Board of Governors of the Federal Reserve System, January 31, 1996.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 96–2390 Filed 2–5–96; 8:45 am]

BILLING CODE 6210–01–F

The Tampa Banking Company, et al.; Notice of Applications to Engage de novo in Permissible Nonbanking Activities

The companies listed in this notice have filed an application under § 225.23(a)(1) of the Board's Regulation Y (12 CFR 225.23(a)(1)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and § 225.21(a) of Regulation Y (12 CFR 225.21(a)) to commence or to engage *de novo,* either directly or through a subsidiary, in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

Each application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can ''reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices.'' Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 20, 1996.

A. Federal Reserve Bank of Atlanta (Zane R. Kelley, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303:

1. The Tampa Banking Company, Tampa, Florida; to engage *de novo* through its subsidiary, Florida Investments Advisers, Inc., Tampa, Florida (in organization), in investment advisory services, pursuant to § 225.25(b)(4) of the Board's Regulation Y.

B. Federal Reserve Bank of Minneapolis (James M. Lyon, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480:

1. Pembina County Bankshares, Ltd., Cavalier, North Dakota; to engage *de novo* in the extension of credit to borrowers of its subsidiary bank, pursuant to § 225.25(b)(1) of the Board's Regulation Y. The geographic scope for this activity is North Dakota.

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[FR Doc. 96–2391 Filed 2–5–96; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–96–09]

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) 639–3453.

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. Intensive-Care Antimicrobial Resistance Epidemiology (Project ICARE), Phase II—NEW—Antibiotic resistance is estimated to cost as much as 4 billion dollars a year to the health care system in the United States and the number of resistant microorganisms is increasing. For example, data reported to the National Nosocomial Infections Surveillance (NNIS) system demonstrated a 20-fold increase, between January 1989 and March 1993, in the percentage of enterococci associated with nosocomial infections that are resistant to vancomycin (VRE). Additional analysis of NNIS data has demonstrated that other antibiotic resistant nosocomial pathogens have also increased in recent years. One of the major factors limiting the understanding of antibiotic resistance among nosocomial pathogens is the lack of information on the relationship between the amount and kind of antibiotic used in hospitals and the emergence of resistance.

This proposed one year study, called Project ICARE, will collect data on the amount of antibiotics used in 50 NNIS hospitals and the antibiotic susceptibility patterns found in certain bacterial pathogens isolated in these hospitals' microbiology laboratories between June 1996 and June 1997. Further, new mechanisms of resistance will be studied on specific antibiotic-resistant isolates that will be sent to CDC from these laboratories. A successful pilot study involving eight NNIS hospitals was conducted between August 1994 and January 1995 to study the feasibility of collecting such information.

After initially setting up the project with information on the different intensive care units (ICUs) and wards, the hospital will provide three different types of data each month: (1) summary of the amount of parenteral and oral antibiotics, by generic group, reported by the pharmacy, (2) summary of the number of isolates, by species, susceptible, intermediate or resistant to various antibiotics reported by the microbiology laboratory, and (3) actual isolates of resistant pathogens to be sent to by the microbiology laboratory to CDC. For antibiotics used and number of isolates in each of the susceptibility categories, separate data are to be reported for each ICU, all other inpatients, and outpatients (antibiotic use among outpatients is not collected). Data collection forms for summary data from the microbiology laboratory and pharmacy have been created to assist in recording the data; however, the data

will be entered into a computer software created by CDC specifically for Project ICARE. The software will be provided to the hospitals at no cost. Data will be transmitted to CDC by floppy disk or by electronic transfer when it become available in the NNIS system in 1996. The total cost to respondents is estimated at $108,538.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Primary Contact	50	12	1	600
Pharmacist	50	60	1.8	5400
Microbiologist	50	60	0.35	1050
Total	.....	.....	.....	7050

2. Case-control Study of the Effect of Total Dietary Folate Intake on the Clinical Manifestation of Vitamin B 12 Deficiency—New—Fortification of grain products with folic acid has been recommended to increase the intake of folate by women of reproductive age in order to decrease the risk of neural tube birth defects. Fortification high enough to increase the passive consumption of folic acid to the recommended level of 400 µg/day for all women would increase the consumption by some segments of the population to well over the presumed safe upper limit of 1000 µg/day. There is concern, based on case reports, that excess folate consumption may delay the diagnosis of vitamin B 12 deficiency, especially in the elderly. Delayed diagnosis of B 12 deficiency may lead to the development of neuropsychiatric signs and symptoms, some of which may be irreversible. There is no population-based estimate of the prevalence of B 12 deficiency among the elderly, nor is there any population-based data on the frequency with which diagnosis of B 12 deficiency is complicated by folate intake. The Food and Drug Administration has postponed folate fortification pending more data on the potential risks of high levels of folate consumption for the general population.

This is a pilot study to determine the size, feasibility, cost and duration of a population-based survey; the population-based survey would estimate the prevalence of vitamin B 12 deficiency in the general population and estimate the impact of folate intake on its diagnosis. This information is needed to assess the risk that may be posed by high levels of fortification of the food supply with folate.

The proposed pilot study will seek to identify new cases of B 12 deficiency from the computerized laboratory records of a health maintenance organization, determine the nature of the clinical presentation of the cases by medical record review, and evaluate the association of folic acid intake with type of clinical presentation by dietary assessment. 70 individuals with B 12 deficiency and 70 normal controls will participate in a telephone interview about their diet and use of nutritional supplements in the year preceding the diagnosis. The total cost to respondents is $10/respondent × $70 respondents = $700.

Respondents	No. Of respondents	Responses/respondent	Avg. burden/respondent (in hrs.)	Total burden (in hrs.)
Cases w/B 12 difficiency	70	1	1	70
Normal controls	70	1	1	70
Total	.....	.....	.....	140

3. Examination of Barriers to Participant Compliance in a Flexible Sigmoidoscopy Screening Program, Imperial Cancer Research Fund, United Kingdom—New—As part of an existing screening program, there is significant project savings in this initiative. Colorectal cancer accounts for approximately 9% of all newly diagnosed cancer worldwide. Of all cancer mortality in industrialized nations, colorectal cancer is second only to lung cancer, with the U.S. and Great Britain among the highest in this category. Despite increasing evidence that the early diagnosis of colorectal cancer through screening examination can significantly prevent and/or reduce the burden of mortality, morbidity, and associated costs, rates of participation in screening remain extremely poor. This study, involving investigators at the Imperial Cancer Research Fund (ICRF) of Great Britain, seeks to identify barriers associated with low compliance in a mass, population-based colorectal cancer screening trial utilizing flexible sigmoidoscopy.

The ICRF has a long history of conducting important mass screening trials relative to cancer early detection and their investigators are considered international experts in colorectal cancer screening. Because the ICRF already has an ongoing population-based colorectal screening program, significant project start-up and infrastructure cost savings have been incorporated into this proposal. Subjects will include randomly selected adults age 55–64 with no known history of colorectal cancer in Glasgow.

The study involves assessment of demographic, environmental, and psychosocial factors which may limit screening participation via surveys and interviews. Informed consent will be obtained and a complete explanation of all medical procedures will be given.

Phase I will involve initial identification, survey query, and solicitation for screening. Phase II will involve telephone and personal

interviews, and Phase III will involve final data analysis.

Participation in this study is voluntary and subsequent screening, follow-up and treatment, if indicated, will be provided at no cost to participants. Informed consent will be obtained where appropriate and oversight will be provided by federal and local institutional review. The total cost to respondents is estimated at $11,330.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Population-based sample of adults aged 55–64	6,000	1	.016	1000
Phase III	400	1	.0330	133
Total	.....	.....	.....	1133

4. Examination of Barriers to Participant Compliance in a Flexible Sigmoidoscopy Screening Program. Kaiser Foundation, Oakland—New—With colorectal cancer comprising the second highest mortality rate among all U.S. cancers and ranked as the fourth most common form of cancer, the active promotion of population-based screening and early detection is becoming increasingly important. Recognizing the importance of screening, American Cancer Society guidelines and the new US Preventive Services Task Force guidelines recommend colorectal cancer screening for individuals over the age of 50. Still, although early detection of colorectal neoplasms has been effectively demonstrated to significantly reduce morbidity and mortality and associated economic costs, compliance is very low. This three-year study involving investigators at one of the nation's largest Health Maintenance Organizations' research foundation (Kaiser Foundation of Northern California) seeks to identify barriers associated with low compliance in a colorectal cancer screening program utilizing flexible sigmoidoscopy.

Phase I will target and recruit participants from an existing pool of Health Maintenance Organization enrollees who are at a relatively high age-related risk (ages 50–64) for developing colorectal cancers via short survey and invitation to screening. In Phase II, investigators will conduct telephone survey to identify the relative impact of economic, psychological, and related factors on participation and non-participation in the mass screening programs. In phase III, investigators will analyze and widely disseminate results of the study via publication in the professional literature. Results will also be made available to participants upon request. Interventions designed to mitigate the barriers identified through this study will be incorporated into future screening efforts and general health education/health promotion efforts.

Participation in this study is voluntary and subsequent follow-up and treatment, if indicated, will be provided at no cost to participants. Informed consent will be obtained where appropriate and oversight will be provided by federal and institutional review. The total cost to respondents is estimated at $13,330.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
HMO Enrollees	4,000	1	0.33	1320
Total	.....	.....	.....	1320

Wilma G. Johnson,

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

[FR Doc. 96–2426 Filed 2–5–96; 8:45 am]

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[30DAY–04]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review, 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 Office on (404) 639–3453.

The following request have been submitted for review since the last publication date on January 23,1996.

Proposed Project

1. Nationally Sexually Transmitted Disease Morbidity Surveillance System—(0920–0011)—Reinstatement—The purpose of these reports is to collect STD morbidity surveillance data from state health departments nationwide. The data are used by health care planners at the national, state, and local levels to develop and evaluate STD prevention and control programs. In addition there are many other users of the data including scientist, researchers, educators, students and the media.

Respondents	No. of respondents	No. of responses/Respondents	Avg. burden/response (in hrs.)
State and large city health departments	60	4	1.95