Dated: August 20, 2002.

John P. Burke, III,

Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS–2552]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection; *Title of Information Collection:* Hospital and Health Care Complex Cost Report and Supporting Regulations in 42 CFR 413.20 and 413.24; *Form No.:* CMS–2552–96 (OMB 0938–0050); *Use:* Form CMS–2552–96 is the form used by hospitals participating in the Medicare program. This form reports the health care costs used to determine the amount of reimbursable costs for services rendered to Medicare beneficiaries; *Frequency:* Annually; *Affected Public:* Businesses or other for-profit; Not-for-profit institutions, and State, Local, or Tribal Gov.; *Number of Respondents:* 6,010; *Total Annual Responses:* 6,010; *Total Annual Hours:* 3,980,522.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at *http://www.hcfa.gov/regs/prdact95.htm,* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@hcfa.gov,* or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer:

OMB Human Resources and Housing Branch, Attention: Brenda Aguilar, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: August 20, 2002.

John P. Burke, III,

Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Correlates of High Organ Donation Rates

The HRSA, Office of Special Programs (OSP), Division of Transplantation (DoT) is planning a study to identify and evaluate practices related to organ procurement organization (OPO) and hospital structures and processes associated with high rates of organ donation. The study sample will include nine OPOs and 54 affiliated hospitals. (The OPO sample will be chosen first, followed by a corresponding sample of hospitals that have affiliations with the chosen OPOs.)

The study consists of two phases, of which only Phase 2 will require OMB Clearance. Phase 1 will involve an examination of secondary data sources to obtain descriptive information on the universe of OPOs and a subset of hospitals that have the potential for organ procurement activities. Phase 2 will involve data collection from more than nine hospitals through surveys and site visits to identify practices of OPO, hospital, and OPO-hospital interactions that are associated with higher rates of organ donation.

Hospitals included in the sample are likely to be, though not necessarily limited to, those with Trauma I and II designations, because the majority of organ donations occur in these types of hospitals. Data collection instruments for the hospital sample will include: (1) *Hospital Pre-site Visit Telephone Survey*; (2) *Hospital On-site Visit Interview Protocol*; and (3) *OPO-Hospital Perceptions Survey*.

The *Hospital Pre-site Visit Telephone Survey* will capture supplemental data on hospital organizational structures and processes related to organ procurement such as presence of an ethics committee, donation committee, or staff designated to engage in organ donation activities. The *Hospital On-site Visit Interview Protocol* will be used to identify characteristics of hospital structures and processes and OPO-hospital interactions that may facilitate or limit referrals to OPOs by hospitals, potential organ donor consent, organ recovery, and organs transplanted. Focus areas include, but are not limited to, hospital commitment to and governance over organ procurement activities, planning and evaluation, financial issues, staffing, training, and technical and data collection capacity. The *OPO-Hospital Perceptions Survey* will capture the convergence or divergence of OPO and affiliated

hospital perceptions about their working relationship.

The data collected will provide HRSA with a better understanding of the structural characteristics and practices of OPOs and hospitals associated with higher rates of referrals, consent, organ recovery, and organs transplanted. Results will inform future research, policy, and practice aimed at improving rates of organ donation as emphasized by U.S. Department of Health and Human Services Secretary Tommy G. Thompson's Gift of Life Initiative.

Estimates of Annualized Hour Burden

Form name	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Hospital Pre-Site Visit Telephone Survey	108	1	2	216
Hospital On-Site Visit Interview Protocol	540	1	1	540
OPO-Hospital Perception Survey	54	1	1	54
Total	702			810

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 11A–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 23, 2002.

Jon L. Nelson,

Associate Administrator for Management and Program Support.

[FR Doc. 02–22079 Filed 8–28–02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Scytovirins and Related Conjugates, Antibodies, Compositions, Nucleic Acids, Vectors, Host Cells, Methods of Production and Methods of Using Scytovirin

Michael R. Boyd, Barry R. O'Keefe, and Tawnya C. McKee, Molecular Targets Drug Discovery Program (MTDDP, NCI-Frederick) and Heidi R. Bokesch (SAIC-Frederick); DHHS Reference No. E–017–02/0 filed May 16 2002.

Licensing Contact: Sally Hu; 301/496–7056 ext. 265; e-mail: *hus@od.nih.gov.*

This invention provides: (1) Isolated and purified antiviral peptides or antiviral proteins named Scytovirins isolated and purified from aqueous extracts derived from the cyanobacteria, Scytonema varium; (2) an antibody which binds an epitope of Scytovirin isolated and purified from Scytonema varium; (3) a purified nucleic acid molecule that comprises a sequence which encodes an amino acid sequence homologous to Scytovirin; (4) a vector comprising the isolated and purified nucleic acid molecule and a host cell or organism comprising the vector; (5) a conjugate comprising the peptide and an effector component; and (6) a method of inhibiting prophylactically and therapeutically a viral infection. Thus, this invention may represent potential new therapeutics for treatment of retroviral infections, including AIDS.

Methods and Compositions for the Promotion of Hair Growth Utilizing Actin-Binding Peptides

Deborah Philp, Ph.D., Michael Elkin, Ph.D., and Hynda K. Kleinman, Ph.D. (NIDCR); DHHS Reference No. E–053–02/0 filed January 25, 2002.

Licensing Contact: Jonathan Dixon; 301/496–7056 ext. 270; e-mail: *dixonj@od.nih.gov.*

Hair loss (alopecia) is a condition that afflicts millions of men and women. Countless therapies and concoctions have been devised to battle the effects of receding hairlines. None of these are universally effective, and many have met with, at best, dubious success.

The present invention provides the basis for the development of a safe and effective treatment for hair loss. It describes the novel use of naturally occurring, actin-binding, peptides to activate hair follicles. In animal studies, topical application of such peptides increased the number of active hair follicles at least two-fold. After application three times a week, new hair growth was observed as early as on day 7, and was retained with additional applications. This invention may lead to a treatment for a condition that affects a large percentage of the population.

Stem Cells that Transform to Beating Cardiomyocytes

Neal D. Epstein (NHLBI); DHHS Reference No. E–329–01/0 filed October 22, 2001.

Licensing Contact: Fatima Sayyid; 301/496–7056 ext. 243; e-mail: *sayyidf@od.nih.gov.*

Many Americans die each year of congestive heart failure occurring from a variety of causes including cardiomyopathy, myocardial ischemia, congenital heart disease and valvular heart disease resulting in cardiac cell death and myocardial dysfunction. As cardiomyocytes are not replaced in adult myocardial tissue, physiologic demands on existing, healthy cardiomyocytes leads to their hypertrophy. Heart transplants have been the only recourse for patients in end-stage heart disease however this is complicated by lack of donors, tissue incompatibility and high cost.

An alternative approach to heart transplantation is to generate cardiomyocytes from stem cells *in vitro* that can be used in the treatment of cardiac diseases characterized by myocardial cell death or dysfunction.

This invention discloses a novel isolated population of stem cells, called