in Figures 2a and 2b, which are labeled to indicate they represent the results of research from different DNA samples when in fact a number of lanes are duplicates. Although Dr. Kumar denies that he intended to deceive anyone, C.I.T. concluded in its Report that the ''deliberate presentation of duplications of one experiment which are labeled to indicate they came from separate DNA samples deceives the reader as to the real source of the DNA in the experiment, where the central point of the experiment is the similarity of results among different sources.'' ORI also accepted the C.I.T. conclusion that Dr. Kumar presented Figure 2c of the JEM paper ''in a very misleading fashion.'' The central observation of the JEM paper is that both alleles of the alpha chain of the T-cell receptor gene are frequently rearranged. This conclusion was based, in part, on Figure 2c, which C.I.T. found had been labeled in a misleading fashion that led the reader to believe that the heavy band at the top of the blot was an 8kb restriction fragment (i.e., representing an internal control) rather than undigested material that failed to enter the gel. Examination of the original film indicates that there was no evidence that the second alpha-chain rearranges in mature T-cells. Thus, ORI further accepted the C.I.T. conclusion that Figure 2 was intentionally falsified and/or fabricated and that, as a result, ''one of the main scientific results of this paper was not substantiated by the original data.''

In addition, ORI found that Dr. Kumar committed scientific misconduct by falsifying and/or fabricating Figure 5b of a manuscript that was submitted for publication to the journal Cell (Cell manuscript), but was later withdrawn. ORI accepted the C.I.T. conclusion that lanes 6, 7 and 8 of Figure 5b are the same as lanes 11, 12 and 13, respectively, even though they are labeled as being from different samples. ORI also accepted the C.I.T. conclusion that Dr. Kumar made a number of other materially misleading statements in the Cell manuscript that were not supported by the primary data. For example, C.I.T. concluded that Dr. Kumar made a number of materially misleading statements about the age of mice and the timing of the injection of peptides into these mice in a paper published in the Proceedings of the National Academy of Sciences, 87:1337–1341 (1990) (PNAS paper). This information is material because induction of the disease studied (i.e., allergic encephalomyelitis) is dependent upon the age of the mice.

Based upon the findings of scientific misconduct in the C.I.T. Report, the JEM and PNAS papers were retracted prior to ORI's findings in this case.

ORI and Dr. Kumar agreed to resolve the case through a negotiated settlement and limited voluntary exclusion agreement (Agreement), which the parties agreed shall not be construed as an admission of liability or wrongdoing on the part of the Dr. Kumar. Dr. Kumar plans to submit a letter to ORI in which he summarizes his response to ORI's findings. Dr. Kumar has agreed to exclude himself voluntarily from serving in any advisory capacity to the PHS, including service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for a period of three years. Dr. Kumar has also agreed to exclude himself voluntarily, for a period of eighteen (18) months from any contracting or subcontracting with any agency of the United States Government and from eligibility for, or involvement in, nonprocurement transactions (e.g. grants and cooperative agreements) of the United States Government. However, this provision will not apply to a currently pending PHS grant application involving Dr. Kumar.

In addition, any institution that uses Dr. Kumar in any capacity on PHS supported research must concurrently submit a plan for supervision of Dr. Kumar's duties, designed to ensure the scientific integrity of Dr. Kumar's research, for a period of three (3) years. Similarly, any institution employing Dr. Kumar must submit, in conjunction with each application for PHS funds or report of PHS funded research in which Dr. Kumar is involved, a certification that the data provided by Dr. Kumar are based on actual experiments or are otherwise legitimately derived and that the data, procedures and methodology are accurately reported in the application or research report, for a period of three (3) years.

FOR FURTHER INFORMATION CONTACT: Director, Division of Research Investigations, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852.

Dorothy K. Macfarlane,

Acting Director, Office of Research Integrity.

[FR Doc. 96–16561 Filed 6–27–96; 8:45 am]

BILLING CODE 4160–17–P

Agency for Health Care Policy and Research

Notice of Health Care Policy and Research Special Emphasis Panel Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2) announcement is made of the following special emphasis panel scheduled to meet during the month of August 1996:

Name: Health Care Policy and Research Special Emphasis Panel.

Date and Time: August 1–2, 1996, 8:00 a.m.

Place: Ramada Inn, 1775 Rockville Pike, Conference Room TBA, Rockville, Maryland 20852.

Open August 1, 8:00 a.m. to 8:15 a.m.

Closed for remainder of meeting.

Purpose: This Panel is charged with conducting the initial review of grant applications proposing to conduct research related to patient referrals from primary care to specialty care. Applications were sought for studies that (1) describe how changes in health care organization affect referral practices, and/or (2) measure quality of care, economic and other outcomes resulting from decisions by primary care providers (PCPs) who refer, or do not refer, patients to specialty providers.

Agenda: The open session of the meeting on August 1, from 8:00 a.m. to 8:15 a.m., will be devoted to a business meeting covering administrative matters. During the closed session, the committee will be reviewing and discussing grant applications dealing with health services research issues. In accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C., 552b(c)(6), the Administrator, AHCPR, has made a formal determination that this latter session will be closed because the discussions are likely to reveal personal information concerning individuals associated with the grant applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members or other relevant information should contact Karen Rudzinski, Ph.D., Agency for Health Care Policy and Research, Suite 400, 2101 East Jefferson Street, Rockville, Maryland 20852, Telephone (301) 594–1452 x1610.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: June 24, 1996.

Clifton R. Gaus,

Administrator.

[FR Doc. 96–16560 Filed 6–27–96; 8:45 am]

BILLING CODE 4160–90–M

Centers for Disease Control and Prevention

[Announcement 652]

1996 State Pediatric Nutrition Surveillance Systems

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds to support a cooperative agreement program in development of the State Pediatric Nutrition

Surveillance System (PedNSS) to collect, analyze, and disseminate data for children aged 5–17 years who are routinely seen for well-child care in public health clinics.

The CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000'', a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of Nutrition and Maternal and Child Health. (For ordering a copy of ''Healthy People 2000,'' see the section ''Where To Obtain Additional Information.'')

Authority

This program is authorized under sections 301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. 241(a) and 42 U.S.C. 247b(k)(2)], as amended.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994 prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are the official public health agencies of States or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments.

Eligible applicants must have the ability to collect Statewide data on height, weight, anemia status, and sociodemographic information for at least 5,000 children, aged 5–17 years who receive well-child care in public health clinics. Written documentation must be provided as evidence of this ability (a computerized record layout of these specified data items may be used as evidence).

Availability of Funds

Approximately $150,000 is available to fund approximately 3 awards. It is expected that the average award will be $50,000, ranging from $40,000 to $60,000. It is expected that the awards will begin on or about September 30, 1996, and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory performance and availability of funds.

Purpose

These awards are to assist States to develop and use the PedNSS to collect, analyze, and disseminate data for children aged 5–17 years who are routinely seen for well-child care in public health clinics.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient shall be responsible for conducting activities under A., and CDC shall be responsible for conducting activities under B.

A. Recipient Activities

1. Develop and use the PedNSS to collect, analyze, and disseminate data for children aged 5–17 years who are routinely seen for well-child care by public health clinics.

2. In accordance with guidelines to be provided by CDC, establish and maintain a data system to collect PedNSS data items including sociodemographic variables (geographic location, ethnicity, race, age), anthropometry (height, weight) and hematology (hematocrit and/or hemoglobin) for children aged 5–17 years who receive well-child care in public health clinics. If available, additional data items related to obesity such as dietary information and physical activity should be included in the database.

3. Develop and carry out procedures to ensure the completeness and quality of the data, including training and data editing.

4. With technical assistance and/or provision of software from CDC, produce data for analysis and generation of reports.

5. Develop and carry out a plan for the analysis, interpretation, and use of surveillance data in appropriate prevention and intervention programs as needed to reduce the prevalence of thinness, overweight, and anemia among older children.

6. Prepare and disseminate surveillance information, through presentation and publication in appropriate forums.

B. CDC Activities

1. Provide standardized data items, code definitions, and methods to collect the desired surveillance information.

2. Provide training in the appropriate skills to collect anthropometric and hematologic data.

3. Provide technical support for mainframe and personal computer software programs available from CDC for data processing and analysis.

4. Assist States with the analyses, interpretation, and use of the surveillance data for program planning and evaluation at the State and local level.

Evaluation Criteria (100 Points)

Applications will be reviewed and evaluated according to the following criteria:

A. Statement of Need (5 Points)

Evidence of the need for data on thinness, overweight, and anemia among older children.

B. Goals and Objectives (5 Points)

The appropriateness of goals, objectives, and whether objectives are specific, measurable, time-phased, and feasible.

C. Operational Plan (45 points)

The adequacy of the plan to develop the PedNSS system:

1. To collect data on children aged 5–17 years, provide additional data items.

2. To design, test, and provide data in a timely manner.

3. To assure completeness and quality of data.

4. To analyze, interpret, and use surveillance data in decision making.

5. To disseminate surveillance findings.

D. Capability (35 Points)

1. The availability of current and historic Statewide data for children aged 5–17 years (such as 100 percent of clinics or service providers of the program).

2. Existing case management system to improve compliance with routine well-child clinic visits.

3. The extent to which key staff have experience with surveillance systems and data analysis and evaluation; and evidence of a strong working relationship with relevant organizational entities is provided.

E. Project Evaluation (10 Points)

The appropriateness of the project evaluation to assess:

1. The completeness and quality of data shared with CDC for analysis.

2. The use of surveillance data for program planning and evaluation.

3. The dissemination of data through presentations and publications.

F. Budget (Not Weighted)

The extent to which the applicant describes the total amount of funds requested in each of the object class categories and clearly links the budget items to objectives and activities proposed for the budget period.

G. Human Subjects: (Not Weighted)

Whether or not exempt from the Department of Health and Human Services (DHHS) regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise, or (2) protections appear adequate, but there are comments regarding the protocol, or (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal Governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, mail Stop E–18, Atlanta, Georgia 30305, no later than 30 days after the application deadline. The appropriation for this financial assistance program was received late in the fiscal year and would not allow for an application date which would accommodate the 60-day State recommendation process period. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Indian tribes are strongly encouraged to request tribal government review of the proposed application. If tribal governments have any tribal process recommendations on applications submitted to CDC, they should forward them to Sharron P. Orum, Grants Management Office, Grants Management Branch, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E–18, Atlanta, Georgia 30305. This should be done no later than 30 days after the application deadline. The granting agency does not guarantee to ''accommodate or explain'' for tribal process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit. Should human subjects review be required, the proposed workplan should incorporate timelines for such development and review activities.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Number 0937–0189) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E–18, Atlanta, Georgia 30305, on or before July 29, 1996.

1. Deadline: Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. Late Application: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

A complete program description, information on application procedures, application package, and business management technical assistance may be obtained from Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E–18, Atlanta, Georgia 30305, or by telephone on (404) 842–6508; by fax on (404) 842–6513; or by Internet or CDC WONDER electronic mail at <ayc1@opspgo1.em.cdc.gov>.

Technical assistance may be obtained from Diane Clark, Public Health Nutritionist, Division of Nutrition, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Mail Stop K–25, 4770 Buford Highway, NE., Atlanta, Georgia 30341–3724, or by telephone on (770) 488–4913; by fax on (770) 488–4728; or

by Internet or CDC WONDER electronic mail at <ldc2@ccddn1.em.cdc.gov.

Please refer to Announcement 652 when requesting information and submitting an application.

Potential applicants may obtain a copy of ''Healthy People 2000'' (Full Report; Stock No. 017–001–00474–0) or ''Healthy People 2000'' (Summary Report; Stock No. 017–001–00473–1) referenced in the ''Introduction'' through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325; telephone (202) 512–1800.

There may be delays in mail delivery and difficulty in reaching the cdc atlanta offices during the 1996 summer olympics. therefore, CDC suggests using internet, following all instructions in this announcement and leaving messages on the contact person's voice mail for more timely responses to any questions.

Dated: June 24, 1996.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–16546 Filed 6–27–96; 8:45 am]

BILLING CODE 4163–18–P

[Announcement Number 645]

Applied Research in Emerging Infections—Tickborne Diseases

Introduction

The Centers for Disease Control and Prevention (CDC) is implementing a program for competitive cooperative agreements and/or research project grants to support applied research on emerging infections. CDC announces the availability of fiscal year (FY) 1996 funds for cooperative agreements and/or research project grants to conduct applied research on domestic tickborne diseases (e.g., ehrlichiosis, babesiosis, Rocky Mountain spotted fever, tularemia, Colorado tick fever, etc.). 1. CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Immunization and Infectious Diseases.

1. Note: An existing CDC cooperative agreement program supports research focusing on Lyme disease caused by *Borrelia burgdorferi,* specifically. Therefore, this new program will not support research projects which focus substantially on classical Lyme disease caused by *B. burgdorferi.*

(For ordering a copy of Healthy People 2000, see the section Where To Obtain Additional Information.)

Authority

This program is authorized under Sections 301 and 317 of the Public Health Service Act, as amended (42 U.S.C. 241 and 247b).

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children's Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day-care, health care and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, including State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

Availability of Funds

Approximately $300,000 is available in FY 1996 to fund approximately two to four awards. It is expected that approximately two-thirds of the funds will be made available for the first programmatic focus (epidemiologic studies focusing on ehrlichiosis) and one-third for the second (development of improved diagnostic tests for babesiosis). Awards will begin on or about September 30, 1996, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may vary and are subject to change. Continuation awards within an approved project period will be made on the basis of satisfactory progress and availability of funds.

Purpose

The purpose of the emerging infections extramural research program is to provide financial and technical assistance for applied research projects on emerging infections in the United States. As a component of the emerging infections extramural research program, the purpose of this grant/cooperative announcement is to provide assistance for tickborne disease projects addressing the following two programmatic focus areas:

1. Epidemiologic studies focusing on ehrlichiosis

2. Development and evaluation of improved diagnostic tests for babesiosis.

Applicants may submit separate applications for projects in one or both programmatic areas. See Application Content of the program announcement included in the application kit for detailed application instructions.

Program Requirements

Applicants may apply and receive support for projects under one or both of the two programmatic focus areas. In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under either A.1. or A.2., or both, below; and CDC will be responsible for conducting activities under B., below:

A. Recipient Activities

1. Epidemiologic Studies

Implement an active prospective ehrlichiosis surveillance system in a geographic area where the disease(s) (monocytic or granulocytic) is/are believed to be present, utilizing case finding based on a standardized clinical case definition. Cases should be laboratory confirmed, using standardized methods such as isolation or direct detection of the etiologic agent from clinical specimens by antigen detection or PCR; and/or serology. Laboratory diagnosis should be validated by retesting clinical specimens in a reference laboratory. A population based study in which incidence can be calculated and that simultaneously captures incident cases of babesiosis in the same location is most desirable.

2. Development and Evaluation of Improved Diagnostic Tests for Babesiosis:

a. Develop and evaluate improved laboratory methods for the diagnosis of babesiosis, which may include methods for antibody or antigen detection, molecular techniques, and isolation of the parasite from clinical specimens. Consider such characteristics of the test as sensitivity (e.g., ability to detect subpotent infection), specificity (e.g., ability to distinguish Babesia infection from other infections and conditions, ability to distinguish persistent from remote *Babesia* infection, genus- vs. species-level specificity), and ease of automation.

b. As part of certain projects and as appropriate, obtain and provide such