Linwood A. Watson, Jr.,

Deputy Secretary.

[FR Doc. 02–29720 Filed 11–20–02; 8:45 am]

BILLING CODE 6717–01–P

EXPORT-IMPORT BANK OF THE UNITED STATES

Notice of Open Meeting of the Board of Directors of the Export-Import Bank of the United States

Time and Place: Tuesday, November 26, 2002, at 9:30 am. The meeting will be held at Export-Import Bank in Room 1143, 811 Vermont Avenue., NW., Washington, DC 20571.

Open Agenda Items: Draft Revised Economic Impact Procedures, Annual Review of the Jordanian Framework Agreement.

Public Participation: The meeting, or a portion thereof, will be open to public observation.

FOR FURTHER INFORMATION CONTACT: Office of the Secretary, 811 Vermont Avenue, NW., Washington, DC 20571, (Telephone No. (202) 565 3857 or 3336).

Peter B. Saba,

General Counsel.

[FR Doc. 02–29787 Filed 11–19–02; 2:12 pm]

BILLING CODE 6690–01–M

FEDERAL ELECTION COMMISSION

Sunshine Act Meeting

AGENCY: Federal Election Commission.

PREVIOUSLY ANNOUNCED DATE AND TIME: Thursday, November 21, 2002, Meeting open to the public. The starting time has been changed to 1 p.m.

The following item has been added to the agenda: FEC Policy Statement: Interim Reporting Procedures.

FOR FURTHER INFORMATION CONTACT: Mr. Ron Harris, Press Officer, Telephone: (202) 694–1220.

Mary W. Dove,

Secretary of the Commission.

[FR Doc. 02–29806 Filed 11–19–02; 3:18 pm]

BILLING CODE 6715–01–M

GENERAL SERVICES ADMINISTRATION

Office of Management Services; Revision of an Optional Form

AGENCY: General Services Administration.

ACTION: Notice.

SUMMARY: The General Services Administration is revising the OF 55, U.S. Government Identification to update the address in the ''If found * * *'' statement.

Since the form is authorized for local reproduction, agencies may request a camera copy to use for printing from:

Forms Management, (202) 501–0581, e-mail: *barbm.williams@gsa.gov;* or

The Internet: *http://www.gsa.gov/forms.*

DATES: Effective November 21, 2002.

FOR FURTHER INFORMATION CONTACT: Ms. Barbara Williams, General Services Administration, (202) 501–0581.

SUPPLEMENTARY INFORMATION:

Dated: November 7, 2002.

Barbara M. Williams,

Deputy Standard and Optional Forms Management Officer, General Services Administration.

[FR Doc. 02–29604 Filed 11–20–02; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the National Advisory Council for Healthcare Research and Quality

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal advisory Committee Act, this notice announces a meeting of the National Advisory Council for Healthcare Research and Quality.

DATES: This meeting will be held on Tuesday, December 10, from 8:30 a.m. to 4 p.m. and is open to the public.

ADDRESSES: The meeting will be held at the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Room 800, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Anne Lebbon, Coordinator of the Advisory Council, at the Agency for Healthcare Research and Quality, 2101 East Jefferson Street, Suite 600, Rockville, Maryland 20852, (301) 594–7216. For press-related information, please contact Karen Migdail at (301) 594–6120.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443–1144 no later than December 5, 2002.

Agenda, roster, and minutes are available from Ms. Bonnie Campbell, Committee Management Officer, Agency for Healthcare Quality and Research, 2101 E. Jefferson Street, Suite 400, Rockville, Maryland 20852. Her phone number is (301) 594–1846. Minutes will be available after December 31, 2002.

SUPPLEMENTARY INFORMATION:

I. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) established the National Advisory Council for Healthcare Research and Quality. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of the Agency to enhance the quality, improve the outcomes, reduce the costs of health care services, improve access to such services through scientific research, and to promote improvements in clinical practice and in the organization, financing, and delivery of health care services. The Council is composed of members of the public appointed by the Secretary and Federal ex-officio members.

II. Agenda

On Tuesday, December 10, 2002, the meeting will begin at 8:30 a.m., with the call to order by the Council Chairwoman. The Acting Director, AHRQ, will present the status of the Agency's current research, programs, and initiatives. Tentative agenda items include AHRQ's research on health care costs, on long term care and on patient safety. The official agenda will be available on AHRQ's Web site at *http://www.ahrq.gov* no later than December 2, 2002. The meeting will adjourn at 4 p.m.

Dated: November 13, 2002.

Carolyn M. Clancy,

Acting Director.

[FR Doc. 02–29589 Filed 11–20–02; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–05–03]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under

review by the Office of Management and Budget (OMB) 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 Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

Longitudinal Surveillance for Beryllium Disease Prevention OMB No. 0920–0463 (formerly titled Gene-Environment Interactions in Beryllium Sensitization and Disease Among Current and Former Beryllium Industry Workers)—Extension—National Institute for Occupational Safety and Health (NIOSH)—Centers for Disease Control and Prevention (CDC).

Background

Beryllium is a light weight metal with wide application in modern technology. The size of the USA workforce at risk of beryllium exposure is estimated at approximately one million, with exposed workers in primary production, nuclear power and weapons, aerospace, scrap metal reclaiming, specialty ceramics, and electronics industries. Demand for beryllium is growing worldwide, which means that increasing numbers of workers are likely to be exposed. An acute pneumonitis due to occupational exposure to beryllium was common in the 1940s and 1950s, but has virtually disappeared with improvements in work-site control measures. However, even with improved controls as many as 5% of currently-exposed workers will develop chronic beryllium disease (CBD).

CBD is a chronic granulomatous lung disease mediated through a poorly understood immunologic mechanism in workers who become sensitized. Sensitization can be detected using a blood test, that is used by the industry as a surveillance tool. The blood test for sensitization was first reported in 1989, but many questions remain about the natural history of sensitization and disease, as well as exposure risk factors. Sensitized workers, identified through workplace surveillance programs, undergo clinical diagnostic tests to determine whether they have CBD. The proportion of sensitized workers who have beryllium disease at initial clinical evaluation has varied from 41–100% in different workplaces. Sensitized workers often develop CBD with follow-up, but whether all sensitized workers will eventually develop beryllium disease is unknown. Early diagnosis at the subclinical stage and careful follow-up seems prudent in that CBD usually responds to corticosteroid treatment. However, the efficacy of screening in preventing adverse outcomes of the disease has not yet been evaluated. Research has indicated certain genetic determinants in the risk of CBD; follow-up studies will be invaluable for further characterizing the genetic contribution to sensitization and disease.

The National Institute for Occupational Safety and Health (NIOSH) wants to determine how beryllium workers and former workers develop beryllium disease and how to prevent it. Through the proposed study, NIOSH has the opportunity to contribute to the scientific understanding of this disease in the context of environmental and genetic etiologic factors. The goals of this investigation are to: (1) Determine the occurrence of beryllium sensitization or disease; (2) seek an association with exposure measurements; (3) explore genetic determinants of susceptibility to CBD; and (4) characterize genetic determinants to ascertain if they are associated with clinical impairment or progression of disease. Through a greater understanding of the environmental and genetic risk factors associated with the onset and progression of CBD, NIOSH will be able to develop strategies for both primary and secondary prevention applicable to beryllium-exposed workers. The total annualized burden for this data collection is 263 hours.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hours)
Former Workers	525	1	30/60

Dated: November 13, 2002.

Nancy E. Cheal,

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

[FR Doc. 02–29669 Filed 11–20–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Termination of Two Food and Drug Administration Advisory Committees: Medical Imaging Drugs Advisory Committee and the Pharmacy Compounding Advisory Committee

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the termination of two FDA advisory committees: The Medical Imaging Drugs Advisory Committee, a nonstatutory advisory committee to FDA's Center for Drug Evaluation and Research (CDER), and the Pharmacy Compounding Advisory Committee, a statutory committee to the FDA's Center for Drug Evaluation and Research.

DATES: November 21, 2002.

FOR FURTHER INFORMATION CONTACT: Linda Ann Sherman, Director Advisory Committee Oversight and Management Staff (HF–4), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1220.

SUPPLEMENTARY INFORMATION: Under its current charter, the Medical Imaging Drugs Advisory Committee will expire on February 28, 2004. The Medical Imaging Drugs Advisory Committee is responsible for: (1) Reviewing and evaluating data concerning the safety and effectiveness of marketed and investigational human drug products for use in diagnostic and therapeutic procedures using radioactive pharmaceuticals and for use as contrast media in diagnostic radiology and (2) making appropriate recommendations to the Commissioner of Food and Drugs. The Commissioner has determined that a separate advisory committee for these products is not necessary as these products can be more effectively reviewed by an existing advisory committee or a by a subcommittee of an existing committee with responsibility for providing advice and recommendations regarding the specific systemic product area at issue with a given product.

The charter for the Pharmacy Compounding Advisory Committee was renewed February 3, 2002, for a 2-year