Dated: December 8, 1999.

John L. Williams,

Director, Procurement and Grants Office Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–32289 Filed 12–13–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98F–1200]

Avecia, Inc.; Withdrawal of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the withdrawal, without prejudice to a future filing, of a food additive petition (FAP 7B4526) proposing that the food additive regulations be amended to provide for the safe use of 2-methyl-4,5-trimethylene-4-isothiazolin-3-one as a preservative for paper coatings intended for use in contact with fatty food.

FOR FURTHER INFORMATION CONTACT: Mark A. Hepp, Center for Food Safety and Applied Nutrition (HFS–215), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3098.

SUPPLEMENTARY INFORMATION: In a notice published in the **Federal Register** of December 28, 1998 (63 FR 71493), FDA announced that a food additive petition (FAP 7B4526) had been filed by Zeneca Biocides, Foulkstone 1405, 2d, 1800 Concord Pike, P.O. Box 15457, Wilmington, DE 19850–5457. The petition proposed to amend the food additive regulations in § 176.170 *Components of paper and paperboard in contact with aqueous and fatty foods* (21 CFR 176.170) to provide for the safe use of 2-methyl-4,5-trimethylene-4-isothiazolin-3-one as a preservative for paper coatings intended for use in contact with fatty foods. Since publication of the filing notice, Zeneca Biocide's specialty chemicals group has been spun-off as Avecia, Inc., 1405 Foulk Rd., P.O. Box 15457, Wilmington, DE 19850–5457. Avecia, Inc., has now withdrawn the petition without prejudice to a future filing (21 CFR 171.7).

Dated: November 29, 1999.

Alan M. Rulis,

Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 99–32243 Filed 12–13–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Ophthalmic Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Ophthalmic Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on January 13, 2000, 9:30 a.m. to 5 p.m., and January 14, 2000, 9:30 a.m. to 2 p.m.

Location: Corporate Bldg., conference room 020B, 9200 Corporate Blvd., Rockville, MD.

Contact: Sara M. Thornton, Center for Devices and Radiological Health (HFZ–460), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–594–2053, SMT@CDRH.FDA.GOV, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12396. Please call the Information Line for up-to-date information on this meeting.

Agenda: On January 13, 2000, the committee will discuss, make recommendations, and vote on a premarket approval application (PMA) for a holmium laser for the correction of hyperopia using laser thermal keratomileusis. On January 14, 2000, the committee will discuss and make recommendations on: (1) The reclassification of an artificial eye lubricating solution, and (2) the classification status for currently unclassified eyelid weight devices.

Procedure: On January 13, 2000, from 9:30 a.m. to 3 p.m., and on January 14, 2000, from 9:30 to 2 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by January 6, 2000. On January 13, 2000, formal oral presentations from the public will be scheduled between approximately 9:45 a.m. and 10:15 a.m. Near the end of the committee deliberations on the PMA, a 30-minute open public session will be conducted for interested persons to address issues specific to the submission before the committee. On January 14, 2000, oral presentations from the public regarding the reclassification of the artificial eye lubricating solution and the classification of the eyelid weight devices will be scheduled between approximately 9:45 a.m. to 10:45 a.m. Those desiring to make formal oral presentations should notify the contact person by January 6, 2000, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Closed Committee Deliberations: On January 13, 2000, from 3 p.m. to 5 p.m., the meeting will be closed to permit FDA to present to the committee trade secret and/or confidential commercial information (5 U.S.C. 552b(c)(4)) regarding pending issues and applications.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: December 7, 1999.

Linda A. Suydam,

Senior Associate Commissioner.

[FR Doc. 99–32242 Filed 12–13–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Technology Assessment Conference on Improving Medical Implant Performance Through Retrieval Information: Challenges and Opportunities

Notice is hereby given of the NIH Technology Assessment Conference on ''Improving Medical Implant Performance Through Retrieval Information: Challenges and Opportunities,'' which will be held January 10–12, 2000, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:00 a.m. on January 10, at 8:00 a.m. on January 11, and at 9:00 a.m. on January 12.

Various medical implant devices have been widely used since the 1960s, and it is estimated that eight to ten percent of the American population currently has a permanent medical implant. Yet, there has not been any systematic effort developed in the United States for