

the agreement, and revise the minimum level of service to be provided by the agreement.

Agreement No.: 011953–013.

Title: Florida Shipowners Group Agreement.

Parties: The member lines of the Caribbean Shipowners Association and the Florida–Bahamas Shipowners and Operators Association.

Filing Party: Wayne Rohde, Esq.; Cozen O'Connor; 1200 Nineteenth Street NW.; Washington, DC 20036.

Synopsis: The amendment updates Appendix A to update the membership of the Caribbean Shipowners Association.

Agreement No.: 012282–001.

Title: Kyowa Shipping Co., Ltd. and Nippon Yusen Kaisha Space Charter Agreement.

Parties: Kyowa Shipping Co., Ltd. and Nippon Yusen Kaisha.

Filing Party: Kristen Chung, Corporate Counsel, NYK Line (North America) Inc.; 300 Lighting Way, 5th Floor; Secaucus, NJ 07094.

Synopsis: The amendment adds the trade between American Samoa and Japan to the geographic scope of the agreement.

Agreement No.: 012399.

Title: NYK/Zim Slot Exchange Agreement.

Parties: Nippon Yusen Kaisha and Zim Integrated Shipping Services Co., Ltd.

Filing Party: Mark E. Newcomb; ZIM American Integrated Shipping Services, Co. LLC; 5801 Lake Wright Dr.; Norfolk, VA 23508.

Synopsis: The agreement authorizes the parties to charter slots on each other's vessels in the trade between the U.S. on the one hand, and China, Vietnam, Singapore, Malaysia, Thailand, Sri Lanka, Egypt, Italy, United Arab Emirates, and Canada on the other hand.

By Order of the Federal Maritime Commission.

Dated: April 15, 2016.

Karen V. Gregory,
Secretary.

[FR Doc. 2016–09146 Filed 4–19–16; 8:45 am]

BILLING CODE 6731-AA-P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12

CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than May 5, 2016.

A. Federal Reserve Bank of Atlanta (Chapelle Davis, Assistant Vice President) 1000 Peachtree Street, NE., Atlanta, Georgia 30309. Comments can also be sent electronically to Applications.Comments@atl.frb.org:

1. *William Stuart Perry, Howard Steven Perry, William Cavanagh Perry, Constance Ann Perry Thomas, Carrie Peighton Perry VanAusdall, and Edmond Lewis Perry, all of Nashville, Georgia, Sara Amelia Perry Parkerson, Greensboro, Georgia, and Justin Stuart Perry, Hilton Head, South Carolina;* to retain voting shares of The Nashville Holding Company, and thereby indirectly retain voting shares of The Citizens Bank, both in Nashville, Georgia.

B. Federal Reserve Bank of Minneapolis (Jacquelyn K. Brunmeier, Assistant Vice President) 90 Hennepin Avenue, Minneapolis, Minnesota 55480–0291:

1. *Dean M. Wehri,* as a trustee/administrator of the Commercial Bank of Mott Employee Stock Ownership Plan and Trust, both of Mott, North Dakota; to acquire voting shares of Commercial Bank of Mott Employee Stock Ownership Plan and Trust, and thereby indirectly acquire voting shares of Commercial Bank of Mott, both in Mott, North Dakota.

Board of Governors of the Federal Reserve System, April 15, 2016.

Margaret McCloskey Shanks,
Deputy Secretary of the Board.

[FR Doc. 2016–09124 Filed 4–19–16; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–1067]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed projects or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Improving the Impact of Laboratory Practice Guidelines (LPGs): A New Paradigm for Metrics—College of American Pathologists (OMB Control No. 0920–1067)—Revision—Center for Surveillance, Epidemiology and

Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) funded the College of American Pathologists (CAP) as one of three professional organizations in 5-year cooperative agreement projects collectively entitled "Improving the Impact of Laboratory Practice Guidelines: A New Paradigm for Metrics." An "LPG" is defined as written recommendations for voluntary, standardized approaches for medical laboratory testing that takes into account processes for test selection, sample procurement and processing, analytical methods, and results reporting for effective diagnosis and management of disease and health conditions. The overall purpose of these cooperative agreements is to increase the effectiveness of LPGs by defining measures and collecting information to inform better LPG creation, revision, dissemination, promotion, uptake, and impact on clinical testing and public health. The project will explore how these processes and their impediments and facilitators differ among various intended users of LPGs. Through this demonstration project, CDC seeks to understand how to customize LPG creation and promotion to better serve these intended users of LPGs. An important goal is to help organizations that sponsor the development of LPGs create a sustainable approach for continuous quality improvement to evaluate and improve an LPG's impact through better collection of information.

One of the awardees is the College of American Pathologists (CAP). This revision request concerns additional information collection relating to the CAP's LPG for immunohistochemistry (IHC) testing, for which a post dissemination survey was approved under OMB Control No. 0920-1067 and has been completed. We are requesting a revision to the OMB-approved 0920-1067 package by adding two information collections: Telephone interviews and focus groups as a follow-

up to the completed IHC LPG post survey to further explore the survey findings that are being analyzed now. The questions to be used for the telephone interviews and focus groups are based on the questions and results of the IHC post survey, to help CAP and CDC better understand the impediments and facilitators that affect uptake of the IHC LPG. The intended participants in the proposed telephone interviews and focus groups will be selected from the IHC post survey respondents which include pathologists, pathology chairs, clinical laboratory directors, laboratory managers overseeing the IHC staining department, laboratory supervisors, and histotechnologists.

This revision request represents a decrease in burden. The proposed telephone interviews will explore the impediments and facilitators that affect uptake and use of the CAP IHC LPG, both generally and concerning specific recommendations. This will be followed by two focus groups, arranged into two peer groups of pathologists (composed of pathologists, pathology chairs, and laboratory directors) and non-pathologist laboratory professionals (composed of laboratory managers, laboratory supervisors, and histotechnologists for the purpose of estimating burden), which will allow us to collect information on the current usage of CAP's tools and resources (toolkit) to facilitate implementation of the IHC guideline for its future improvement.

For this request, the CAP will collect information via 40 telephone interviews (20 pathologists, 10 laboratory directors, and 10 laboratory managers). The telephone interview questions are scripted to be completed within 20 minutes by each respondent (0.33 hour per respondent or ~13 hours total). Because the CAP anticipates that approximately 121 laboratory individuals (41 pathologists, 40 laboratory directors, and 40 laboratory managers) will need to be contacted to reach 40 individuals who will voluntarily participate, and the burden for those individuals who will not go on

to participate (81) in the telephone interview is one minute, the total burden for individuals who decline participation is 81 minutes (1.35 hours).

In addition, the CAP will conduct two focus group sessions and invite 12 participants to each of the sessions, composed of the following respondent types: (4) Pathologists, (4) pathology chairs, (4) laboratory directors, (4) laboratory managers, (4) laboratory supervisors, and (4) histotechnologists. Each of the focus groups will last no more than 60 minutes (1.0 hour) which is based on standard focus group planning instructions, inclusive of time required to complete informed consent (24 hours or 1,440 minutes total burden). It is anticipated that 200 individuals will be contacted to determine their availability to participate in one of the two focus group sessions and each will take no longer than 5 minutes to read and respond to the invitation letter (~17 hours or 1000 minutes total). The 200 individuals contacted will be composed of the following respondent types: (34) Pathologists, (33) pathology chairs, (33) laboratory directors, (34) laboratory managers, (33) laboratory supervisors, and (33) histotechnologists.

This revision includes three types of laboratory professionals who were not included in the original OMB-approved submission: Pathology chairs, laboratory supervisors, and histotechnologists. Because the OMB-approved IHC post-survey has been completed, this request for approval of additional data collection (telephone interviews and focus groups) is a reduction of burden. The total new burden for this revision request will be ~58 hours which is a reduction of 1,512 hours from the previously approved submission. A total of 321 respondents (121 invited to take the telephone interview and 200 invited to participate in focus groups), is a reduction of 4,114 respondents with an approved burden of 1,570 hours and 4,435 respondents).

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
IHC telephone interview-contacted	Pathologists	41	1	1/60
	Laboratory Directors	40		
	Laboratory Managers	40		
IHC telephone interview	Pathologists	20	1	20/60
	Laboratory Directors	10		
	Laboratory Managers	10		
IHC focus group invitation	Pathologists	34	1	5/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
IHC focus group	Pathology Chairs	33	1	1
	Laboratory Directors	33		
	Laboratory Managers	34		
	Laboratory Supervisors	33		
	Histotechnologists	33		
	Pathologists	4		
	Pathology Chairs	4		
	Laboratory Directors	4		
	Laboratory Managers	4		
	Laboratory Supervisors	4		
	Histotechnologists	4		

LeRoy A. Richardson,

Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

[FR Doc. 2016-09190 Filed 4-19-16; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2015-0089]

Final Revised Vaccine Information Materials for 9-valent HPV (Human Papillomavirus) Vaccine

AGENCY: Centers for Disease Control and
Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice.

SUMMARY: Under the National
Childhood Vaccine Injury Act
(NCVIA)(42 U.S.C. 300aa-26), CDC must
develop vaccine information materials
that all health care providers are
required to give to patients/parents prior
to administration of specific vaccines.
On October 22, 2015, CDC published a
notice in the **Federal Register** (80 FR
64002) seeking public comments on
proposed updated vaccine information
materials for 9-valent HPV (Human
Papillomavirus) Gardasil®-9 vaccine.
Following review of comments
submitted and consultation as required
under the law, CDC has finalized the
materials. Copies of the final vaccine
information materials for 9-valent HPV
Gardasil®-9 vaccine are available to
download from <http://www.cdc.gov/vaccines/hcp/vis/index.html> or <http://www.regulations.gov> (see Docket
Number CDC-2015-0089).

DATES: Beginning no later than July 1,
2016, each health care provider who

administers 9-valent HPV (Human
Papillomavirus) Gardasil®-9 vaccine to
any child or adult in the United States
shall provide copies of the relevant
vaccine information materials
referenced in this notice, in
conformance with the March 31, 2016
CDC Instructions for the Use of Vaccine
Information Statements prior to
providing such vaccinations.

FOR FURTHER INFORMATION CONTACT:

Suzanne Johnson-DeLeon (msj1@cdc.gov), National Center for
Immunization and Respiratory Diseases,
Centers for Disease Control and
Prevention, Mailstop A-19, 1600 Clifton
Road NE., Atlanta, Georgia 30329.

SUPPLEMENTARY INFORMATION: The
National Childhood Vaccine Injury Act
of 1986 (Pub. L. 99-660), as amended by
section 708 of Public Law 103-183,
added section 2126 to the Public Health
Service Act. Section 2126, codified at 42
U.S.C. 300aa-26, requires the Secretary
of Health and Human Services to
develop and disseminate vaccine
information materials for distribution by
all health care providers in the United
States to any patient (or to the parent or
legal representative in the case of a
child) receiving vaccines covered under
the National Vaccine Injury
Compensation Program (VICP).

Development and revision of the
vaccine information materials, also
known as Vaccine Information
Statements (VIS), have been delegated
by the Secretary to the Centers for
Disease Control and Prevention (CDC).
Section 2126 requires that the materials
be developed, or revised, after notice to
the public, with a 60-day comment
period, and in consultation with the
Advisory Commission on Childhood
Vaccines, appropriate health care
provider and parent organizations, and
the Food and Drug Administration. The
law also requires that the information
contained in the materials be based on
available data and information, be

presented in understandable terms, and
include:

- (1) A concise description of the
benefits of the vaccine,
- (2) A concise description of the risks
associated with the vaccine,
- (3) A statement of the availability of
the National Vaccine Injury
Compensation Program, and
- (4) Such other relevant information as
may be determined by the Secretary.

The vaccines initially covered under
the National Vaccine Injury
Compensation Program were diphtheria,
tetanus, pertussis, measles, mumps,
rubella, and poliomyelitis vaccines.
Since April 15, 1992, any health care
provider in the United States who
intends to administer one of these
covered vaccines is required to provide
copies of the relevant vaccine
information materials prior to
administration of any of these vaccines.
Since then, the following vaccines have
been added to the National Vaccine
Injury Compensation Program, requiring
use of vaccine information materials for
them as well: Hepatitis B, *Haemophilus
influenzae* type b (Hib), varicella
(chickenpox), pneumococcal conjugate,
rotavirus, hepatitis A, meningococcal,
human papillomavirus (HPV), and
seasonal influenza vaccines.
Instructions for use of the vaccine
information materials are found on the
CDC Web site at: <http://www.cdc.gov/vaccines/hcp/vis/index.html>.

Revised Vaccine Information Materials

The 9-valent HPV (Human
Papillomavirus) Gardasil®-9 vaccine
information materials referenced in this
notice were developed in consultation
with the Advisory Commission on
Childhood Vaccines, the Food and Drug
Administration, and parent and
healthcare provider organizations.
Following consultation and review of
comments submitted, the vaccine
information materials covering 9-valent