

inadequate for widespread use in preventive medicine and public health. As part of the family history initiative, CDC is developing an electronic, self-administered, Web-based tool that assesses familial risk for six diseases and recommends early detection and prevention strategies. The tool collects:

- Name, date of birth, gender, adoption status, Ashkenazi Jewish heritage.
- Current height and weight.
- Health behaviors: smoking, physical activity, fruit and vegetable consumption, alcohol use, aspirin use.
- Screening tests: clinical breast exam, mammogram, fecal occult blood test, sigmoidoscopy, colonoscopy, blood cholesterol, blood pressure, and blood sugar.
- Disease history of a person's first- and second-degree relatives (mother, father, grandparents, siblings, aunts and uncles) for coronary heart disease, stroke, diabetes, and colorectal, breast, and ovarian cancer.

Algorithms in the software analyze the data and assess risk based on the number of relatives affected, their age at disease onset, their gender, the closeness of the relatives to each other and the user, and the combinations of diseases in the family. The tool provides the user with a report that includes an assessment of familial risk for each disease (described as strong, moderate or weak), an explanation as to why the family history is a risk factor, and recommendations for disease prevention and screening that are targeted to the familial risk and based on answers to the health behavior and screening questions. An evaluation trial of Family Healthware™; set in primary practice clinics will begin in July 2005.

Inventors: Maren T. Scheuner, Paula W. Yoon, Muin J. Khoury, and Cynthia Jorgensen.

CDC Ref. #: I-004-04.

Dated: June 13, 2005.

James D. Seligman,

Associate Director for Program, Services, Centers for Disease Control and Prevention.
[FR Doc. 05-12498 Filed 6-23-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Health Promotion and Diabetes Prevention Projects for American Indian/Alaska Native Communities: Adaptations of Practical Community Environmental Indicators, Program Announcement Number AA029

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Health Promotion and Diabetes Prevention Projects for American Indian/Alaska Native Communities: Adaptations of Practical Community Environmental Indicators, Program Announcement Number AA029.

Times and Dates: 9 a.m.-5 p.m., August 2, 2005 (Closed); 9 a.m.-5 p.m., August 3, 2005 (Closed); 9 a.m.-4 p.m., August 4, 2005 (Closed).

Place: Club House Inn and Suites, 1315 Menaul Boulevard NE., Albuquerque, NM 87107, Telephone Number (505) 345-0010.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to: Health Promotion and Diabetes Prevention Projects for American Indian/Alaska Native Communities: Adaptations of Practical Community Environmental Indicators, Program Announcement Number AA029.

For Further Information Contact: Maria E. Burns, M.P.A., Senior Program Management Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 1720 Louisiana Boulevard, NE., Albuquerque, NM 87110, Telephone (505) 232-9907.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 20, 2005.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 05-12499 Filed 6-23-05; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Availability of Opportunity to Provide Input for the National Occupational Research Agenda

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following:

Availability of Opportunity for the Public to Provide Input for the National Occupational Research Agenda (NORA).

For the past nine years, NORA has served as a framework to guide occupational safety and health research in the nation. Approximately 500 participants outside NIOSH provided input into the development of the first agenda. Building on the success of NORA, the second decade of NORA will use a sector-based approach.

NIOSH and its partners under NORA are pleased to introduce a newly updated NORA Web site at <http://www.cdc.gov/niosh/nora>. An important feature of the updated page is an online feedback form. We hope both individuals and organizations will use this opportunity to submit comments and suggestions for guiding the design of future occupational safety and health research in the nation.

The Web site allows stakeholders to describe what they perceive to be the top research needs within each sector, sub-sector, or in multiple sectors. Stakeholders can submit comments on the approach to redesigning NORA as it enters its second decade. We invite partners and collaborators to use the electronic option to provide comments, which will automatically be entered into the NORA Docket maintained by NIOSH.

Experience gained in the first decade of NORA indicates that the following types of information may help identify the areas where new research will make the greatest contributions to preventing work-related injuries, illnesses, and deaths:

- Number of workers at risk
- Seriousness of the hazard
- Probability that new information and approaches will make a difference

Alternatively, comments may be e-mailed to NIOCINDOCKET@cdc.gov or mailed to: Docket NIOSH-047, Robert A. Taft Laboratories (C-34), 4676 Columbia Parkway, Cincinnati, OH 45226.

The public may also view the complete NORA Docket at this location.

Contact for Additional Information:
noracoordinator@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: June 17, 2005.

Alvin Hall,

Director, Management Analysis and Services
Office, Centers for Disease Control and
Prevention.

[FR Doc. 05-12500 Filed 6-23-05; 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 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.

Infectious Particle Composition and Methods of Use Thereof

Chava Kimchi-Sarfaty and Michael M. Gottesman (NCI),
DHHS Reference No. E-138-2005/0-
US-01.

Licensing Contact: Michelle A. Booden;
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boodenm@mail.nih.gov.

Current methods for delivery of small interfering RNA (siRNA) and short hairpin RNA (shRNA) such as cationic

lipid or polyplex delivery systems, do not efficiently deliver siRNAs or shRNAs into a wide range of cell types. Subsequent innovations have resulted in shRNA, but not siRNA, expression cassettes that have been adapted to be compatible with most DNA-based viral vector systems including retroviruses, adenoviruses, lentiviruses, and adeno-associated viruses. As with the transfer of cDNAs, all of these delivery systems require a significant degree of optimization and are often only useful in specific cell systems. Additionally, some viral vectors also have the disadvantage of low titer and large genome size. Further, some of the above viral delivery systems are dependent on helper viruses or packaging cell lines, and some are not able to transduce non-dividing cells, or cells in suspension. Also inherent in current DNA viral delivery systems is a lack of efficiency in delivering the DNA or RNA of interest to the nucleus. Instead, the DNA vector and concomitant siRNA insert remains in the cytoplasm.

siRNA is emerging as a powerful tool for gene silencing and has much potential for anticancer and antiviral applications. However, efficient delivery of these specific siRNAs to the nucleus of a cell is an important aspect of interfering with specific DNA transcription. The present invention provides compositions and methods for use of infectious particles, such as papovavirus pseudovirions, to deliver siRNAs into a variety of mammalian cells. More specifically, the infectious particles may comprise the SV40 capsid protein VP1, papilloma virus capsid protein L1, polyoma virus capsid protein VP1, or several SV40 capsid proteins. The claims further comprise methods for *in vivo* transfer of siRNA as well as a kit comprising the infectious particle and instructions for use as a siRNA delivery system. This pseudovirion technology has proved to be an excellent alternative to DNA-viral vectors for siRNA delivery with high capacity, very high efficiency, and no viral DNA complications. The pseudovirion delivery technology is described in the following background publications: Kimchi-Sarfaty *et al.*, Human Gene Therapy 13: 299-310, 2002; Kimchi-Sarfaty *et al.*, Human Gene Therapy 14: 167-177, 2003; and Kimchi-Sarfaty *et al.*, Gene Ther Mol Biol 8: 439-450, 2004.

This technology is available for licensing on an exclusive or a non-exclusive basis. In addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Polyclonal Antibodies to Human Thyroid Hormone Beta Receptor, JC8- TRβ1 And JC16-TRβ1

Dr. Sheue-yann Cheng,
DHHS Reference No. E-153-2003/0—
Research Tool.

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

In human tissues, there are five thyroid hormone receptor subtypes, TRβ1, TRβ2, TRβ3, TRα1, and TRα2. High affinity polyclonal and monoclonal antibodies have been developed to specifically recognize TRβ and TRα1 in human and mouse tissues. These antibodies have been designated as JC8-TRβ1 and JC16-TRβ1. These antibodies could be used by researchers worldwide in both clinical and research applications.

In addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Dated: June 15, 2005.

Steven M. Ferguson,

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

[FR Doc. 05-12597 Filed 6-23-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-339]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare &
Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) 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