20050933	William H. Gates III	Berkshire Hathaway, Inc.	Berkshire Hathaway, Inc.
20050953	BPC Holding Corporation	Fremont Partners, L.P.	Kerr Group, Inc.

TRANSACTIONS GRANTED EARLY TERMINATION - 05/19/2005

TRANS #	ACQUIRING	ACQUIRED	ENTITIES
20050871	Morton Plant Hospital Association, Inc.	Trustees of Mease Hospital, Inc.	Mease Hospital, Inc.

TRANSACTIONS GRANTED EARLY TERMINATION - 05/20/2005

TRANS #	ACQUIRING	ACQUIRED	ENTITIES
20050885	PrairieWave Communications, Inc.	Black Hills Corporation	Black Hills Fiber Systems, Inc.
20050945	Forstmann Little & Co. Equity Partnership VII, L.P.	24 Hour Fitness Worldwide, Inc.	24 Hour Fitness Worldwide, Inc.
20050951	Stantec Inc.	The Keith Companies, Inc.	The Keith Companies, Inc.
20050955	Juniper Networks, Inc.	Peribit Networks, Inc.	Peribit Networks, Inc.
20050957	Code Hennessy & Simmons IV, L.P.	Weston Presidio Capital IV, L.P.	American Asphalt Holdings Corp.
20050958	Bain Capital Fund VIII, L.P.	Summit Venture VI-A, L.P.	FleetCor Technologies, Inc.
20050959	Marathon Fund Limited Partnership V	ShopKo Stores, Inc.	ShopKo Stores, Inc.
20050974	Barry Diller	Barry Diller	IAC/InterActive Corp
20050982	Pitney Bowes Inc.	Imagitas, Inc.	Imagitas, Inc.

FOR FURTHER INFORMATION CONTACT:
Sandra M. Peay, Contract Representative
Or
Renee Hallman, Case Management Assistant, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room H–303, Washington, DC 20580, (202) 326–3100.

By Direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 05–11027 Filed 6–2–05; 8:45 am]

BILLING CODE 6750–01–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Fleet Alternative Fuel Vehicle Acquisition and Compliance Report

AGENCY: Department of Health and Human Services (HHS).

ACTION: Notice of availability.

SUMMARY: Pursuant to 42 United States Code 13218(b), the Department of Health and Human Services gives notice that the Department's FY 2004 Fleet Alternative Fuel Vehicle Acquisition and Compliance Report is available online at *http://www.knownet.hhs.gov/log/AgencyPolicy/HHSLogPolicy/afvcompliance.htm*

FOR FURTHER INFORMATION CONTACT: Jim Kerr at (202) 720–1904, or via e-mail at *jim.kerr@hhs.gov*.

Dated: May 24, 2005.

Evelyn M. White,

Acting Assistant Secretary for Administration and Management.

[FR Doc. 05–11075 Filed 6–2–05; 8:45 am]

BILLING CODE 4161–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI), the Acting Assistant Secretary for Health, and another Federal agency have taken final action in the following case:

Jason W. Lilly, Ph.D., Boyce Thompson Institute: Based on the report of an investigation conducted by the Boyce Thompson Institute (BTI Report), the investigation report of another Federal agency, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Jason W. Lilly, Ph.D., former postdoctoral fellow at BTI, engaged in scientific misconduct in research supported by the National Research Service Award, National Institutes of Health (NIH) postdoctoral fellowship, F32 GM64276. This case has been jointly handled by ORI and another Federal agency under the government-wide debarment regulations.

Specifically, PHS found that:

A. Dr. Lilly falsified Figure 4, presenting a hierarchical cluster analysis of differential mRNA accumulation in cells grown in medium deficient in sulfate or phosphate in ''The Chlamydonomas reinhardtii organellar genomes respond transcriptionally and post-transcriptionally to abiotic stimuli,'' The

Plant Cell 14:2681:2706, 2002 (hereafter referred to as the Plant Cell paper) by claiming it was an average of three experiments when only one had been conducted;

B. Dr. Lilly further falsified Figure 4 of the Plant Cell paper by falsely coloring two cells in the blown-up portion of the figure that illustrated the induction of high levels of mRNA from the Sac1 gene;

C. Dr. Lilly falsified the supplemental gene array experiments published online claimed to be replicate assays by manipulation of both spreadsheet and image data from a single assay to make the altered data sufficiently different to appear to be separate assays;

D. Dr. Lilly falsified the text describing Figure 5 of the Plant Cell paper by claiming that the run-on assays had been replicated when they had not been;

E. Dr. Lilly falsified the purported replicates of run-on transcription experiments provided in the on-line supplemental material by manipulation of a single assay to make the variant versions appear different; and

F. Dr. Lilly falsified Figure 1 of the Plant Cell paper by using the same 16S control bands for RNA blots of two different genes (psbF and PsaG).

Dr. Lilly has been debarred by the lead agency for a period of two (2) years, beginning on March 4, 2005, and ending on March 4, 2007, and has entered into a Voluntary Exclusion Agreement (Agreement) with PHS in which he has voluntarily agreed:

(1) To exclude himself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as consultant, for a period of four (4) years, beginning on April 18, 2005; and

(2) That he will ensure that any institution employing him submits, in conjunction with each application for PHS funds or report, manuscript, or abstract of PHS funded research in which Dr. Lilly is involved, a certification that the data provided by Dr. Lilly are based on actual experiments or are otherwise legitimately derived, and that the data, procedures, and methodology are accurately reported in the application or report for a period of two (2) years, beginning on April 18, 2007, approximately corresponding to the termination date of the debarment period initiated by the lead agency. Dr. Lilly must ensure that the institution also sends a copy of the certification to ORI.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443–5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 05–11017 Filed 6–2–05; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Sentinel Network for Detecting Emerging Infections Among Allograft Donors and Recipients

Announcement Type: New.

Funding Opportunity Number: AA081.

Catalog of Federal Domestic Assistance Number: 93.283.

Key Dates:

Letter of Intent Deadline: July 5, 2005.

Application Deadline: August 2, 2005.

Executive Summary: Over the last decade, there has been a large increase in the number of allografts (*e.g.*, solid organs and other tissues) recovered from donors for use in transplants. Each year in the United States, over 25,000 solid organs are recovered, and over a million tissue allografts are distributed for life-saving transplantations, including bone, musculoskeletal, vascular, and corneal tissues. Organs and tissues are distributed to different settings: Organs are distributed to transplant services in hospitals, and tissues are distributed to tissue banks, biotechnology companies, and healthcare consignees, including hospitals, outpatient centers, and individual surgeons. A single donor with undetected infection potentially can infect over a hundred organ and tissue recipients located around the world. In addition, tissues may be stored for up to ten years; thus, infections may be transmitted to recipients many years after the death of the donor. Recent investigations have demonstrated severe infections and death from transmission of various agents from donors to recipients, including: Clostridia spp. (e.g., C. sordellii, C. perfringens, C. septicum), West Nile virus, Group A Streptococcus, Trypanosoma cruzi, Lymphocytic choriomeningitis virus, rabies virus, and others. A recent Institute of Medicine report highlighted the urgent need to detect infectious diseases among organ and tissue donor and transplant recipients. Recently, additional regulatory mechanisms have been put in place. For solid organs, through the Organ Procurement and Transplantation Network (OPTN), new standards have been put in place to detect and report adverse events among organ transplant recipients; for other tissues, there will be new FDA rules for organ and tissue procurement organizations (OPOs) and tissue banks, implemented May 1, 2005. Despite these new regulatory standards, challenges remain. A surveillance network for surveillance of allograft-associated infections that would enhance communication between public health officials and organizations responsible for recovering and processing tissues would have high potential as a tool for risk assessment and response, in collaboration with regulatory efforts.

I. Funding Opportunity Description

Authority: 42 U.S.C. 247b(k)(2)

Purpose: The purpose of the program is to develop a national sentinel network of organizations that recover, process, and distribute tissues from organ/tissue donors. The participants in this activity can include OPOs, tissue processors, tissue distributors, and others. This collection of participants has been termed the tissue community. At present, many procurement organizations provide regional tissue recovery services. This program addresses the ''Healthy People 2010'' focus area(s) of Immunization and Infectious Diseases.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Infectious Diseases (NCID): Protect Americans from death and serious harm caused by medical errors and preventable complications of healthcare.

This announcement is only for non-research activities supported by CDC/ATSDR. If research is proposed, that portion of any application will not be reviewed or considered for funding. For the definition of research, please see the CDC Web site at the following Internet address: *http://www.cdc.gov/od/ads/opspoll1.htm.*

Objectives

The objective of the network will be to detect and prevent emerging infectious diseases through:

- Improved communication among those in the tissue community (e.g., tissue recovery organizations, OPOs that recover tissues, tissue processors, tissue distributors), healthcare facilities, and public health officials, concerning potential risks for transmission of infection.
- Improved identification and tracking of tissues to facilitate