| Committee Name   | Dates of Meetings          | Advisory Committee 5-<br>Digit Information Line<br>Code |
|--|----------------------------|---|
| National Mammography Quality Assurance Advisory Com-<br>mittee   | April 28, September 8–9    | 12397   |
| Technical Electronic Product Radiation Safety Standards Com-<br>mittee   | June 18                    | 12399   |
| CENTER FOR VETERINARY MEDICINE   |                            |   |
| Veterinary Medicine Advisory Committee   | May 15, September 15       | 12548   |
| NATIONAL CENTER FOR TOXICOLOGICAL RESEARCH   |                            |   |
| Advisory Committee on Special Studies Relating to the Pos-<br>sible Long-Term Health Effects of Phenoxy Herbicides and<br>Contaminants | March 12–13–14, June 23–25 | 12560   |
| Science Advisory Board to the National Center for Toxi-<br>cological Research  | June 3–5                   | 12559   |

Dated: January 29, 2003.

Linda Arey Skladany,

Associate Commissioner for External Relations.

[FR Doc. 03–3076 Filed 2–6–03; 8:45 am] BILLING CODE 4160–01–S

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

#### Proposed Collection; Comment Request; Assessment for NIH Minority Research/Training Programs: Phase 3

**SUMMARY:** In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Research Council, on behalf of the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

# **Proposed Collection**

Title: Assessment for NIH Minority Research/Training Programs: Phase 3. *Type of Information Collection Request:* NEW. Need and Use of Information Collection: The goal of this study is to assess and analyze NIH minority trainee educational and career outcomes to determine which programs and which features of programs have been most successful in helping individual students and faculty members move toward productive careers as research scientists. The primary objectives of the study are to determine how well NIH minority research/training programs are working and what additional factors contribute to minority trainee success,

including characteristics of individual participants and the academic institutions where they received NIH research/training support and/or obtained their terminal degree.

In addition to conducting an assessment and analysis of the programs based upon information in existing NIH databases, current and former NIH trainees will be asked to participate in a voluntary telephone interview in which they will be asked to comment on aspects of their research training experience. Trainees asked to participate in the survey will include individuals who received research training in underrepresented minoritytargeted programs and non-targeted programs, and who received support at academic levels ranging from their undergraduate years to the faculty level. This data collection will involve the use of computer-assisted telephone interviewing (CATI) software.

Program administrators at training grant recipient institutions will be interviewed by telephone to obtain their perspectives on the training programs. The results of the program administrator interviews will help NIH determine (1) The ways and extent to which NIH minority research/training programs work; (2) which features of minority programs have been the most successful in helping individual students and faculty members move forward toward productive careers as research scientists; (3) what programmatic, environmental, or other factors increase the likelihood of minority training programs and their participating trainees achieving success; and (4) how to better assess NIH minority training programs in the future. These interviews will provide a depth and quality of data that are not available through database query alone.

Frequency of response: one-time. Affected Public: Individuals. Type of Respondent: Individuals who have participated in NIH minority training programs. Estimated Number of Respondents: 1,200; Estimated Number of Responses per Respondent: 1; Average Burden Hours Per Response: .5; and Estimated Total Annual Burden Hours Requested: 600. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

*Request for Comments:* Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Joan Esnayra, Program Officer, Board on Higher Education and the Workforce, National Research Council National Academies, 2101 Constitution Ave. NW., Washington, DC 20418, or call non-toll-

free number (202) 334–2539, or e-mail your request, including your address, to *jesnayra@nas.edu*.

*Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: January 29, 2003.

#### John Ruffin,

Director, National Center on Minority Health and Health Disparities, NIH. [FR Doc. 03–2988 Filed 2–6–03; 8:45 am] BILLING CODE 4140–01–M

#### 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.

# Recombinant SUMO-1 Isopeptidase Substrates for FRET Assays

Mary Dasso and Jun Hang (NICHD). DHHS Reference No. E–086–02/0— Research Tool.

Licensing Contact: Marlene Shinn-Astor; (301) 435–4426; shinnm@od.nih.gov.

The NIH announces a new Fluorescence Resonance Energy Transfer (FRET) assay for peptidases that regulate the processing of SUMO– 1 and its removal from conjugation. SUMO–1 is an ubiquitin-like protein that becomes covalently linked to other proteins, which in turn may participate in events leading to cancer and viral infection. The inventors have created a FRET substrate that fuses unprocessed SUMO-1 at its N- and C-termini with different Green Fluorescence Protein (GFP) derivatives. The FRET assay may be used to identify pharmacological agents that can regulate the SUMO-1 peptidases or to monitor their activities.

#### Human Gene Critical to Fertility

Lawrence Nelson and Zhi-bin Tong (NICHD).

DHHS Reference No. E–239–00/1 filed 04 Apr 2001 (PCT/US01/10981).

Licensing Contact: Marlene Shinn-Astor; (301) 435–4426; shinnm@od.nih.gov.

Some molecular pathways are unique to the reproductive process. Illuminating such processes would be expected to lead the way to the most specific molecular contraceptive targets. The Mater gene is essential for embryonic development beyond the two-cell stage. Mater expression is specific to the oocyte. Thus, Mater appears to qualify as a player in a unique molecular pathway that is specific to the reproductive process.

The human MATER gene was identified through research investigating autoimmune premature ovarian failure. Premature ovarian failure (POF) is a term used to describe a condition associated with female sex hormone deficiency and infertility in women younger than age 40. As many as 1% of all women in the United States are thought to be afflicted with POF. Autoimmunity is a well-established mechanism of premature ovarian failure.

The NIH announces a new technology that encompasses the MATER gene, protein and MATER-specific antibodies. These molecules can be used in diagnosing and/or treating infertility, and in developing contraceptives.

# Anti-Inflammatory Actions of Cytochrome P450 Epoxygenase-derived Eicosanoids

Drs. Darryl C. Zeldin (NIEHS), James Liao (EM).

DHHS Reference Nos. E–252–1999/0– US–02 filed 09 Aug 2000 and E–252– 1999/0–PCT–03 filed 10 Aug 2000.

Licensing Contact: Marlene Shinn-Astor; (301) 435–4426; shinnm@od.nih.gov.

Cytochrome P450s catalyze the NADPH-dependent oxidation of arachidonic acid to various eicosanoids found in several species including humans. The eicosanoids are biosynthesized in numerous tissues including pancreas, intestine, kidney, heart, and lung where they are involved in many different biological activities.

The NIH announces a new therapy wherein epoxyeicosatrienoic acid (EET) compositions have been found to be useful in preventing endothelial cell death due to hypoxia-reoxygenation. Given that endothelial injury is an important early event in the development of the atherosclerotic plaque and is associated with myocardial dysfunction in ischemic heart disease, reduced EET levels are speculated to be involved in the pathogenesis of these cardiovascular disorders.

This research is described in Yang *et al.*, Molecular Pharmacology 60: 310–320, 2001.

Dated: January 29, 2003.

# Jack Spiegel,

Director, Division of Technology, Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 03–2989 Filed 2–6–03; 8:45 am] BILLING CODE 4140–01–P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **National Institutes of Health**

# National Heart, Lung, and Blood Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Heart, Lung, and Blood Program Project Review Committee.

Date: March 20, 2003.

Time: 8 a.m. to 2 p.m.

Agenda: To review and evaluate grant applications.

*Place:* Holiday Inn Chevy Chase, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.

*Contact Person:* Jeffrey H. Hurst, PhD, Scientific Review Administrator, Review Branch, Division of Extramural Affairs, National Heart, Lung, and Blood Institute, National Institutes of Health, Bethesda, MD 20892, (301) 435–0303.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases