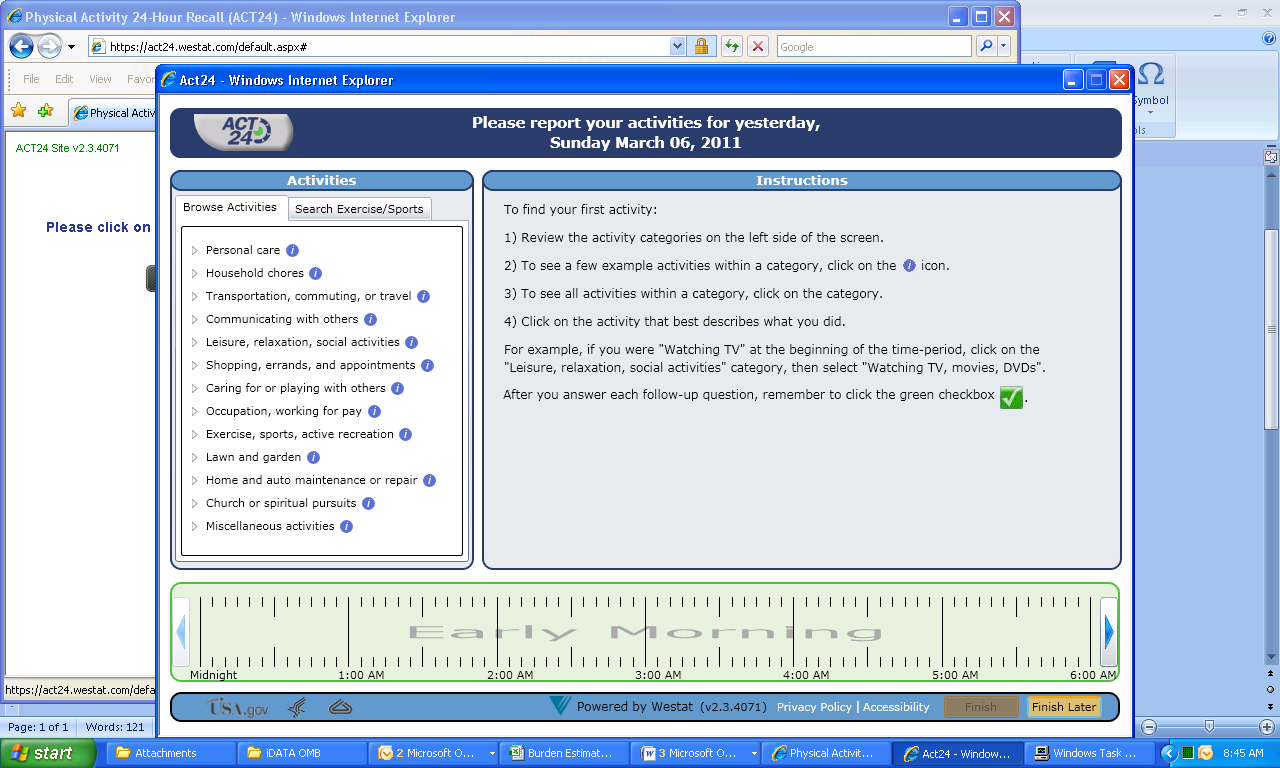
Attachment 34

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **ACT24** | **OMB#: ####-#### EXP.DATE: ##/##/####** | | NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN | | | Public reporting burden for this collection of information is estimated to average 30 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN:PRA (####-####). | | |  | | |  | | |

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