agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION: To request more information on this project or to obtain a copy of the data collection plans and instrument, write to Dr. Margaret Tucker, Chief, Genetic Epidemiology Branch, National Cancer Institute, NIH, Executive Plaza North, Room 439, 6130 Executive Blvd., Bethesda, MD 20892, or call non-toll-free number (301) 496–4375, or E-mail your request, including your address to: tuckerp@epndce.nci.nih.gov

COMMENTS DUE DATE: Comments regarding this information collection are best assured of having their full effect if received on or before February 14, 1997.

Dated: December 9, 1996.

Nancie L. Bliss,

OMB Project Clearance Liaison.

[FR Doc. 96–31781 Filed 12–13–96; 8:45 am]

BILLING CODE 4140–01–M

Proposed Collection; Comment Request; NCI Cancer Information Service Demographic/Customer Service Data Collection

SUMMARY: 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 National Cancer Institute, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

PROPOSED COLLECTION: Title: NCI Cancer Information Service Demographic/ Customer Service Data Collection. *Type of Information Collection Request:* Revision of a currently approved collection. *Form Number:* 0937–0201. *Need and Use of Information Collection:* The CIS provides the general public, cancer patients, families, health professionals, and others with the latest information on cancer. Essential to providing the best customer service is the need to collect data about callers and how they found out about the service. This effort involves asking seven questions to five categories of callers for an annual total of approximately 378,165 callers. *Frequency of Response:* Single time. *Affected Public:* Individuals or households. *Type of Respondents:* Patients, relatives, friends, and general public. The annual reporting burden is as follows: *Estimated Number of Respondents:* 378,165; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .0167; and *Estimated Total Annual Burden Hours Requested:* 6,303. The annualized cost to respondents is estimated at: $75,633. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of Respondents	Estimated number of respondents	Estiomated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Individuals or households	378,165	1	.0167	6,303
Total				6,303

REQUEST FOR COMMENTS: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instructions, contact Chris Thomsen, Acting Chief, Cancer Information Service, National Cancer Institute, NIH, Building 31, Room 10A16, 9000 Rockville Pike, Bethesda, MD 20892, or call non-toll-free number (301) 496–5583 or E-mail your request, including your address to: thomsenc@occ.nci.nih.gov

COMMENTS DUE DATE: Comments regarding this information collection are best assured of having their full effect if received on or before February 14, 1997.

Dated: December 9, 1996.

Nancie L. Bliss,

OMB Project Clearance Liaison.

[FR Doc. 96–31782 Filed 12–13–96; 8:45 am]

BILLING CODE 4140–01–M

National Institute of General Medical Sciences; Notice of Meeting of the National Advisory General Medical Sciences Council

Pursuant to Pub. L. 92–463, notice is hereby given of the meeting of the National Advisory General Medical Sciences Council, National Institute of General Medical Sciences, National Institutes of Health, on January 30–31, 1997, Natcher Building 45, Conference Rooms E1 and E2, Bethesda, Maryland.

This meeting will be open to the public from 11 a.m. to 6 p.m. on January 30, and from 8:30 a.m. to 10:30 a.m. on January 31, for the discussion of program policies and issues, opening remarks, report of the Director, NIGMS, and other business of Council. Attendance by the public will be limited to space available.

In accordance with provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92–463, the meeting will be closed to the public on January 30 form 8:30 a.m. to 11:00 a.m., and on January 31, from 10:30 a.m. until adjournment, for the review, discussion, and evaluation of individual grant applications. The discussions of these applications could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Mrs. Ann Dieffenbach, Public Information Officer, National Institute of

General Medical Sciences, National Institutes of Health, Natcher Building, Room 3AS–43H, Bethesda, Maryland 20892, telephone: 301–496–7301, FAX 301–402–0224, will provide a summary of the meeting, and a roster of Council members. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Mrs. Dieffenbach in advance of the meeting. Dr. W. Sue Shafer, Executive Secretary, NAGMS Council, National Institutes of Health, Natcher Building, Room 2AN–32C, Bethesda, Maryland 20892, telephone: 301–594–4499 will provide substantive program information upon request.

(Catalog of Federal Domestic Assistance Program Nos. 93.821, Biophysics and Physiological Sciences; 93.859, Pharmacological Sciences; 93.862, Genetics Research; 93.863, Cellular and Molecular Basis of Disease Research; 93.880, Minority Access Research Careers [MARC]; and 93.375, Minority Biomedical Research Support [MBRS]; Special Programs, 93.960)

Dated: December 6, 1996.

Paula N. Hayes,

Acting Committee Management Officer, NIH.

[FR Doc. 96–31773 Filed 12–13–96; 8:45 am]

BILLING CODE 4140–01–M

Public Health Service

National Toxicology Program; Availability of Technical Report on Toxicology and Carcinogenesis Studies of Nickel Subsulfide

The HHS' National Toxicology Program announces the availability of the NTP Technical Report on the toxicology and carcinogenesis studies of nickel subsulfide, this study was conducted because there is potential for exposure to this nickel compound during mining production and/or manufacturing processes in the nickel industry.

Toxicology and carcinogenicity studies were conducted by inhalation administration of nickel subsulfide to a core group of 63 F344/N rats of each sex at 0, 0.15, or 1 mg (equivalent to 0, 0.11, or 0.73 nickel mg/m^3) for 6 hours per day, 5 days per week, for up to 104 weeks and groups of 80 $B6C3F_1$ mice of each sex at 0, 0.6, or 1.2 mg (equivalent to 0, 0.44, or 0.88 mg nickel/m^3) for 6 hours per day, 5 days per week for up to 105 weeks. Animals were removed at 7 or 15 months for interim evaluation and/or determination of lung nickel levels.

Under the conditions of these 2-year inhalation studies, there was clear evidence of carcinogenic activity [1] of nickel subsulfide in male F344/N rats based on increased incidences of alveolar/bronchiolar adenoma, carcinoma, and adenoma or carcinoma (combined) and on increased incidences of benign, malignant, and benign or malignant (combined) pheochromocytoma of the adrenal medulla. There was clear evidence of carcinogenic activity of nickel subsulfide in female F344/N rats based on increased incidences of alveolar/bronchiolar carcinoma and alveolar/bronchiolar adenoma or carcinoma (combined) and an increased incidence of benign pheochromocytoma of the adrenal medulla. There was no evidence of carcinogenic activity of nickel subsulfide in male or female $B6C3F_1$ mice exposed to 0.6 or 1.2 mg/m^3.

Exposure of male and female rats to nickel subsulfide by inhalation for 2 years resulted in inflammation, hyperplasia, and fibrosis in the lung; inflammation and atrophy of the olfactory opithelium in the nose; and hyperplasia in the adrenal medulla (females). Exposure of male and female mice to nickel subsulfide by inhalation for 2 years resulted in inflammation, bronchialization, hyperplasia, and fibrosis in the lung and inflammation and atrophy of the olfactory epithelium in the nose.

Copies of *Toxicology and Carcinogenesis Studies Nickel Subsulfide (CAS No. 12035–72–2)* (TR–453) are available without charge from Central Data Management, NIEHS, MD E1–02 P.O. Box 12233, Research Triangle Park, NC 27709; telephone (919) 541–3419.

Dated: November 13, 1996.

Samuel H. Wilson,

Deputy Director, NIEHS.

[FR Doc. 96–31774 Filed 12–13–96; 8:45 am]

BILLING CODE 4140–01–M

National Toxicology Program; Availability of Technical Report on Toxicology and Carcinogenesis Studies of Nickel Oxide

The HHS' National Toxicology Program announces the availability of the NTP Technical Report on the toxicology and carcinogenesis studies of nickel oxide. Nickel oxide ''sinters'' are used in stainless steel and alloy steel production. Nickel oxide was nominated by the National Cancer Institute to the NTP for testing because exposure to this form of nickel may occur in the nickel industry. Increased incidences of lung and nasal sinus cancers have occurred among workers in certain nickel refining facilities, and nickel oxide was studied as part of a class study of nickel compounds.

Toxicology and carcinogenicity studies were conducted by inhalation administration of nickel oxide (high temperature nickel oxide) to groups of 65 F344/N rats at exposures of 0, 0.62, 1.25, or 2.5 mg (equivalent to 0, 0.5, 1.0, or 2.0 mg) and to groups of 74 to 79 $B6C3F_1$ mice of each sex at exposures of 0, 1.25, 2.5, or 5 mg for 6 hours per day, 5 days per week for 104 weeks.

Under the conditions of these 2-year inhalation studies, there was some evidence of carcinogenic activity [1] of nickel oxide in male F344/N rats based on increased incidences of alveolar/bronchiolar adenoma or carcinoma (combined) and increased incidences of benign of malignant pheochromocytoma (combined) of the adrenal medulla. There was some evidence of carcinogenic activity of nickel oxide in female F344/N rats based on increased incidences of alveolar/bronchiolar adenoma or carcinoma (combined) and increased incidences of benign pheochromocytoma of the adrenal medulla. There was no evidence of carcinogenic activity of nickel oxide in male $B6C3F_1$ mice exposed to 1.25, 2.5, or 5 mg/m^3. There was equivocal evidence of carcinogenic activity of nickel oxide in female $B6C3F_1$ mice based on marginally increased incidences of alveolar/bronchiolar adenoma in 2.5 mg/m^3 females and of alveolar/bronchiolar adenoma or carcinoma (combined) in 1.25 mg/m^3 females.

Exposure of rats to nickel oxide by inhalation for 2 years resulted in inflammation and pigmentation in the lung, lymphoid hyperplasia and pigmentation in the bronchial lymph nodes, and hyperplasia of the adrenal medulla (females). Exposure of mice to nickel oxide by inhalation for 2 years resulted in bronchialization, proteinosis, inflammation, and pigmentation in the lung and lymphoid hyperplasia and pigmentation in the bronchial lymph nodes.

Questions or comments about the Technical Report should be directed to

[1] The NTP uses five categories of evidence of carcinogenic activity observed in each animal study: Two categories for positive results (''clear evidence''), one category for uncertain findings (''equivocal evidence''), one category for studies that cannot be evaluated because of major flaws (''inadequate study'').

[1] The NTP uses five categories of evidence of carcinogenic activity observed in each animal study-two categories for positive results (''clear evidence'' and ''some evidence''), one category for uncertain findings (''equivocal evidence''), one category for studies that cannot be evaluated because of major flaws (''inadequate study'').