parents/guardians of children who were seen in an emergency department for an injury. This information will be collected in conjunction with the Consumer Product Safety Commission's (CPSC's) National Electronic Injury Surveillance System (NEISS). The NEISS is part of CPSC's routine data collection. Through this system, trained abstractors code information from all injury-related emergency department visits in the participating hospital. Additional information will be collected through ''follow-back'' phone interviews with parents/guardians of injured children seen in participating hospitals. NICHD will collect information on developmental disabilities among injured children e.g., cerebral palsy, blindness, deafness or trouble hearing, autism, and mental retardation), medical/psychological conditions e.g. epilepsy/seizures, ADHD), medication use, and other potential risk factors for injury including family structure, sibling characteristics, and caregiver supervision practices. Finally, NICHD would like to determine if typically developing children who have a sibling with a developmental disability, who may compete for supervisory time, are at a greater risk of injury than other children. This Interagency Agreement provides funds from NICHD to CPSC to complete 8000 telephone interviews with parents/guardians of injured children. The sample of interviewees will be derived from a larger sample of children who will be systematically selected from the NEISS system. Sampling will cover an entire year to account for seasonal variations in injury rates. Two thousand interviews will be conducted in 4 different age groups: 0–4 years, 5–9 years, 10–14 years, and 15–19 years. Intentional injuries will not be included in the sampling pool. Further, deaths and hospitalizations will be excluded. Interviews will be limited to those who can complete an interview in English or Spanish. *Frequency of Response:* One interview; *Affected Public:* Individuals or households; *Type of Respondents:* Parents or Guardians; The annual reporting burden is as follows: *Estimated Number of Respondents:* 8000. *Estimated Number of Responses per Respondent:* 1; Average Burden Hours Per Response 0.33; and *Estimated Total Annual Burden Hours Requested:* 2640. There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

Type of respondents	Estimated numbers of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Parents/guardians	8000	1	.33	2640

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate 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) Evaluate 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) Enhance the quality, utility, and clarity of the information to be collected; and (4) 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: Gitanjali Saluja, Ph.D., 6100 Executive Blvd. Suite 7B03, Rockville, MD 20852. Phone: 301–435–6917. E-mail: *salujag@mail.nih.gov*

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: October 13, 2005.

Paul L. Johnson,

Project Clearance Liaison, NICHD, National Institutes of Health.

[FR Doc. 05–21116 Filed 10–21–05; 8:45 am]

BILLING CODE 4140–01–P

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.

NIH3T3 Cell Lines Carrying c-Met Mutations Including G3906A, G3522A, G3810T, T3936C, T3936G, T3997C, C3528T, C3564G, C3831G, A3529T, and T3640C

Laura S. Schmidt (NCI).

HHS Reference No. E–327–2005/0—Research Tool.

Licensing Contact: John Stansberry; 301/435–5236: *stansbej@mail.nih.gov*.

MET is over expressed in a variety of cancers including hereditary papillary renal cell carcinoma and non-small cell lung cancer. These cell lines carry naturally-occurring Met mutations and were derived from the germline of patients with hereditary papillary renal cell carcinoma. These cell lines can be used as drug discovery research reagents.

These cell lines were described in part in Schmidt et al., ''Novel mutations of the MET proto-oncogene in papillary renal carcinomas. Oncogene. (1999) 18:2343–2350 and Jeffers et al., ''Activating mutations for the met tyrosine kinase receptor in human cancer.'' PNAS (1997) 94:11445–11450.

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

Mouse Fibroblasts Stably Expressing C-Type Lectin Receptors DC–SIGN and L–SIGN

Vineet N. KewelRamani and Thomas Martin (NCI).
HHS Reference Nos. E–321–2005/0 and E–322–2005/0—Research Tools.
Licensing Contact: Susan Ano; 301/435–5515; *anos@mail.nih.gov*.

The NIH is pleased to offer for licensing mouse fibroblasts that stably express the C-type lectin receptors DC–SIGN and L–SIGN (CD209 and CD209L, respectively). L–SIGN and DC–SIGN both exhibit selectivity for highly mannosylated glycoproteins. DC–SIGN is also selective for certain Lewis X sugar groups. These types of interactions allow L–SIGN and DC–SIGN to interact with a wide spectrum of pathogens including HIV, hepatitis C virus, and SARS coronavirus, which appear to use L–SIGN and DC–SIGN to facilitate their replication. In addition to HIV, HCV, and SARS, pathogens such as Ebola virus, some herpes viruses, and tuberculosis interact with DC–SIGN. In contrast to primary cells expressing L–SIGN and DC–SIGN, the subject fibroblasts are resilient, adhere to coated tissue culture plates, grow rapidly and continually express high levels of their respective receptor. The subject materials could be used to study the interaction of pathogens with L–SIGN or DC–SIGN and to screen for compounds that block these interactions. Additionally, the materials could be used for the development of antibodies or compounds through rational design that interacted with L–SIGN or DC–SIGN. The NIH3T3/DC–SIGN and NIH3T3/L–SIGN cells are further described in Journal of Virology, 2002, vol. 26(12), pages 5905–5914. The subject technologies are available for licensing from the NIH through biological materials license agreements.

Murine Mast Cell Line Useful for Toxicity and Immunopotency Screens

Michael Potter (NCI).
HHS Reference No. E–274–2005/0—Research Tool.
Licensing Contact: John Stansberry; 301/435–5236; *stansbej@mail.nih.gov*.

The technology is a mouse cell line (P815) that could be useful for screening biological and chemical agents for toxicity and immunopotency. Specifically, the cell line is useful for screening for toxic effects of immunopotentiators including Mycobacterium bovis, Bacillus Calmette-Gurerin strain, zymosan, lipopolysaccharide and dextran sulfate. The cell line may also have application in screening other compounds.

The cell line may also prove useful for studies of cancer and tumor immunology as injection of mice with P815 leads to progressive tumors. The P815 tumors express cell surface antigens that could provide a model for cancer vaccine development.

Mutated Pseudomonas Exotoxins with Reduced Antigenicity

Ira H. Pastan *et al.* (NCI).
U.S. Provisional Patent Application filed 29 Jul 2005 (HHS Reference No. E–262–2005/0–US–01).
Licensing Contact: Jesse S. Kindra; 301–435–5559; *kindraj@mail.nih.gov*.

The use of *Pseudomonas* exotoxins (PE) for treatment of solid tumors, in particular, has been limited because of the development of neutralizing antibodies to the immunotoxin after the first administration. These antibodies develop before most protocols would call for a second administration of the immunotoxin, and therefore render further use of the immunotoxins ineffective against solid tumors in previously exposed patients.

The studies underlying this novel invention reveal that the predominant immune response of patients to PE-immunotoxins is the PE portion of the immunotoxin. This finding indicates that reducing the antigenicity of the PE molecules used for immunotoxins would reduce the overall antigenicity of the immunotoxin, and increase their utility.

Therefore, this invention relates to mutated *Pseudomonas* exotoxins (PE) that have reduced antigenicity compared to PEs containing the native sequence. The PEs of this invention have one or more individual mutations that reduce antibody binding to one or more epitopes of PE.

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

Methods and Materials for Identifying Polymorphic Variants, Diagnosing Susceptibilities, and Treating Disease

Lawrence C. Brody (NHGRI) *et al.*
PCT Application No. PCT/US05/21288 filed 16 Jun 2005 (HHS Reference No. E–149–2005/0–PCT–01).
Licensing Contact: Marlene Shinn-Astor; 301/435–4426; *shinnm@mail.nih.gov*.

This invention relates to materials and methods associated with polymorphic variants in two enzymes involved in folate-dependent and one-carbon metabolic pathways important in pregnancy-related complications and neural tube birth defects: MTHFD1 (5,10-methylenetrahydrofolate dehydrogenase, 5,10-methenyltetrahydrofolate cyclohydrolase, 10-formyltetrahydrofolate synthase) and methylenetetrahydrofolate dehydrogenase (NADP+ dependent) 1-like (MTHFD1L). These enzymes are extremely important in the promotion of DNA synthesis, a process that is critical for normal placental and fetal development.

Recently, the inventors have discovered that a MTHFD1 polymorphism is also a strong maternal genetic risk factor for placental abruption, premature separation of a normally implanted placenta. This polymorphism may also be a risk factor for first and second trimester miscarriages. Diagnostic and therapeutic methods are provided in this invention involving the correlation of polymorphic variants in MTHFD1 and other genes with relative susceptibility for various pregnancy-related and other complications such as cancer, cardiovascular disease, and developmental anomalies. Both nutrient status and genetic background are independent yet interacting risk factors for impaired folate metabolism. However, the mechanisms that lead to pathology or the mechanisms whereby folate prevents these disorders are unknown. Therefore, a diagnostic and therapeutic invention of this kind would significantly improve the detection and treatment of disorders associated with folate metabolism.

For further information, see Brody *et al.*, July 28, 2005, ''A polymorphism in the *MTHFD1* gene increases a mother's risk of having an unexplained second trimester pregnancy loss,'' Mol. Hum. Reprod. 10.1093/molehr/gah204.

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

AAV5 Vector and Uses Thereof

John A. Chiorini, Robert M. Kotin (NHLBI).
U.S. Provisional Application No. 60/087,029 filed 28 May 1998 (HHS Reference No. E–127–1998/0–US–01).
U.S. Patent Application No. 09/717,789 filed 21 Nov 2000 (HHS Reference No. E–127–1998/0–US–07).
U.S. Patent Application Serial No. 11/184,380 filed 19 Jul 2005 (HHS Reference No. E–127–1998/0–US–08).
Licensing Contact: Jesse S. Kindra; 301/435–5559; *kindraj@mail.nih.gov*.

The invention described and claimed in this patent application provides for novel vectors and viral particles which

comprise adeno-associated virus serotype 5 (AAV5). AAV5 is a single-stranded DNA virus of either plus or minus polarity which, like other AAV serotypes (e.g., AAV4, AAV2) requires a helper virus for replication. AAV type 2 has the interesting and potentially useful ability to integrate into human chromosome 19 q 13.3-q ter. This activity is dependent on the non-structural, Rep, proteins of AAV2. The Rep proteins of AAV types 2 and 5 are dissimilar and are not able to substitute in DNA replication of the heterologous serotype.

AAV5 offers several advantages which make it attractive for use in gene therapy: 1. Increased production (10–50 fold greater than AAV2); 2. distinct integration locus when compared to AAV2; 3. Rep protein and ITR regions do not complement other AAV serotypes; and 4. appears to utilize different cell surface attachment molecules than those of AAV type 2.

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

The Use of Nitroxides in the Prophylactic and Therapeutic Treatment of Cancer Due to Genetic Defects

James Mitchell, Angelo Russo, Anne Deluca and Murali Cherukuri (NCI).

U.S. Patent Application No. 09/424,519 filed 03 Mar 2000, claiming priority to 27 May 1997 (HHS Reference No. E–167–1997/0–US–07).

Licensing Contact: George Pipia; 301/435–5560; *pipiag@mail.nih.gov.*

The invention is a method for preventing or treating cancer, especially cancers associated with defects in the p53 gene. This gene is generally considered to be a tumor-suppressor gene, and in a large percentage of malignancies including pancreatic, colon, lung, and breast, the gene is found to be inactive in the cancer. It is believed that many individuals have genetic defects in p53 predisposing them to cancer.

The invention involves the use of certain nitroxides as agents to slow the appearance or progression of tumors associated with p53 knockout. Thus, these compounds could serve as preventative agents for people predisposed to cancer, or as therapeutic agents for certain cancers. As nitroxides have already been identified as antioxidants, such agents could become part of a cancer prevention and anti-aging regimen. A new method of use for these compounds now include their use in imaging, which correlates functional information about the tumor with magnetic resonance imaging data.

Dated: October 13, 2005.

Steven M. Ferguson,

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

[FR Doc. 05–21118 Filed 10–21–05; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer 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: National Cancer Institute Special Emphasis Panel PAR–04–020: Small Grants for Behavioral Research in Cancer Control

Date: November 9, 2005.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications

Place: Gaithersburg Marriott Washingtonian Center, 9751 Washington Boulevard, Gaithersburg, MD 20878

Contact Person: C. Michael Kerwin, PhD, MPH, Scientific Review Administrator, Special Review and Logistics Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6116 Executive Boulevard, Room 8057, MSC 8329, Bethesda, MD 20892–8329, 301–496–7421, *kerwinm@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: October 13, 2005.

Anthony M. Coelho, Jr.,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 05–21124 Filed 10–21–05; 8:45 am]

BILLING CODE 4140–01–M

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 contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Heart, Lung, and Blood Institute Special Emphasis Panel Large-Scale Genotyping of NHLBI Cohorts

Date: October 20, 2005.

Time: 1 p.m. to 4 p.m.

Agenda: To review and evaluate contract proposals

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Valerie L Prenger, PhD, Chief, Review Branch, Division of Extramural Affairs, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, MSC 7924, Room 7214, Bethesda, MD 20892–7924, 301–435–0270, *prengerv@nhlbi.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(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 and Resources Research, National Institutes of Health, HHS)

October 24, 2005.

Anthony M. Coelho, Jr.,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 05–21133 Filed 10–21–05; 8:45 am]

BILLING CODE 4140–01–M