Data Services, Vicksburg, Mississippi, in conducting data processing activities as a service to banks and non-banks. Such activities will involve the collections, subscription, processing, and storage of banking, financial or related economic data for itself and others in the marketing by-products of data processing activity as well as making excess processing time available to other users. These activities would be conducted in the State of Mississippi.

Board of Governors of the Federal Reserve System, March 4, 1985.

James McAfee,

Associate Secretary of the Board.

[FR Doc. 85-5564 Filed 3-7-85; 8:45 am]

BILLING CODE 6210-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Forms Submitted to the Office of Management and Budget for Clearance

Each Friday the Department of Health and Human Services (HHS) publishes a list of information collection packages it has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). The following are those packages submitted to OMB since the last list was published on March 1, 1985.

Public Health Service

National Institutes of Health

Subject: Cohort Study of Grain Millers—New.
Respondents: Businesses or other for-profit.
OMB Desk Officer: Fay S. Iudicello.

Food and Drug Administration

Subject: Premarket Notification Submission (510(k)) Extension—(0910-0120).
Respondents: Businesses or other for-profit.
Subject: Product License Application for the Manufacture of Source Plasma (Human) Product License Application for Therapeutic Exchange Plasma—Extension—(0910-0040).
Respondents: Businesses or other for-profit.
OMB Desk Officer: Bruce Artim.

Centers for Disease Control

Subject: NIOSH Information Dissemination Strategy—Extension (0920-0031).
Respondents: Individuals.
OMB Desk Officer: Fay S. Iudicello.

Health Care Financing Administration

Subject: Annual Report for Home and Community Based Services Waiver (HCFA-371)—Extension (0938-0272).
Respondents: State Medicaid Agencies.
Subject: Annual Expenditure Report for Home and Community Based Services Waiver (HCFA-372)—Extension (0938-0272).
Respondents: State Medicaid Agencies.
Subject: Integrated Quality Control Review Worksheet (HCFA-316)—Reinstatement (0938-0094).
Respondents: State Agencies.
Subject: Hospice Statements of Reimbursements HCFA 278,279,280—Revision (0938-0177).
Respondents: Hospices.
OMB Desk Officer: Fay S. Iudicello.

Social Security Administration

Subject: Winter 1984-1985 Private Sector Energy Assistance Survey—New.
Respondents: Utility companies.
Subject: Corrective Action Plan and Progress Report—Extension (0960-0279).
Respondents: States.
Subject: Annual Survey of Refugees-Revision-(0960-0308).
Respondents: Individuals or households.
OMB Desk Officer: Robert J. Fishman.

Copies of the above information collection clearance packages can be obtained by calling the HHS Report Clearance Officer on 202-245-6511.

Written comments and recommendations for the proposed information collections should be sent directly to the appropriate OMB Desk Officer designated above at the following address: OMB Reports Management Branch, New Executive Office Building, Room 3208, Washington, D.C. 20503. Attn: (name of OMB Desk Officer).

Dated: March 4, 1985.

Wallace O. Keene,

Acting Deputy Assistant Secretary for Management Analysis and Systems.

[FR Doc. 85-5554 Filed 3-7-85; 8:45 am]

BILLING CODE 4150-04-M

Annual Revision of the Poverty Income Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides a revision of the Federal poverty income guidelines to account for increases in the Consumer Price Index.

DATE: Effective March 8, 1985.

ADDRESS: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, Washington, D.C. 20201.

FOR FURTHER INFORMATION CONTACT: For information about the poverty guidelines in general, contact Joan Turek-Brezina or Michele Adler (telephone: (202) 245-6141).

Questions about applying these guidelines to a particular program should be referred to the Federal office which is responsible for that program.

For information about the Hill-Burton Uncompensated Services Program, contact the Office of the Director, Division of Facilities Compliance (telephone: (301) 443-6512).

SUPPLEMENTARY INFORMATION: This notice provides the 1985 revision of the poverty income guidelines required by sections 652 and 673(2) of the Omnibus Reconciliation Act of 1981. As required by the statute, this revision reflects changes in the Consumer Price Index; it was accomplished using the same methodology used in previous years.

These poverty income guidelines are used as an eligibility criterion by a number of Federal programs. In certain cases, as noted in the relevant authorizing legislation or program regulations, a program uses the poverty guidelines as only one of several eligibility criteria, or uses a modification of the guidelines (e.g., 130% or 185% of the guidelines). Some other programs, while not using the guidelines as a criterion of individual eligibility, use them for the purpose of targeting assistance or services. In some cases, these poverty income guidelines may not become effective until a regulation or notice specifically applying to the program in question has been issued.

The following definitions (derived for the most part from language used in U.S. Bureau of the Census, *Current Population Reports* Series P-60, No. 144 and earlier reports in the same series) are made available for use in connection with the poverty income guidelines. Programs may use somewhat different definitions. The poverty guidelines are applicable to both farm and nonfarm families.

(a) *Family.* A family is a group of two or more persons related by birth, marriage, or adoption who reside together; all such related persons are considered as members of one family. (If a household includes more than one family and/or more than one unrelated individual, the poverty guidelines are applied separately to each family and/or unrelated individual, and not to the household as a whole.)

(b) *Family unit of size one.* In conjunction with the Federal poverty income guidelines, a family unit of size one is an unrelated individual (as defined by the Census Bureau)—i.e., a person 15 years old or over (other than an inmate of an institution) who is not living with any relatives. An unrelated individual may be the sole occupant of a housing unit, or may be residing in a housing unit (or in group quarters such as a rooming house) in which one or more persons also reside who are not related to the individual in question by birth, marriage, or adoption. (Examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.)

(c) *Income.* Refers to total annual cash receipts before taxes from all sources. (Income data for a part of a year may be annualized in order to determine eligibility—for instance, by multiplying by four the amount of income received during the most recent three months.) Income includes money wages and salaries before any deductions, but does not include food or rent in lieu of wages. Income also includes net receipts from nonfarm or farm self-employment (receipts from a person's own business or farm after deductions for business or farm expenses). Income includes regular payments from social security, railroad retirement, unemployment compensation, workers' compensation, strike benefits from union funds, veterans' benefits, public assistance (including Aid to Families with Dependent Children, Supplemental Security Income, and General Assistance money payments), training stipends, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, and regular insurance or annuity payments; and income from dividends, interest, rent, royalties, or periodic receipts from estates or trusts. For eligibility purposes, income does not include the following money receipts: capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; tax refunds, gifts, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or rent received in lieu of wages, the value of the food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied nonfarm or farm housing, and such Federal programs as Medicaid, Food Stamps, or public housing.

1985 POVERTY INCOME GUIDELINES FOR ALL STATES (EXCEPT ALASKA AND HAWAII) AND THE DISTRICT OF COLUMBIA

Size of family unit	Poverty guideline
1	$5,250
2	7,050
3	8,850
4	10,650
5	12,450
6	14,250
7	16,050
8	17,850

For family units with more than 8 members, add $1,800 for each additional member.

POVERTY INCOME GUIDELINES FOR ALASKA

Size of family unit	Poverty guideline
1	$6,560
2	8,810
3	11,060
4	13,310
5	15,560
6	17,810
7	20,060
8	22,310

For family units with more than 8 members, add $2,250 for each additional member.

POVERTY INCOME GUIDELINES FOR HAWAII

Size of family unit	Poverty guideline
1	$6,040
2	8,110
3	10,180
4	12,250
5	14,320
6	16,390
7	18,460
8	20,530

For family units with more than 8 members, add $2,250 for each additional member.

Dated: March 6, 1985.

Margaret M. Heckler,

Secretary of Health and Human Services.

COMPUTATION FOR 1985 ANNUAL REVISION TO POVERTY INCOME GUIDELINES

[Families in all States (except Alaska and Hawaii) and the District of Columbia]

Size of family unit	Poverty thresholds in 1983 (weighted averages)[1]	Column multiplied by 1.0426 price inflator[2]	Difference between column 3 entries	Average difference in column 3[3]	Feb. 1985 guidelines
(1)	(2)	(3)	(4)	(5)	(6)
1	$5,061	$5,277			$5,250
2	6,483	6,759	$1,482	$1,800	7,050
3	7,938	8,276	1,517	1,800	8,850
4	10,178	10,612	2,336	1,800	[4] 10,650
5	12,049	12,562	1,950	1,800	12,450
6	13,630	14,211	1,649	1,800	14,250
7	15,500	16,160	1,949	1,800	16,050
8	17,170	17,901	1,741	1,800	17,850

[1] *Source:* Column 2 entries are from Table E-1 of U.S. Bureau of the Census, Technical Paper 52, *Estimates of Poverty Including the Value of Noncash Benefits: 1983*, U.S. Government Printing Office, Washington, D.C. August 1984.

[2] *Source:* U.S. Department of Labor, CPI Press Release, USDL 65-29, January 1985, Table 1-A. (The Consumer Price Index (CPI-U) for all items was 298.4 for calendar year 1983 and 311.1 for calendar year 1984, an increase of 4.26 percent.)

[3] The arithmetic average of Column 4 entries, rounded to the nearest multiple of $20.

[4] Obtained by multiplying the average poverty threshold for a family of 4 persons in 1983, as published in Table E-1 ($10,178), by the inflation factor from calendar year 1983 to calendar year 1984 (1.0426) and rounding the result upward to the nearest whole multiple of $50. All other entries in Column 6 are obtained by successive addition or subtraction of the average difference ($1,800) to the size-4 1985 guideline entry ($10,650).

For Alaska and Hawaii, scaling factors of 1.25 and 1.15 are applied to the 1985 continental guidelines and the results rounded to multiples of $10. For family units with more than 8 members, add $1,800 for each person in the continental U.S., $2,250 for each person in Alaska and $2,070 for each person in Hawaii.

[FR Doc. 85-5714 Filed 3-7-85; 8:45 am]

BILLING CODE 4150-04-M

Food and Drug Administration

[Docket No. 84P-0433]

Canned Pacific Salmon Deviating From Identity Standard; Temporary Permit for Market Testing; Correction

AGENCY: Food and Drug Administration.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting the document that announced that a temporary permit had been issued to Ralston Purina Co. to market test canned chunked-style, skinless, and boneless salmon packed in water. This document corrects the docket number.

FOR FURTHER INFORMATION CONTACT: Agnes B. Black, Regulations Editorial Staff (HFC-222), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-2994.

SUPPLEMENTARY INFORMATION: In FR Doc. 85-1297 appearing on page 2619 in the issue of Thursday, January 17, 1985, the docket number is corrected to read as set out in the heading of this document.

Dated: March 1, 1985

Sanford A. Miller,

Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 85-5548 Filed 3-7-85; 8:45 am]

BILLING CODE 4160-01-M

[FDA-225-85-8251]

Memorandum of Understanding With the National Institute on Drug Abuse

AGENCY: Food and Drug Administration.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) has executed a memorandum of understanding with the National Institute on Drug Abuse

(NIDA). This agreement describes procedures for the cooperative and timely interaction between NIDA and FDA in expediting the responsibilities of the Public Health Service (PHS) for the domestic scheduling of drugs of abuse. Nothing in this agreement is intended to compromise FDA's authority to make and forward to the Assistant Secretary for Health [ASH] all drug scheduling recommendations.

DATE: This agreement became effective December 11, 1984.

FOR FURTHER INFORMATION CONTACT: Walter J. Justka, Intergovernmental and Industry Affairs Staff (HFC–50), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–1583.

SUPPLEMENTARY INFORMATION: In accordance with § 20.108(c) (21 CFR 20.108(c)) which states that all agreements and memoranda of understanding between FDA and others shall be published in the Federal Register, the agency is publishing the following memorandum of understanding:

Memorandum of Understanding Between the National Institute on Drug Abuse and the Food and Drug Administration

I. Purpose

This agreement describes procedures for the cooperative and timely interaction between the National Institute on Drug Abuse (NIDA) and the Food and Drug Administration (FDA) in expediting the responsibilities of the Public Health Service (PHS) for the domestic scheduling of drugs of abuse. Nothing in this memorandum is intended to compromise FDA's authority to make and forward to the Assistant Secretary for Health (ASH) all drug scheduling recommendations.

II. Background

The Secretary of Health and Human Services (HHS) has delegated to the ASH the authority to make domestic drug scheduling recommendations. The Attorney General (through the Drug Enforcement Agency (DEA)) initiates on his motion, upon the request of the Secretary of HHS, or upon the petition of an interested person, proceedings for the scheduling, amendment, or repeal of a domestic scheduling classification. Scheduling proceedings are governed by the provisions of the Controlled Substances Act (CSA), 21 U.S.C. 801 et seq. Once the Attorney General initiates a scheduling proceeding, he must request from the Secretary of HHS a scientific and medical evaluation of the drug or substance at issue and a recommendation as to whether the drug or substance should be controlled domestically.

At the present time, HHS responds to drug scheduling requests from DEA in accordance with a procedure described in a 1970 memorandum by Merlin K. Duval, M.D., then ASH. Under that procedure, FDA has the responsibility for gathering appropriate data pertaining to the abuse potential of marketed drugs. FDA considers available data and positions from other relevant HHS agencies in preparing for the ASH the scientific and medical evaluations and recommendations. FDA then forwards the evaluations and recommendations to the ASH. The 1970 memorandum states that the director of the agency charged with drug abuse prevention should always be consulted by FDA and that his/her position on drug scheduling should be included in the evaluation and recommendations. FDA is the lead agency, however, the Drug Abuse Staff (DAS) of the Division of Neuropharmacological Drug Products (DNDP) in the Office of Drug Research and Review, which is part of FDA's Center for Drugs and Biologics (CDB) performs the initial scientific and medical evaluation upon which a scheduling recommendation is based. The review is often performed in conjunction with FDA's review of new drug applications (NDA).

Both NIDA and FDA believe that a new procedure to expedite the development of domestic drug scheduling recommendations is needed. The new procedure described herein reflects FDA's role as the lead PHS agency in the process which results in the forwarding of domestic drug scheduling recommendations to the ASH. It also recognizes FDA's commitment to collaborate fully with NIDA in the development of such recommendations because of NIDA's expertise in investigating and evaluating the potential for abuse associated with drug products.

By this memorandum, FDA is formally providing NIDA the opportunity to present its views on domestic drug scheduling to FDA at an appropriately early stage in the NDA process or in other circumstances in which issues pertaining to domestic drug scheduling may arise. While NIDA's opinions will not be binding on FDA, both agencies agree to make every effort to resolve differences of opinion, should they arise, as early as possible in the course of their interactions pertaining to domestic drug scheduling.

III. Substance of Agreement

The procedures to be used in the development of domestic drug scheduling recommendations will be as shown below:

A. *Initial Center for Drugs and Biologics Review.* 1. Drug products subject to an NDA.

a. Upon receipt of an NDA for a drug product that may, under provisions of the CSA, require a scheduling recommendation to be made by the ASH, the DNDP, through the DAS, will notify NIDA of the receipt of the NDA submission.

b. Notice of DNDP organizational meeting on the NDA.

(1) FDA, through the DNDP, will extend an invitation (stating the date, time, and location of the meeting) to NIDA to designate a representative to attend the introductory meeting of the NDA review team. A goal of this meeting is to determine if the drug under review should be evaluated for abuse potential.

(2) The NIDA representative shall inform the team if NIDA wishes to participate in evaluation of the drug's abuse potential.

(3) Any employee of NIDA who reviews, considers, or discusses any trade secret and confidential commercial information contained in an NDA in assessing the abuse potential of the product under consideration must first obtain any necessary FDA conflict-of-interest clearances. Clearances pertaining to confidential information are not necessary for NIDA employees who will review only information for which the NDA sponsor has waived proprietary claims (see b.(4) below). CDB will be responsible for initiating conflict-of-interest clearances through FDA's Policy Management Staff.

(4) In the case of drugs to be evaluated for abuse potential, FDA shall request the NDA sponsor to submit a separate drug abuse package containing relevant animal and human abuse-related data together with other information concerning the drug's potential for abuse and diversion. This request will include a request to the sponsor to waive confidentiality of the data provided so that the data can be given to NIDA for evaluation.

(5) At this meeting a determination will be made if NIDA is to receive a copy of the drug abuse data and information package to be requested from the NDA sponsor.

(6) NIDA will inform FDA if it plans to conduct an independent evaluation of the drug in question.

(7) NIDA will provide FDA by the date of the 90-day meeting (see c. below) any data it may have on the drug in question for use by the review team.

c. Notice of the DNDP 90-day NDA review team meeting.

(1) NIDA shall be provided with a written notification stating the date, time, and location of the proposed meeting. The NIDA representative shall be requested to participate in this meeting.

(2) If NIDA participates in this meeting, it indicates that NIDA has an ongoing interest in the drug under review. If NIDA elects not to participate in this meeting, then NIDA will not participate as a member of the DNDP 90-day review team for the substance under evaluation.

(3) If NIDA participates in the 90-day NDA review team meeting, FDA will provide the NIDA representative a copy of the drug abuse data and information obtained from the NDA sponsor. If no such data and information are available, FDA will provide the NIDA representative data extracted from the NDA submission which are related to a determination of the abuse potential of the drug under review, provided all employees of NIDA who will be reviewing, considering, or discussing the confidential data or information have obtained an FDA conflict-of-interest clearance, or authorization to provide these data to NISA has been obtained from the NDA sponsor. From these data, NIDA will determine if it should perform additional studies, or confirm the NDA sponsor's data, from information it has on studies already performed.

(4) NIDA will present data it has available on any studies of abuse potential either already carried out or planned for the drug under evaluation.

(5) At the 90-day meeting and any time thereafter, FDA and NIDA will exchange in a

timely manner any new data concerning the abuse potential of the drug under evaluation that may become available. As discussed above, appropriate clearances must be secured before data may be shared with NIDA.

2. Drug products not subject to a pending NDA: When a domestic drug scheduling question arises other than in connection with FDA review of a pending NDA, FDA will inform NIDA of the scheduling issue and will invite NIDA to participate in the evaluation process.

3. In all situations covered by Part A of this agreement, FDA will make available to NIDA a copy of its proposed draft scheduling recommendation.

B. *Consideration of Draft Scheduling Recommendations by the FDA Drug Abuse Advisory Committee (DAAC.* 1. The Executive Secretary of DAAC will notify NIDA when a scheduling matter has been placed on a DAAC meeting agenda and will provide NIDA a copy of the agenda as soon as it is available.

2. Data provided to DAAC to assist in its deliberation on a drug scheduling matter will be made available to the NIDA representative at the same time they are made available to the DAAC members. The NIDA representative shall have secured any necessary FDA conflict-of-interest clearance in advance of receipt of these data or authorization to release the data will be secured from the NDA sponsor.

3. NIDA will provide DAS any comments or specific data it has regarding an agenda item as far in advance of the meeting as possible so that NIDA's comments and data can be sent to the DAAC members for review prior to the meeting.

4. NIDA may indicate its desire to make a formal presentation to DAAC on any drug scheduling item that is part of the scheduled agenda for a DAAC meeting. Such a presentation would normally consist of at least one of the following:

a. A response to a general question concerning drug scheduling. (DAS should have received a copy of the data NIDA will present—see B.3. above.)

b. Results of an independent evaluation conducted by NIDA. The presentation should emphasize NIDA's additional data or different points of view from those of FDA. Data should be provided in advance to DAS—see B.3. above.)

c. A statement that NIDA has determined to present no data.

C. *Review of Final Draft Scheduling Recommendations.* 1. After the DAAC meeting, a proposed final scheduling recommendation will be drafted by and circulated within CDB. A copy of the draft recommendation will promptly be provided to NIDA for comment.

2. If the CDB draft scheduling recommendation is substantially revised by FDA, a copy of the revised document will be transmitted to NIDA for further comment.

3. If NIDA does not concur in the final recommendation before it is submitted to the FDA Commissiner for signature, NIDA should specify its nonconcurrence to the FDA Commissioner in writing. The data upon which NIDA's position is based should be included in this document.

4. If disagreement between the agencies cannot be resolved, the NIDA dissent will be forwarded to the ASH concurrently with FDA's scheduling recommendations.

IV. Name and Address of Participating Parties

A. Food and Drug Administration, Public Health Service, Department of Health and Human Services, 5600 Fishers Lane, Rockville, MD 20857.

B. National Institute on Drug Abuse, Public Health Service, Department of Health and Human Services, 5600 Fishers Lane, Rockville, MD 20857.

V. Liaison Officers

A. For Food and Drug Administration: Associate Commissioner for Health Affairs (currently Stuart L. Nightingale, M.D., 301–443–6143.

B. For National Institute on Drug Abuse: Associate Director for Medical and International Affairs (currently James R. Cooper, M.D.), 301–443–4877.

VI. Period of Agreement

This agreement becomes effective upon acceptance by both parties. It may be modified by mutual consent or terminated by either party upon the giving of a 60-day written notice.

Approved and accepted for the Food and Drug Administration.

By: Mark Novitch,

Title: Deputy Commissioner.

Date: November 13, 1984.

Approved and accepted for the National Institute on Drug Abuse.

By: William Pollin,

Title: Director.

Date: December 11, 1984.

Effective date. This memorandum of understanding became effective December 11, 1984.

Dated: March 4, 1985.

Joseph P. Hile,

Associate Commissioner for Regulatory Affairs.

[FR Doc. 85–5550 Filed 3–7–85; 8:45 am]

BILLING CODE 4160–01–M

[FDA–225–85–0001]

Memorandum of Understanding With the University of Tennessee

AGENCY: Food and Drug Administration.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) has executed a memorandum of understanding with the University of Tennessee. This agreement provides the mechanism for collaborative research and educational programs between the University of Tennessee through its Center for Health Sciences (UTCHS) and FDA's National Center for Toxicological Research (NCTR).

DATE: This agreement became effective December 17, 1984.

FOR FURTHER INFORMATION CONTACT: Walter J. Kustka, Intergovernmental and Industry Affairs Staff (HFC–50), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–1583.

SUPPLEMENTARY INFORMATION: In accordance with § 20.108(c) (21 CFR 20.108(c)) which states that all agreements and memoranda of understanding between FDA and others shall be published in the **Federal Register**, the agency is publishing the following memorandum of understanding:

Memorandum of Understanding Between the University of Tennessee, Memphis, Tennessee and the Food and Drug Administration, National Center for Toxicological Research

I. Purpose

This agreement provides the mechanism for collaborative research and educational programs between the University of Tennessee through its Center for Health Sciences (UTCHS) and the Food and Drug Administration's National Center for Toxicological Research (NCTR).

II. Background

The University of Tennessee Center for the Health Sciences is a public institution within the University of Tennessee system which has an enrollment of some 42,500 students. UTCHS is composed of the Colleges of Community and Allied Health Professions, Denistry, Medicine, Nursing, and Pharmacy, as well as the Graduate School of Medical Sciences. There are approximately 2,000 students in these advance programs at UTCHS. One of the major objectives of the professional programs of the University is to produce graduates who are well prepared and highly motivated to pursue advanced work in the sciences.

The National Center for Toxicological Research is a Federal laboratory specializing in biomedical research. A part of NCTR's goal is to assist in training highly qualified toxicologists. The collaborative program with UTCHS provides an opportunity to accomplish this while furthering NCTR's research goals.

III. Substance of Agreement

Through this agreement, NCTR will provide facilities, equipment, materials, and limited supervision for outstanding science students who will serve as guest workers at the Center performing collaborative research with NCTR scientists. In addition, NCTR will provide guest worker positions or appointments to do collaborative research for qualified faculty members of UTCHS, if spaces are available during summers, periods of sabbatical leave, or other mutually agreeable periods.

NCTR and UTCHS will establish cooperative scientific activities, which may include joint guest lectures and seminar programs, for the benefit of all members of