

cohort PIs for initial completion and then annually to update any information that has changed so that the CEDCD Web site will remain current. No cohort participant-level data is being collected from any of the cohorts.

The information to be collected will be aggregate descriptive information and

protocols. Though the CEDCD has a biospecimen component (similar to the Specimen Resource Locator), the CEDCD is not a biospecimen locator database. It is a database focusing exclusively on descriptive data

pertaining to large, prospective epidemiology cohorts.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 425.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hour
Individual:					
Principal Investigator	Written Agreement Form	100	1	15/60	25
	Biospecimen Spreadsheet	100	1	1	100
Initial Submission	Descriptive Db Collection Form	100	1	1	100
Individual:					
Principal Investigator	Biospecimen Spreadsheet*	200	1	30/60	100
Annual Update	Descriptive Db Collection Form*	200	1	30/60	100

* All forms will be prepopulated with the information that was entered initially.

Dated: June 12, 2014.

Karla Bailey,

NCI Project Clearance Liaison, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 30-Day Comment Request—the Hispanic Community Health Study/Study of Latinos (HCHS/SOL)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on March 25, 2014 (Vol. 79, No. 57, pages 16345–16347). 3 comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments to OMB: Written comments and/or suggestions regarding

the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: NIH Desk Officer.

DATES: *Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments or request more information on the proposed project contact either: Dr. Larissa Aviles-Santa, 6701 Rockledge, Epidemiology Branch, Program in Prevention and Population Sciences, Division of Cardiovascular Sciences, National Heart, Lung, and Blood Institute, National Institutes of Health, 6701 Rockledge Dr., MSC 7936, Bethesda, MD 20892-7936, or call non-toll-free number 301-435-0450, or Email your request, including your address to *avilessanta@nhlbi.nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: The Hispanic Community Health Study/Study of Latinos (HCHS/SOL), Revision, National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH).

Need and Use of Information Collection: The purpose and use of the information collection for this project is to study the prevalence of cardiovascular and pulmonary disease

and other chronic diseases, and their risk and protective factors, understand their relationship to all-cause, cardiovascular and pulmonary morbidity and mortality, and understand the role of sociocultural factors (including acculturation) on the prevalence or onset of disease among over 16,400 Hispanics/Latinos of diverse origins, aged 18–74 years at enrollment, living in four U.S. communities: San Diego, California; Chicago, Illinois; Miami, Florida, and the Bronx, New York. In order to achieve these objectives, the HCHS/SOL had two integrated components:

1. Examination of the cohort following a standardized protocol, which consisted of interviews and clinical measurements to assess physiological and biochemical measurements including DNA/RNA extraction for ancillary genetic research studies.

2. Follow-up of the cohort, which consists of an annual telephone interview to assess vital status, changes in health status and medication intake, and new cardiovascular and pulmonary events (including fatal and non-fatal myocardial infarction and heart failure; fatal and non-fatal stroke; and exacerbation of asthma and chronic obstructive pulmonary disease).

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 30,940.

ESTIMATED ANNUALIZED BURDEN HOURS
A.12.1 ESTIMATES OF HOUR BURDEN
[Appendices 11, 14 and 15]

Type of respondents	Survey instrument	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total burden hours
Participants Visit 2 Examination (Appendices 11 and 14).	Pre-visit scheduling & safety screening.	13878	1	2/60	463
	Reception, informed consent (Appendix 11), medical releases.	13878	1	20/60	4626
	Ppt. disability screening	13878	1	4/60	925
	Ppt. safety update and routing	13878	1	2/60	463
	Change clothes, urine specimen	13878	1	10/60	2313
	Updated personal information	13878	1	5/60	1157
	Anthropometry	13878	1	7/60	1619
	Determination of fasting & blood draw.	13878	1	11/60	2544
	Determination of blood glucose, OGTT.	13878	1	6/60	1388
	Seated BP	13878	1	9/60	2082
	Echocardiography	8000	1	30/60	4000
	2-hour blood draw, snack	13878	1	12/60	2776
	Personal Medical History	13878	1	10/60	2313
	Reproductive Medical History	9000	1	9/60	1350
	Pregnancy Complications History	9000	1	6/60	900
	Socio-economic Status—Occupation.	13878	1	3/60	694
	Health Care Access and Utilization	13878	1	15/60	3470
	Chronic Stress	13878	1	4/60	925
	Family Cohesion	13878	1	5/60	1157
	Social Support	13878	1	3/60	694
	Acculturation	13878	1	3/60	694
	Well Being	13878	1	4/60	463
	Abbreviated Medication Use	13878	1	4/60	925
	Tobacco Use	13878	1	7/60	1619
	Alcohol Use	13878	1	3/60	694
	Participant Feedback	13878	1	12/60	2776
Total .....	.....	.....	.....	206/60	43030
Participants AFU Phone Interview (Appendix 15).	AFU Year 3	3146	1	15/60	787
	AFU Year 4	9033	1	15/60	2258
	AFU Year 5	14259	1	15/60	3565
	AFU Year 6	16222	1	15/60	4055
	AFU Year 7	16222	1	15/60	4055
	AFU Year 8	16222	1	15/60	4055
	AFU Year 9	16222	1	15/60	4055
	AFU Year 10	16222	1	15/60	4055
	AFU Year 11	16222	1	15/60	4055
Total .....	.....	.....	.....	120/60	30940

Dated: June 5, 2014.

Michael Lauer,

Director, DCVS, NHLBI, NIH.

Dated: June 5, 2014.

Lynn Susulske,

NHLBI Project Clearance Liaison, National Institutes of Health.

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DEPARTMENT OF HOMELAND SECURITY

United States Immigration and Customs Enforcement

Agency Information Collection Activities: Comment Request; Extension of an Information Collection

ACTION: 30-Day Notice of Information Collection for review; Student and Exchange Visitor Information System (SEVIS); OMB Control No. 1653-0038.

The Department of Homeland Security, U.S. Immigration and Customs Enforcement (USICE), is submitting the

following information collection request for review and clearance in accordance with the Paperwork Reduction Act of 1995. The information collection is published in the **Federal Register** to obtain comments from the public and affected agencies. The information collection was previously published in the **Federal Register** on March 28, 2014, Vol. 79 No. 06903 allowing for a 60 day comment period. The purpose of this notice is to allow an additional 30 days for public comments.

Written comments and suggestions regarding items contained in this notice and especially with regard to the estimated public burden and associated