

Reduction Act of 1995, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval the information collection listed below. This proposed information collection was previously published in the **Federal Register** on August 22, 2000, pages 50999–51000, and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The 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.

**PROPOSED COLLECTION:** *Title:* The Atherosclerosis Risk in Communities Study (ARIC). *Type of Information Collection Request:* Revision of a currently approved collection (OMB No. 0925–0281). *Need and Use of Information Collection:* This project involves annual follow-up by telephone of participants in the ARIC study, review of their medical records, and interviews with doctors and family to identify disease occurrence. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in middle aged and older men and women. *Frequency of Response:* The participants will be contacted annually. *Affected Pubic:* Individuals or

households; Business or other for profit; Small businesses or organizations. *Type of Respondents:* Middle aged and elderly adults; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows: Estimated Number of Respondents: 15,113; *Estimated Number of Responses per Respondent:* 1.0; *Average Burden Hours Per Response:* 0.2479; and *Estimated Total Annual Burden Hours Requested:* 3,746. The annualized cost to respondents is estimated at \$41,453, assuming respondents' time at the rate of \$10 per hour for family and patient respondents, and \$75 per hour for physicians. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

#### ESTIMATE OF ANNUAL HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Participant Follow-up .....	14,488	1.0	0.2500	3,622
Physician, hospital, nursing home staff <sup>1</sup> .....	245	1.0	0.2500	61
Participant's next-of-kin <sup>1</sup> .....	380	1.0	0.1667	63
Total .....	15,113	1.0	0.2479	3,746

<sup>1</sup> Annual burden is placed on doctors, hospitals, nursing homes, and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events.

**Request for Comments:** Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate 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) Evaluate 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) Enhance the quality, utility, and clarity of the information to be collected; (4) 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.

**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, New Executive Office Building, Room 10235,

Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Merle Myerson, NIH, NHLBI, 6701 Rockledge Drive, MSC 7934, Bethesda, MD 20892–7934, or call non-toll-free number (301) 435–0707 or E-mail your request, including your address to: [MyersonM@nhlbi.nih.gov](mailto:MyersonM@nhlbi.nih.gov).

**Comments 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.

Dated: September 28, 2003.

**Peter Savage,**

Director, DECA, National Heart, Lung and Blood Institute, National Institutes of Health.  
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**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Public Health Service

#### National Toxicology Program

The National Toxicology Program (NTP) Center for the Evaluation of Risks to Human Reproduction (CERHR) Announces the Availability of the NTP–CERHR Monograph on Methanol and Plans for Announcing Availability of Future Monographs.

#### Summary

The NTP–CERHR Monograph on the Potential Human Reproductive and Developmental Effects of Methanol is now available electronically on the CERHR web site or on CD or in printed text from the CERHR (contact information below). All future notifications about the availability of NTP–CERHR monographs will be provided through announcements from the NTP list-server (an electronic notification service) and on the CERHR web site: <http://cerhr.niehs.nih.gov>.

#### NTP–CERHR Monograph on Methanol

The CERHR announces the availability of the NTP–CERHR