balanced in terms of points of view represented and the functions to be performed by the advisory committee. Every effort is made to ensure that the views of women, all ethnic and racial groups, and people with disabilities are represented on HHS federal advisory committees. Therefore, the Department encourages nominations of qualified candidates from these groups. The Department also takes into consideration geographic diversity in the composition of the committee.

Appointment to this committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Individuals who are appointed as public members of federal advisory committees are classified as special government employees (SGEs). SGEs who are appointed to serve as members of federal advisory committees are subject to the ethical standards of conduct for federal employees. Upon entering the position and annually throughout the term of appointment, the public members appointed to the ACBTSAs will be required to complete and submit a report of their financial holdings, including information about consultancies and research grants or contracts, so that an ethics analysis can be conducted to ensure that members are not involved in activities in the private sector that may pose potential conflicts of interest for performance of their official duties for the Committee.


James J. Berger,
Senior Advisor for Blood Policy.
[FR Doc. 2013–04036 Filed 2–20–13; 8:45 am]
BILLING CODE 4150–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Requirements and Registration for healthfinder.gov Mobile App Challenge; Correction

AGENCY: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice; correction.

SUMMARY: The Office of Disease Prevention and Health Promotion published a document in the Federal Register of December 6, 2012, announcing the requirements and criteria for the healthfinder.gov Mobile App Challenge. The document contained inaccurate wording in one subsection of the terms and conditions.


Correction

In the Federal Register of December 6, 2012, in FR Doc. 2012–29520, on pages 72864–72865, in the second column, correct section 9 under the “Eligibility Rules” caption to read:

(9) Each applicant retains title and full ownership in and to their submission. Applicant expressly reserves all intellectual property rights not expressly granted under this agreement. Applicants must agree to irrevocably grant to federal government a non-exclusive, royalty free, perpetual, irrevocable, worldwide license and right, with the right to sublicense, under entrant’s intellectual property rights, in the event that an entrant wins, to use, reproduce, publicly perform, publicly display, and freely distribute the submission provided by such entrant (with or without any modifications or derivative works thereto), or any portion or feature thereof, for a period of one (1) year following the date that the challenge winner is selected.

Dated: February 6, 2013.

Don Wright,
Deputy Assistant Secretary for Disease Prevention and Health Promotion, Office of Disease Prevention and Health Promotion.
[FR Doc. 2013–03882 Filed 2–20–13; 8:45 am]
BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting for Software Developers on the Technical Specifications for Common Formats for Patient Safety Data Collection and Event Reporting

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

ACTION: Notice of public meeting.

SUMMARY: The Patient Safety and Quality Improvement Final Rule, 42 CFR Part 3 (Patient Safety Rule), published in the Federal Register on November 21, 2008: 73 FR 70731–70814. AHRQ coordinates the development of a set of common definitions and reporting formats (Common Formats) that allow health care providers to voluntarily collect and submit standardized information regarding patient safety events. In order to support the Common Formats, AHRQ has provided technical specifications to promote standardization by ensuring that data collected by PSOs and other entities are clinically and electronically comparable. More information on the Common Formats, including the technical specifications, can be obtained through AHRQ’s PSO Web site: http://www.PSO.AHRQ.GOV/index.html.

The purpose of this notice is to announce a meeting to discuss the Common Formats technical specifications. This meeting is designed as an interactive forum where PSOs and software developers can provide input on these technical specifications. AHRQ especially requests input from those entities which have used AHRQ’s technical specifications and implemented, or plan to implement, the formats electronically.

DATES: The meeting will be held from 8:30 a.m. to 4:00 p.m. on Friday, April 26, 2013.

ADDRESSES: The meeting will be held at the John M. Eisenberg Conference Center, Agency for Healthcare Research and Quality, 540 Gaither Road Rockville, MD 20850.

FOR FURTHER INFORMATION CONTACT:
Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 540 Gaither Road, Rockville, MD 20850; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: PSO@AHRQ.HHS.GOV.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact the Food and Drug Administration (FDA) Office of Equal Employment Opportunity and Disability Management at (301) 827–4840, no later than April 10, 2013.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act and Patient Safety Rule establish a framework by which doctors, hospitals, skilled nursing facilities, and other health care