

or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the court or other tribunal is relevant and necessary to the litigation and would help in the effective representation of the governmental party, provided, however, that in each case, HHS determines that such disclosure is compatible with the purpose for which the records were collected.

5. The Department may disclose information to appropriate Federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality of information maintained in this system of records, and the information disclosed is relevant and necessary for that assistance.

DISCLOSURE TO CONSUMER REPORTING AGENCIES:

None.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

1. *Storage:* Electronic files, file folders, magnetic tape, and disk storage. The needs of each project determine the types of storage actually used.

2. *Retrievability:* By name or by an assigned number.

3. *Safeguards:* Locked building, locked rooms, locked file cabinets, personnel screening, locked computer rooms and computer tape vault, guard service, password protection of automated records and limited access to only authorized personnel may be used. Particular safeguards are selected as appropriate to the type of records included in each project. Authorized personnel are limited to HRSA staff and contractor personnel directly involved in data collection, compilation, and analysis. (Safeguards are in accordance with Part 6, ADP Systems Security, of the Department's Information Resources Management Manual, with Chapter 45-13, Safeguarding Records Contained in Systems of Records, of the Department's General Administration Manual, and with supplementary Chapter PHS. 45-13.)

4. *Retention and Disposal:* The contractor removes personal identifiers and destroys the records when they are no longer needed, as appropriate to the specific project. (Records may be retired to a Federal Records Center and subsequently disposed of in accordance with the Records Control Schedule of the Health Resources and Services Administration). You may obtain a copy

of the disposal standard for a particular project by writing to the System Manager.

SYSTEM MANAGER(S) AND ADDRESS:

Director, Office of Workforce Policy and Performance Management, Bureau of Health Professions, HRSA, 5600 Fishers Lane, Room 9A-18, Rockville, MD 20857.

NOTIFICATION PROCEDURE:

Requests concerning whether the system contains records about an individual should be made to the Systems Manager.

Request in person: A subject individual who appears in person at a specific location seeking access or disclosure of records relating to him/her shall provide his/her name, current address, and at least one piece of tangible identification such as driver's license, passport, voter registration card, or union card. Identification papers with current photographs are preferred but not required. Additional identification may be requested when there is a request for access to records which contain an apparent discrepancy between information contained in the records and that provided by the individual requesting access to the records. Where the subject individual has no identification papers, the responsible agency official shall require that the subject individual certify in writing that he/she is the individual who he/she claims to be and that he/she understands that the knowing and willful request or acquisition of a record concerning an individual under false pretenses is a criminal offense subject to a \$5,000 fine.

Requests by mail: A written request must contain the name and address of the requester and his/her signature, which is either notarized to verify his/her identity or includes a written certification that the requester is a person he/she claims to be and that he/she understands that the knowing and willful request or acquisition of records pertaining to an individual under false pretenses is a criminal offense subject to a \$5,000 fine.

Requests by telephone: Because positive identification of the caller cannot be established, no requests by telephone will be honored.

RECORDS ACCESS PROCEDURES:

To obtain access to your record, contact the System Manager and provide suitable identification for proof of identity, a reasonable description of the record and, if possible, information about the specific project. You may also request a list of accountable disclosures that have been made of your record.

CONTESTING RECORDS PROCEDURES:

To correct your record, contact the System Manager and provide:

- Suitable identification for proof of identity,
 - A reasonable description of the record,
 - The specific information you want corrected, and
 - A precise description of the correction, with supporting justification.
- The right to contest records is limited to information which is incomplete, irrelevant, or untimely (obsolete).

RECORD SOURCE CATEGORIES:

Subject individuals, State and local health departments, other health providers, health professions schools, and health professions associations may provide information depending on the individual project involved.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE PRIVACY ACT:

None.

[FR Doc. 2010-6878 Filed 3-26-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2010-N-0156]

Advancing the Development of Diagnostic Tests and Biomarkers for Tuberculosis; Public Workshop; Request for Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public workshop; request for comments.

The Food and Drug Administration (FDA) in partnership with the Centers for Disease Control and Prevention (CDC) and the National Institute of Allergy and Infectious Diseases (NIAID) is announcing a public workshop entitled "Advancing the Development of Diagnostic Tests and Biomarkers for Tuberculosis (TB)." The purpose of the workshop is to provide an environment for FDA, CDC, and NIAID to engage other interested parties in identifying intellectual and procedural gaps in the current development of TB diagnostic tests, and in exploring models and strategies that would expedite the development of new diagnostic tests and biomarkers for TB.

Date and Time: The public workshop will be held on June 7 and 8, 2010, from 8 a.m. to 5 p.m.

Location: The public workshop will be held at the National Labor College,

10000 New Hampshire Ave., Silver Spring, MD 20903.

Contact Person: Elizabeth Callaghan, Office of Critical Path Programs (HF-18), Office of the Commissioner, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-3458, Elizabeth.Callaghan@fda.hhs.gov; or Nancy Masiello, Office of Critical Path Programs (HF-18), Office of the Commissioner, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1660, Nancy.Masiello@fda.hhs.gov.

Registration: Persons interested in attending the workshop must register by close of business, June 3, 2010. If you wish to attend this public workshop, you must register by e-mail at tbdiagmtg@fda.hhs.gov. Those without e-mail access may register by contacting one of the persons listed in the **Contact Person** section of this document. When registering, you must provide your name, title, company, or organization (if applicable), address, phone number, and e-mail address (if applicable). There is no fee to register for the public workshop and registration will be on a first-come, first-served basis. Early registration is recommended because seating is limited. Registration on the day of the public workshop will be permitted on a space-available basis beginning at 7:30 a.m.

If you need special accommodations due to a disability, please contact one of the persons listed in the **Contact Person** section of this document at least 14 days prior to the workshop.

Comments: FDA, CDC, and NIAID are holding this public workshop to obtain information about developing new diagnostic tests and biomarkers for TB. The deadline for submitting comments regarding this public workshop is August 8, 2010.

Regardless of attendance at the public workshop, interested persons may submit written or electronic comments to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to <http://www.regulations.gov>. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

SUPPLEMENTARY INFORMATION:

I. Background

Between the mid-1980s and early 1990s, reports of TB in the United States increased, after years of decline. This increase was associated with a weakened network of TB services; the human immunodeficiency virus (HIV) epidemic; increased immigration of persons from endemic areas for TB; transmission of TB in surroundings with higher risk of exposure (e.g., hospitals, prisons); and the emergence of drug-resistant TB. However, reported TB cases substantially decreased in the mid- to late 1990s with renewed efforts on TB control and prevention, and a major focus on resources.

In 2000, The National Academy of Sciences' Institute of Medicine (IOM) issued a report¹ concluding that TB can be eliminated as a public health threat in the United States with appropriate funding for additional prevention and control programs, and development of new tools.

In 2003, the Federal TB Task Force (FTBTF) issued a plan² to implement the IOM recommendations. A reconvened FTBTF issued a plan in 2009³ specifically for combating multidrug-resistant TB (MDR TB) and extensively drug-resistant TB (XDR TB). Both plans addressed domestic and global strategies, including partnerships with global agencies, as well as detailed action steps and specific agency roles.

II. Purpose of the Public Workshop

The workshop is intended to provide an environment for FDA, CDC, and NAID to engage other interested parties in identifying intellectual and procedural gaps in the current development of TB diagnostic tests, and in exploring models and strategies that would expedite the development of new diagnostic tests and biomarkers for TB. Invited experts will address current research and its barriers; both regulatory and scientific perspectives on the development of new diagnostic tests and biomarkers for TB; resources for developing new TB diagnostic tests; and components of and requirements for a TB specimen repository. At designated

¹ Institute of Medicine, *Ending Neglect: The Elimination of Tuberculosis in the United States*, Committee on the Elimination of Tuberculosis in the United States, Division of Health Promotion and Disease Prevention, Institute of Medicine, 2000.

² The Federal Tuberculosis Task Force, *Federal Tuberculosis Task Force Plan in Response to the Institute of Medicine Report, Ending Neglect: The Elimination of Tuberculosis in the United States*, Atlanta, GA: U.S. Department of Health and Human Services, CDC, 2003.

³ "Plan to Combat Extensively Drug-Resistant Tuberculosis: Recommendations of the Federal Tuberculosis Task Force," *Morbidity and Mortality Weekly Report, Recommendations and Reports*, 58 (RR-3):1-43, February 13, 2009.

times throughout the workshop, there will be short discussions followed by question and answer sessions. Background information on the public workshop, registration information, the agenda, information about lodging, and other relevant information will be posted, as it becomes available, on the Internet at <http://www.fda.gov/ScienceResearch/SpecialTopics/CriticalPathInitiative/UpcomingEventsonCPI/ucm203262.htm>.

III. Transcripts

Please be advised that as soon as a transcript is available, it will be accessible at <http://www.regulations.gov>. It may be viewed at the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. A transcript will also be available in either hardcopy or on CD-ROM, after submission of a Freedom of Information request. Written requests are to be sent to Division of Freedom of Information (HFI-35), Office of Management Programs, Food and Drug Administration, 5600 Fishers Lane, rm. 6-30, Rockville, MD 20857.

Dated: March 23, 2010.

Leslie Kux,

Acting Assistant Commissioner for Policy.

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID: FEMA-2009-0001]

Agency Information Collection Activities: Submission for OMB Review; Comment Request, OMB No. 1660-NEW; FEMA Preparedness Grants: Port Security Grant Program (PSGP)

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice; 30-day notice and request for comments; new information collection; OMB No. 1660-NEW; FEMA Form 089-5.

SUMMARY: The Federal Emergency Management Agency (FEMA) has submitted the information collection abstracted below to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. The submission describes the nature of the information