each of its operating divisions and to each of its officers, agents, representatives, or employees engaged in the preparation or placement of advertisements, promotional materials, product labels or other sales materials covered by this Order.

IV

It is further ordered that respondent shall notify the Commission at least thirty (30) days prior to any proposed change in the corporation such as dissolution, assignment, or sale resulting in the emergence of a successor corporation, the creation or dissolution of subsidiaries, or any other change in the corporation which may affect compliance obligations under this Order.

V

It is further ordered that respondent shall, within sixty (60) days after service of this Order upon it, and at such other times as the Commission may require, file with the Commission a report, in writing, setting forth in detail the manner and form in which it has complied with this Order.

VI

It is further ordered that this Order will terminate twenty (20) years from the date it becomes final, or twenty (20) years from the most recent date that the United States or the Federal Trade Commission files a complaint (with or without an accompanying consent decree) in federal court alleging any violation of the Order, whichever comes later;

Provided, However, that the filing of such a complaint will not affect the duration of:

A. Any paragraph in this Order that terminates in less than twenty (20) years;

B. This Order's application to any respondent that is not named as a defendant in such complaint; and

C. This Order if such complaint is filed after the Order has terminated pursuant to this paragraph.

Provided Further, that if such complaint is dismissed or a federal court rules that the respondent did not violate any provision of the Order, and the dismissal or ruling is either not appealed or upheld on appeal, then the Order will terminate according to this paragraph as though the complaint was never filed, except that the Order will not terminate between the date such complaint is filed and the later of the deadline for appealing such dismissal or ruling and the date such dismissal or ruling is upheld on appeal.

Analysis of Proposed Consent Order to Aid Public Comment

The Federal Trade Commission has accepted an agreement, subject to final approval, to a proposed consent order from respondent New Balance Athletic Shoe, Inc.

The proposed consent order has been placed on the public record for sixty (60) days for reception of comments by interested persons. Comments received during this period will become part of the public record. After sixty (60) days, the Commission will again review the agreement and the comments received and will decide whether it should withdraw from the agreement and take other appropriate action or make final the agreement's proposed order.

This matter concerns advertising and promotional practices related to the sale of athletic shoes. The Commission's amended complaint, issued on December 18, 1995, charges that respondent falsely represented that all of its athletic shoes sold in the United States are made in the United States, and that it annually exports to Japan hundreds of thousands of pairs of athletic shoes that are made in the United States.

The proposed consent order contains a provision which is designed to remedy the advertising violation charges and to prevent the respondent from engaging in similar acts and practices in the future. Part I of the proposed order prohibits the respondent from misrepresenting: (1) that footwear made wholly abroad is made in the United States; and (2) the quantity of footwear it exports. Part II requires the respondent to maintain materials relied upon in disseminating any representation covered by the order. Part III of the proposed order requires the respondent to distribute copies of the order to certain company officials and employees. Part IV of the proposed order requires the respondent to notify the Commission of any change in the corporation which may affect compliance obligations under the order. Part V of the proposed order requires the respondent to file one or more compliance reports. Part VI of the proposed order is a provision whereby the order, absent certain circumstances, terminates twenty years from the date of issuance.

The purpose of this analysis is to facilitate public comment on the proposed consent order. It is not intended to constitute an official interpretation of the agreement and proposed order or to modify in any way their terms.

Donald S. Clark,

Secretary.

Dissenting Statement of Commissioner Roscoe B. Starek, III in the Matter of New Balance Athletic Shoe, Inc.

I continue to object to the approach that the majority of the Commission has elected in this litigation. The settlement is hardly surprising in light of the Commission's decision to drop the most important allegation in this matter—involving unqualified ''Made in USA'' claims for products assembled in the United States from foreign and domestic components—in favor of an eviscerated complaint and notice order addressing only narrow claims about exported footwear and footwear made wholly abroad. For the reasons stated in my dissent from the Commission's decision to narrow the complaint and notice order, I again dissent. See New Balance Athletic Shoe, Inc., Docket No. 9268 (Dissenting Statement of Commissioner Roscoe B. Starek, III).

[FR Doc. 96–23923 Filed 9–17–96; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–96–26]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information

on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. List of Ingredients Added to Tobacco in the Manufacture of Smokeless Tobacco Products—(0920–0338)—Extension—Oral use of smokeless tobacco represents a significant health risk which can cause cancer and a number of noncancerous oral conditions, and can lead to nicotine addiction and dependence. Furthermore, smokeless tobacco use is not a safe substitute for cigarette smoking. The Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) has been delegated the authority for implementing major components of the Department of Health and Human Services' (HHS) tobacco and health program, including collection of tobacco ingredients information. HHS's overall goal is to reduce death and disability resulting from cigarette smoking and other forms of tobacco use through programs of information, education and research.

The Comprehensive Smokeless Tobacco Health Education Act of 1986 (15 U.S.C. 4401 *et seq.*, Pub.L. 99–252) requires each person who manufactures, packages, or imports smokeless tobacco products to provide the Secretary of HHS with a list of ingredients added to tobacco in the manufacture of smokeless tobacco products. HHS is authorized to undertake research, and to report to the Congress (as deemed appropriate), on the health effects of the ingredients. The total cost to respondents is estimated at $22,000.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Tobacco manufacturers	11	1	26	286
Total				286

2. Survey of diagnostic and management practices for group A streptococcal pharyngitis—New—Appropriate diagnosis and management of streptococcal pharyngitis is important to prevent severe nonsuppurative complications such as rheumatic fever. In addition, early treatment will prevent suppurative complications and decrease spread of infection to close contacts. To achieve optimal sensitivity, the American Academy of Pediatrics recommends that throat cultures be performed, or that if an antigen detection test is done, that a negative test be backed-up by culture. Despite these recommendations, many clinicians diagnose streptococcal pharyngitis based on clinical findings or on the results of an antigen detection test alone. One factor that has been shown to be associated with the use of culture for diagnosis, is whether the physician cultures for group A streptococci in the office.

Recent changes in the medical care system and in Federal regulations may have affected the availability and use of throat cultures in office settings. Managed care organizations are unlikely to reimburse clinicians for performing two diagnostic tests and, in a capitated system, any use of diagnostic testing would reduce a physician's profit. Moreover, recently implemented CLIA regulations of office laboratories may have decreased the use of office culture as physicians find it easier not to test than to comply with these regulations.

Surveying physician diagnostic and management practices for group A streptococcal pharyngitis will help identify current practices and the factors that have affected the use of diagnostic testing, especially throat culture. These results can be used to develop interventions to promote appropriate diagnostic methods, leading to improved accuracy of diagnosis, and prevention of morbidity.

This proposed two year study, will collect data from practicing pediatricians and family physicians on the characteristics of their practice, their approach to diagnosis of pharyngitis including the use of laboratory testing, the testing methods that are used in their office laboratory, recent changes that they have made in testing, and reasons for those changes. This survey will build on results of a survey that was conducted in 1991 before the implementation of CLIA regulations and the expansion of managed care. The survey will be carried out during the winter of 1996–97, in the Chicago metropolitan area by the Chairman of the American Academy of Pediatrics Section on Infectious Diseases, who also is an expert on streptococcal infections. Data will be entered and analyzed by this investigator in collaboration with CDC and the HCFA Region V office in Chicago. The total cost to respondents is estimated at $33,350.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Pediatricians and Family Physicians with primary care practices.	2000	1	0.333	667
Total				677

3. Sentinel Surveillance for Chronic Liver Disease—New— A questionnaire has been designed to collect information for the Sentinel Surveillance for Chronic Liver Disease project. The purpose of the project is to determine the incidence and period prevalence of physician-diagnosed chronic liver disease in a defined geographic area, the contribution of chronic viral hepatitis to the burden of disease, and the influence of etiologic agents(s) and other factors on mortality, and to monitor the incidence of and mortality from chronic lever disease over time. The information gathered will be analyzed, in conjunction with data collected from other sources, to address these questions. The results of the project will assist the Hepatitis Branch, Division of Viral and Rickettsial Diseases, National

Center for Infectious Diseases in accomplishing the part of its mission related to preparing recommendations for the prevention and control of all types of viral hepatitis and their sequellae. In order to focus prevention efforts and resource allocation, a representative view of the overall burden of chronic liver disease, its natural history, and the relative contribution of viral hepatitis is needed. The total cost to respondents is estimated at $600.

Respondents	No. of respondents	No. of responses/ respondent	Average burden/ response (in hrs.)	Total burden (in hrs.)
All consenting adults with physician- diagnosed chronic liver disease residing in catchment area	120	1	0.50	60
Total				60

Dated: September 12, 1996.

Wilma G. Johnson,

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

[FR Doc. 96–23863 Filed 9–17 –96; 8:45 am]

BILLING CODE 4163–18–P

Cabin Exposure Assessment for a Study of Reproductive Outcomes Among Female Flight Attendants; Meeting

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Cabin Exposure Assessment for a Study of Reproductive Outcomes Among Female Flight Attendants.

Time and Date: 9 a.m.–4 p.m., October 11, 1996.

Place: Alice Hamilton Laboratories, NIOSH, Conference Room C, 5555 Ridge Road, Cincinnati, Ohio 45213.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: Invited participants will provide NIOSH with their individual advice and comments regarding the technical and scientific aspects of the study, ''Cabin Exposure Assessment for a Study of Reproductive Outcomes Among Female Flight Attendants,'' being conducted at NIOSH. Participants on the peer review panel will review the study protocol and provide individual advice on the conduct of the study. Viewpoints and suggestions from industry, labor, academia, other government agencies, and the public are invited.

Contact Person for Additional Information: Martha Waters, Ph.D., NIOSH, CDC, M/S R–14, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/841–4458.

Dated: September 11, 1996.

Nancy C. Hirsch,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–23866 Filed 9–17–96; 8:45 am]

BILLING CODE 4160–19–M

Advisory Council for the Elimination of Tuberculosis: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following council meeting.

Name: Advisory Council for the Elimination of Tuberculosis (ACET).

Times and Dates: 8:30 a.m.–5 p.m., October 9, 1996, 8:30 a.m.-1 p.m., October 10, 1996.

Place: Corporate Square Office Park, Corporate Square Boulevard, Building 11, Room 1413, Atlanta, Georgia 30329.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Purpose: This council advises and makes recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the elimination of tuberculosis. Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; and reviews the extent to which progress has been made toward eliminating tuberculosis.

Matters To Be Discussed: Agenda items will include an update on ACET's letter to the Secretary of the Department of Health and Human Services; discussion of interactions between rifamycins and protease inhibitors; a report on Isoniazid hepatitis; and a discussion on tuberculosis vaccine development.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Connie Granoff, Program Specialist, National Center for HIV, STD, and TB Prevention, 1600 Clifton Road, NE, M/S E–07, Atlanta, Georgia 30333, telephone 404/639–8008.

Dated: September 11, 1996.

Nancy C. Hirsch,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–23861 Filed 9–17–96; 8:45 am]

BILLING CODE 4163–18–M

Food and Drug Administration

[Docket No. 96N–0166]

Pasca Plasma Center, Inc.; Revocation of U.S. License No. 1015

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the revocation of the establishment license (U.S. License No. 1015) and the product license issued to Pasca Plasma Center, Inc., (Pasca) for the manufacture of Source Plasma. Pasca has facilities in Berkeley, Oakland, and Richmond, CA. In a letter to FDA dated July 7, 1993, Pasca submitted U.S. license No. 1015 for revocation.

DATES: The revocation of the establishment license (U.S. License No. 1015) and the product license became effective on August 4, 1993.

FOR FURTHER INFORMATION CONTACT: Valerie A. Windsor, Center for Biologics Evaluation and Research (HFM–630), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852–1448, 301–594–3074.

SUPPLEMENTARY INFORMATION: FDA has revoked the establishment license (U.S. License No. 1015) and the product license issued to Pasca at the following locations for the manufacture of Source Plasma: (1) 1796 University Ave., Berkeley, CA 94703 (U.S. License 1015–003); (2) 650 E. 14th St., Oakland, CA 94606 (U.S. License 1015–001); and (3) 2316 MacDonald Ave., Richmond, CA 94804 (U.S. License 1015–002). Pasca's mailing address is: 650 E. 14th St., Oakland, CA 94606.

FDA inspected Pasca's Richmond facility from December 1, 1992 through December 11, 1992, and its Oakland facility from March 22, 1993, through April 2, 1993. In addition to the inspections, FDA conducted investigations which included interviews with individuals