interviews, and Phase III will involve final data analysis.

Participation in this study is voluntary and subsequent screening, follow-up and treatment, if indicated, will be provided at no cost to participants. Informed consent will be obtained where appropriate and oversight will be provided by federal and local institutional review. The total cost to respondents is estimated at $11,330.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Population-based sample of adults aged 55–64	6,000	1	.016	1000
Phase III	400	1	.0330	133
Total	.....	.....	.....	1133

4. Examination of Barriers to Participant Compliance in a Flexible Sigmoidoscopy Screening Program. Kaiser Foundation, Oakland—New—With colorectal cancer comprising the second highest mortality rate among all U.S. cancers and ranked as the fourth most common form of cancer, the active promotion of population-based screening and early detection is becoming increasingly important. Recognizing the importance of screening, American Cancer Society guidelines and the new US Preventive Services Task Force guidelines recommend colorectal cancer screening for individuals over the age of 50. Still, although early detection of colorectal neoplasms has been effectively demonstrated to significantly reduce morbidity and mortality and associated economic costs, compliance is very low. This three-year study involving investigators at one of the nation's largest Health Maintenance Organizations' research foundation (Kaiser Foundation of Northern California) seeks to identify barriers associated with low compliance in a colorectal cancer screening program utilizing flexible sigmoidoscopy.

Phase I will target and recruit participants from an existing pool of Health Maintenance Organization enrollees who are at a relatively high age-related risk (ages 50–64) for developing colorectal cancers via short survey and invitation to screening. In Phase II, investigators will conduct telephone survey to identify the relative impact of economic, psychological, and related factors on participation and non-participation in the mass screening programs. In phase III, investigators will analyze and widely disseminate results of the study via publication in the professional literature. Results will also be made available to participants upon request. Interventions designed to mitigate the barriers identified through this study will be incorporated into future screening efforts and general health education/health promotion efforts.

Participation in this study is voluntary and subsequent follow-up and treatment, if indicated, will be provided at no cost to participants. Informed consent will be obtained where appropriate and oversight will be provided by federal and institutional review. The total cost to respondents is estimated at $13,330.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
HMO Enrollees	4,000	1	0.33	1320
Total	.....	.....	.....	1320

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

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[30DAY–04]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639–3453.

The following request have been submitted for review since the last publication date on January 23,1996.

Proposed Project

1. Nationally Sexually Transmitted Disease Morbidity Surveillance System—(0920–0011)—Reinstatement—The purpose of these reports is to collect STD morbidity surveillance data from state health departments nationwide. The data are used by health care planners at the national, state, and local levels to develop and evaluate STD prevention and control programs. In addition there are many other users of the data including scientist, researchers, educators, students and the media.

Respondents	No. of respondents	No. of responses/Respondents	Avg. burden/response (in hrs.)
State and large city health departments	60	4	1.95

Respondents	No. of respondents	No. of responses/ Respondents	Avg. burden/ response (in hrs.)
State and large city health departments	60	12	0.583
State and large city health departments	60	2	3

The total annual burden is 1248. Send comments to Allison Eydt; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–2427 Filed 2–5–96; 8:45 am]

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[30DAY–03]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639–3453.

The following requests have been submitted for review since the last publication date on January 23, 1996.

Proposed Project

1. An Assessment of The National Laboratory Training Network (NLTN)—(New)—The National Laboratory Training Network (NLTN) was established in 1989 to provide education and training to different levels of laboratory personnel in public health, private, independent laboratories and blood banks. Training in testing skills required to diagnose and monitor HIV infected individuals and AIDS-related diseases was the driving force behind its development. However, NLTN staff has responded to other emerging training needs such as those required to test for *Mycobacterium tuberculosis*, Hantaviruses, and other diseases.

The NLTN works primarily with the State Public Health Laboratories forming partnerships that facilitate laboratory training in most laboratory settings. This project is an evaluation of the effectiveness of the NLTN in meeting its goals and in satisfying the needs of its customers. Recipients of training and their supervisors will be the major sources of information. Some assessment of participants that have not attended NLTN courses will be necessary to use as a control group.

Surveys will be directed to all types of laboratories that perform diagnostic testing. Samples will be selected from local health department laboratories, state health department laboratories, microbiology course participants and physician office laboratories. The study was designed in FY 1994 and FY 1995. Data collection should begin late in FY 1995 and be completed in FY 1996.

Respondents	No, of respondents	No. of responses/ respondents	Avg. burden/ response
Laboratories	10,000	1	.5

The total annual burden is 5000. Send comments to Allison Eydt; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–2428 Filed 2–5–96; 8:45 am]

BILLING CODE 4163–18–P

Food and Drug Administration

[Docket No. 95N–0410]

Ivermectin Injection for American Buffalo; Availability of Data

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of target animal safety and effectiveness data and human food safety data to be used in support of a new animal drug application (NADA) or supplemental NADA for use of 1 percent ivermectin injection in American buffalo. The data, contained in Public Master File (PMF) 5059, were compiled under National Research Support Project No. 7 (NRSP–7), a national agricultural program for obtaining clearances for use of new drugs in minor animal species or in any animal species for the control of a disease that occurs infrequently or in limited geographical areas.

ADDRESSES: Submit NADA's or supplemental NADA's to the Document Control Unit (HFV–199), Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–827–3125.

FOR FURTHER INFORMATION CONTACT: Jean M. Cooper, Center for Veterinary Medicine (HFV–130), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–1653.

SUPPLEMENTARY INFORMATION: Ivermectin injection for use in American buffalo is a new animal drug under section 201(w) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 321(w)). As a new animal drug, ivermectin is subject to section 512 of the act (21 U.S.C. 360b) which requires that its uses in American buffalo be the subject of an approved NADA or supplemental NADA. American buffalo are a minor species under § 514.1(d) (21 CFR 514.1(d)). The NRSP–7 Project, North Central Region, Michigan State University, East Lansing, MI 48824, has provided data and information that demonstrate human food safety and safety and effectiveness to American buffalo subcutaneously administered 1 percent ivermectin injection (200 micrograms of ivermectin per kilogram of body weight) for the treatment and control of hypodermosis caused by *Hypoderma bovis* (grubs).

The data and information are contained in PMF 5059. Sponsors of NADA's or supplemental NADA's may, without further authorization, refer to the PMF to support approval of an application filed under § 514.1(d). An NADA or supplemental NADA must include, in addition to a reference to the PMF, animal drug labeling and other data needed for approval, such as manufacturing methods, facilities and controls, data supporting extrapolation from a major species in which the drug is currently approved, or authorized reference to such data, and information addressing the potential environmental impacts (including occupational) of the manufacturing process and use of the drug product. Persons desiring more information concerning the PMF or requirements for approval of an NADA may contact Jean M. Cooper (address above).

In accordance with the freedom of information provisions of part 20 (21 CFR part 20) and 21 CFR 514.11(e)(2)(ii), a summary of target animal safety and effectiveness data and human food safety data submitted to support approval of an application may be seen in the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857, between 9 a.m. and 4 p.m., Monday through Friday.