7,703.66
127	Adult Heart and HeartLung Status 1–6 Justification Form Risk Stratification Data.	149	161.57	24,073.93	0.72	17,333.23
128	Adult Heart and HeartLung Status 1 Initial Justification Form Medical Urgency Data.	149	8.32	1,239.68	0.58	719.01
129	Adult Heart and HeartLung Status 1 Exception Extension Justification Form Medical Urgency Data.	149	1.1	163.90	0.33	54.09
130	Adult Heart and HeartLung Status 1 Criteria 1 Extension Justification Form Medical Urgency Data.	149	0.87	129.63	0.53	68.70
131	Adult Heart and HeartLung Status 2 Initial Justification Form Medical Urgency Data *.	149	28.64	4,267.36	0.8	3,413.89
132	Adult Heart and HeartLung Status 2 Exception Extension Justification Form Medical Urgency Data.	149	19.99	2,978.51	0.33	982.91
133	Adult Heart and HeartLung Status 2 Criteria 1 Extension Justification Form Medical Urgency Data.	149	0.01	1.49	0.42	0.63
134	Adult Heart and HeartLung Status 2 Criteria 4 Extension Justification Form Medical Urgency Data.	149	5.54	825.46	0.63	520.04
135	Adult Heart and HeartLung Status 2 Criteria 5 Extension Justification Form Medical Urgency Data.	149	1.87	278.63	0.6	167.18
136	Adult Heart and HeartLung Status 3 Initial Justification Form Medical Urgency Data *.	149	11.25	1,676.25	0.63	1,056.04
137	Adult Heart and HeartLung Status 3 Exception Extension Justification Form Medical Urgency Data.	149	7.5	1,117.50	0.33	368.78
138	Adult Heart and HeartLung Status 3 Criteria 2 Extension Justification Form Medical Urgency Data.	149	0.54	80.46	0.32	25.75
139	Adult Heart and HeartLung Status 3 Criteria 5 Extension Justification Form Medical Urgency Data.	149	0.04	5.96	0.48	2.86
140	Adult Heart and HeartLung Status 4 Initial Justification Form Medical Urgency Data.	149	23.41	3,488.09	0.5	1,744.05
141	Adult Heart and HeartLung Status 4 Exception Extension Justification Form Medical Urgency Data.	149	2.17	323.33	0.25	80.83
142	Adult Heart and HeartLung Status 4 Criteria 2 Extension Justification Form Medical Urgency Data.	149	0.78	116.22	0.4	46.49
143	Adult and Pediatric Lung and HeartLung Goal Exception Form	149	2.79	415.71	0.75	311.78
144	Pediatric Lung Priority 1 Status Justification Form	45	0.53	23.85	0.33	7.87
145	Review Board Voter Form	251	24.75	6,212.25	0.23	1,428.82
146	Living Donor Feedback Form	209	38.86	8,121.74	0.13	1,055.83
147	Extra Vessels Reporting Form	251	59.28	14,879.28	0.03	446.38
148	Non-US Transplants Reporting Form ***	232	0	0.00	0.03	0.00
149	Discrepant HLA Typings Reporting Form *	137	1.27	173.99	5.17	899.53
150	Interim Event Reporting Form	251	88.45	22,200.95	0.06	1,332.06
151	Patient Safety Contact Management Form **	306	42.2	12,913.20	0.14	1,807.85
152	Patient Transfer Form **	251	15.35	3,852.85	0.39	1,502.61
Total		19,314		3,085,444.60		903,607.48

Note: Totals for responses and burden hours may reflect minor discrepancies due to rounding; however, these rounding adjustments do not affect the overall burden estimates presented.

* The numbers of respondents and the numbers of total responses in the burden table were updated with 2025 OPTN data.

** These are new forms.

*** If a form has 0.00 under average number of responses, this is an indicator that there were no submissions in calendar year 2025.

**** As a result of the removal of the Death Notification Registration and the Deceased Donor Death Referral, forms after 65 were renumbered.

+ Forms with minor edits to previously OMB-approved forms.

HRSA 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.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–20732 Filed 10–8–26; 8:45 am]

BILLING CODE 4165–15–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 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Division of Intramural Research Board of Scientific Counselors, NIAID.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the National Institute of Allergy and Infectious Diseases, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Division of Intramural Research Board of Scientific Counselors, NIAID.

Date: December 7–9, 2026.

Time: 7:45 a.m. to 4:45 p.m.

Agenda: To review and evaluate personnel qualifications and performance, and competence of individual investigators.

Address: National Institute for Allergy and Infectious Diseases, National Institutes of Health, 50 Center Drive, Room 1227/1233, Bethesda, MD 20892.

Meeting Format: In Person.

Contact Person: Amy Collins, NIAID Committee Manager, National Institutes of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 4G39, Bethesda, MD 20892, (301) 761–6311, amy.collins@nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on

this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Dated: October 5, 2026.

Margaret N. Vardanian,
Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–20719 Filed 10–8–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center For Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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 grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; AREA/REAP and SuRE/SuRE-First: Cardiovascular and Respiratory Sciences.

Date: November 4, 2026.

Time: 2:00 p.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting

Contact Person: Kirk E. Dineley, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institute of Health, 6701 Rockledge Drive, Room 806E, Bethesda, MD 20892, 301–435–2591, dineleyke@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Program Projects: Limited Competition: National Primate Research Centers (P51).

Date: November 4–6, 2026.

Time: 12:00 p.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Zhuqing Li, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–435–5992, zhuqing.li@nih.gov.

Name of Committee: Emerging Technologies and Training Neurosciences Integrated Review Group; Neuromodulation and Imaging of Neuronal Circuits Study Section.

Date: November 5–6, 2026

Time: 9:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Pablo Miguel Blazquez Gamez, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–480–6923 pablo.blazquezgamez@nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Collaborative International Research Projects in Reproduction.

Date: November 5, 2026

Time: 9:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Leslie Mccue Turner, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–480–4962, leslie.turner@nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Career Development: Musculoskeletal and Oral Sciences.

Date: November 5, 2026.

Time: 9:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Kan Ma, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–594–8931, mak2@mail.nih.gov.

Name of Committee: Healthcare Delivery and Methodologies Integrated Review Group; Science of Implementation in Health and Healthcare Study Section.

Date: November 5–6, 2026.

Time: 9:00 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Lauren Penney, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–496–1968, penneyls@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; NIH Health Services and Systems: Career Development Award Grant Review.

Date: November 5–6, 2026.