this process, beginning mid-June, the candidates will be asked to provide an essay of 3–5 pages describing their views on the major challenges in biomedical and behavioral research to which they feel they can make seminal contributions. No detailed scientific plan should be provided since the research plan will be expected to evolve during the tenure of the grant. In addition, each candidate will submit a copy of his/her most significant publication or achievement and arrange for direct submission of letters of support from three individuals who may or may not have been nominators. A subset of the candidates will be interviewed in August-September 2004 by a panel of outside experts. Additional input will be provided by the Advisory Committee to the Director, NIH, and final selections will be completed and announced by the end of September 2004.

Awards

To inaugurate this program, we have set aside sufficient funds in 2004 to provide 5–10 awards. The awards will be up to $500,000 direct costs each year for five years. Although there are no stipulations on the research agenda, the awardee will be required to submit an annual report of activities conducted during the year and to participate in an annual symposium on the NIH Bethesda, Maryland, campus. This symposium will allow awardees to share their ideas, progress, and experience with each other, the research community, and NIH staff.

Dated: February 20, 2004.

Elias A. Zerhouni,

Director, National Institutes of Health.

[FR Doc. 04–4531 Filed 3–1–04; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute (NHLBI); Opportunity for a Cooperative Research and Development Agreement (CRADA) for the Development of a Novel Endotracheal Tube Cleaning System and Improved Endotracheal Tube Design and Conditions of Use

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

ACTION: Notice.

SUMMARY: The Pulmonary—Critical Care Medicine Branch (P–CCMB) in National Heart, Lung, and Blood Institute (NHLBI) conducts research on lung disease that includes development of new technologies for the prevention of nosocomial pneumonia and ventilator-induced injury.

The great majority of mechanically ventilated patients are intubated with an endotracheal tube (ETT). Millions of endotracheal tubes are used in the United States every year. VAP is the most common nosocomial infection in Intensive Care Unit (ICU) patients, afflicting 8 to 28% of patients receiving mechanical ventilation (MV). VAP is also the leading cause of death from hospital-acquired infection. NHLBI data indicate that improved design of the ETT and conditions of use can significantly reduce the incidence of VAP.

After a few days of MV, the lumen of an ETT is coated with a thick bacterial biofilm, which is a major source for bacterial colonization of the lower respiratory tract, and VAP. Accumulation of mucus/secretions on the interior of the ETT effectively lowers the cross section of the ETT and increases significantly the work of breathing in intubated patients, who then require increased MV support, with prolonged intubation and ICU stay.

In experimental studies, NHLBI showed that it is possible to prevent bacterial colonization of the trachea, bronchi, lungs, ETT, and ventilator circuit over a prolonged time of MV (168 hours), to decrease ETT resistance and therefore the work of breathing, and to avoid tracheal mucosal injury or decrease mucus-clearance following inflation of the cuff, when: (1) The ETT is cleaned with a novel cleaning system to remove all mucus from the lumen of the ETT; (2) the ETT is coated with bactericidal agents (silver-sulfadiazine with or without chlorhexidine in polyurethane); (3) low resistance thin-walled ETT is used; (4) the cuff of the ETT is replaced with gills; and (5) the ETT and trachea are kept horizontal, through a tilting bed that allows lateral body rotation.

This CRADA project is with the Pulmonary and Cardiac Assist Devices Section within P–CCMB in NHLBI. The NHLBI is seeking capability statements from parties interested in entering into a CRADA to further develop, evaluate, and commercialize new design and management of ETTs in patients intubated, and mechanically ventilated, that include a novel ETT cleaning device and a low resistance ultra-thin ETT coated with bactericidal agents, with gills. The goals are to use the respective strengths of both parties to achieve the following:

(1) Preparation of an IDE for FDA approval for the coating of the tube and of the mucus cleaning system;

(2) Assistance in conducting clinical trials to determine the performance of this multi-task strategy in the prevention of Ventilator-associated Pneumonia and improvement of care of patients intubated and mechanically ventilated;

(3) Manufacture of the ultra-thin coated ETT with gills, bactericidal coated tubes, and the cleaning system.

The collaborator may also be expected to contribute financial support under this CRADA for personnel, supplies, travel, and equipment to support these projects.

The tilting bed noted in the experimental studies above will be the subject of a concurrent CRADA announcement issued by NHLBI. Interested parties are encouraged to inquire using the contact information below.

CRADA capability statements should be submitted to Marianne Lynch, JD, Technology Transfer Specialist, National Heart, Lung, and Blood Institute (NHLBI), Office of Technology Transfer and Development, National Institutes of Health, 6705 Rockledge Drive, Suite 6018, MSC 7992, Bethesda, MD 20892–7992; Phone: (301) 594–4094; Fax: (301) 594–3080; e-mail: *Lynchm@nhlbi.nih.gov.* Capability statements must be received on or before May 3, 2004.

The NHLBI has applied for patents claiming the core of the technology. Non-exclusive and/or exclusive licenses for these patents covering core aspects of this project are available to interested parties.

Licensing inquiries regarding this technology should be addressed to Michael Shmilovich, JD, Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804, Phone: (301) 435–5019; Fax: (301) 402–0220; e-mail: *shmilovm@mail.nih.gov.* Information about Patent Applications and pertinent information not yet publicly described can be obtained under the terms of a Confidential Disclosure Agreement.

Respondents interested in submitting a CRADA Proposal should be aware that it may be necessary to secure a license to the above-mentioned patent rights in order to commercialize products arising from a CRADA.

Dated: February 19, 2004.

Dr. Carl Roth,

Associate Director for Scientific Program Operations, National Heart, Lung, and Blood Institute.

[FR Doc. 04–4532 Filed 3–1–04; 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 an agency 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.

Methods for Imaging the Lymphatic System Using Dendrimer-Based Contrast Agents

Martin W. Brechbiel (NCI); U.S. Patent Application No. 10/756,948 filed 13 Jan 2004 (DHHS Reference No. E–338–2003/0–US–01); *Licensing Contact:* Michael Shmilovich; 301/435–5019; *shmilovm@mail.nih.gov.*

Available for licensing are methods for lymphatic system imaging using 4D Magnetic Resonance lymphography and a 240kD contract agent based on generation-6 polyamidoamine dendrimer (G6). The disclosed methods are applicable to the imaging of all lymphatic structures, but in particular embodiments are particularly suited for imaging specific parts of the lymphatic system such as lymph nodes or lymphatic vessels. The methods permit the assessment of abnormal conditions within the lymphatic system, such as lymphoma/lymphoproliferative disease, inflammation, and cancer metastasis. The dendrimer also may be used to identify and locate sentinel lymph nodes into which lymph fluid flows from a tumor. The conventional clinically approved MRI contract agent, Gd-[DTPA]-dimeglumine (<1kD) was unable (in murine models) to depict lymphatics when used in conjunction with the same imaging system. Thus, the present dendrimer provides a novel method to visualize lymphatic drainage that has not been previously reported.

Apparatus and Method for High Speed Countercurrent Chromatography of Peptides and Proteins

Yoichiro Ito (NHLBI); PCT Application No. PCT/US03/09189 filed 25 Mar 2003, which published as WO 03/087807 on 23 Oct 2003 (DHHS Reference No. E–148–2001/0–PCT–02); U.S. Provisional Application No. 60/457,058 filed 21 Mar 2003 (DHHS Reference No. E–014–2003/0–US–01); U.S. Provisional Application No. 60/464,665 filed 24 Apr 2003 (DHHS Reference No. E–046–2003/0–US–01); *Licensing Contact:* Michael Shmilovich; 301/435–5019; *shmilovm@mail.nih.gov.*

This invention is an improved column design for High Speed Counter Current Chromatography (HSCCC) that increases partition efficiency by using novel column geometries. A standard HSCCC centrifuge uses a multilayer coil as a separation column to produce a high efficiency separation with good retention of the stationary phase in many solvent systems. However, the standard HSCCC, when used for highly viscous, low interfacial tension solvent systems, is unsuccessful at retaining a suitable amount of the stationary phase. This invention greatly improves efficiency by modifying the column from a coil to spiral geometry. Therefore, this invention creates a centrifugal force gradient, which allows for distribution of the heavier phase in the peripheral and the lighter phase in the proximal parts of the column. The effect of the gradient becomes more pronounced as the pitch of the spiral is increased.

The apparatus can be stacked on a support (E–014–2003) that provides additive net spiral flow geometry. When mounted, it will produce efficient separation of proteins and peptides. Also, efficient stationary phase retention can be achieved through the use of a plate apparatus (E–046–2003) that comprises a disk shaped column support having a spiral groove formed on its surface. At least one layer of fluid flow tubing is positioned substantially within the spiral groove. The countercurrent chromatography effect is produced by rotating the disk shaped column on a planar motion device.

Dated: February 24, 2004.

Steven M. Ferguson,

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

[FR Doc. 04–4529 Filed 3–1–04; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the NIH Blue Ribbon Panel on Conflict of Interest Policies. The previous notice announced the meeting on March 1–2, 2004, open session from 8:30 a.m. on March 1 until 12 noon on March 2, at NIH, 9000 Rockville Pike, Bethesda, Maryland, Building 31C, Conference Room 10, with notification of public comments due February 26.

The meeting will be open until 10 a.m. on March 2. Any person wishing to make a presentation to the panel during the public comment session should notify Charlene French, Office of Science Policy, National Institutes of Health, Building 1, Room 103, Bethesda, Maryland 20892, telephone 301–496–2122 or by e-mail: *blueribbonpanel@mail.nih.gov.*

Please note that the panel will meet in Executive Session, beginning at 10:15 a.m. on Tuesday, March 2, 2004. The public portion of the meeting will end at 10 a.m. rather than at noon as originally planned.

Dated: February 25, 2004.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 04–4635 Filed 2–26–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research 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