comments will be included in the record of the ACOT meeting.

Dated: September 12, 2006.

Elizabeth M. Duke,

Administrator.

[FR Doc. 06–8024 Filed 9–21–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-day Proposed Information Collection: Indian Health Service Contract Health Service Report

AGENCY: Indian Health Service, HHS.

SUMMARY: The Indian Health Service (IHS), as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. As required by section 3507(a)(1)(D) of the Act, the proposed information collection has been submitted to the Office of Management and Budget (OMB) for review and approval.

The IHS received no comments in response to the 60-day **Federal Register** notice (71 FR 39686) published on July 13, 2006. The purpose of this notice is to allow an additional 30 days for public comment to be submitted directly to OMB.

Proposed Collection: Title: 0917–0002, ''Indian Health Service Contract Health Service Report.'' *Type of Information Collection Request:* Extension of a currently approved information collection, 0917–0002, ''Indian Health Service Contract Health Service Report.'' *Form Number:* IHS 843–1A. *Need and Use of Information Collection:* The purpose for the collection is to authorize contract health care providers to provide health care services to eligible IHS patients. The IHS form 843–1A ''Order for Health Services'' was developed specifically for this collection of information. Other than revising the title ''Purchase-Delivery Order for Health Services'' to read ''Order for Health Services'', acquisition terms on the front of the form, the contract clauses contained on the back of copy 3 of the form, the form has not been revised and there is no change in the substance or in the use of the form. A copy of the form is at Attachment 2.

The majority of the information contained in this form is completed by IHS staff from existing IHS automated patient and vendor data files. Contract health care providers complete and sign the streamlined form and submit it, along with a completed standard Centers for Medicare & Medicaid Services (CMS) health claim form (CMS 1450 (UB 92) and CMS 1500), to the IHS for verification and payment. The CMS forms are used and accepted nation-wide by the health care industry and IHS is an approved user.

The information collected is needed to administer and manage the contract health care services provided to eligible American Indian and Alaska Native patients. The form is used to: Authorize contract health care services for eligible patients; certify that the health care services requested and authorized have been performed by the contract provider(s); process payments for health care services performed by such providers; obtain program data; and, serve as a legal document for health and medical care authorized by the IHS and rendered by health care providers under contract with the IHS.

The information collected is also used for: Planning for further care of the patient; for keeping an accurate record of the patient's health status and health services received and recommended; for planning future health care programs; for communicating among members of the health care team; for evaluating the health care rendered; for research and continuing education; and, for the provision of program health statistics.

Affected Public: Individuals and households.

Type of Respondents: Individuals.

The table below provides the estimated burden hours for this information collection:

Data collection instrument	Est. No. of respondents	Responses per respondent	Annual number of responses	Burden per response	Total annual burden hrs.
IHS–843–1A	7,399	42	272,506	0.05	13,625.3
IDS*	13,717	1	13,717	0.05	685.8
Total	21,116	.....	.....	.....	14,311.1

*Inpatient Discharge Summary (IDS)

There are no capital costs, operating costs and/or maintenance costs to respondents.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Allison Eydt, Desk Office for IHS.

FOR FURTHER INFORMATION CONTACT: Send requests for more information on the proposed collection or to obtain a copy of the data collection instrument(s) and instructions to Mrs. Christina Rouleau, IHS Reports Clearance Officer, 801 Thompson Avenue, TMP, Suite 450, Rockville, MD 20852, call non-toll free (301) 443–5938, send via facsimile to (301) 443–2316, or send your e-mail

requests, comments, and return address to: *crouleau@hqe.ihs.gov.*

Comment Due Date: Your comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: September 15, 2006.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 06–8021 Filed 9–21–06; 8:45 am]

BILLING CODE 4165–16–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, HHS.

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.

An HIV Protein for Use as a Novel Therapeutic or Vaccine Component

Description of Technology: Latent HIV presents a challenge for complete removal of the virus in infected individuals and is becoming an increasingly important consideration in the identification of potential HIV therapeutics or treatment regimens. These transcriptionally inactive HIV reservoirs lay dormant in a portion of infected cells and are capable of evading both host defenses and existing antiretroviral therapy. The present technology offers a potential solution for complete eradication of HIV in infected individuals.

This technology describes immunogenic and therapeutic compositions related to HIV $p28^{TEV}$ protein, first protein expressed during HIV infection in the case of the pHXB2 isolate. $p28^{TEV}$ functions in the regulation of HIV transcription and may be important for the expression of latent virus. A number of $p28^{TEV}$ associated compositions are available for licensing and commercial development including: (1) The $p28^{TEV}$ polypeptide from one or more HIV clades, (2) nucleic acids encoding these $p28^{TEV}$ polypeptides, (3) a polypeptide with significant sequence homology to $p28^{TEV}$, and (4) immunogenic fragments of these polypeptides. Additional compositions include antibodies and antagonists that act to inhibit $p28^{TEV}$ activity. Adjuvants, immunomodulators and compounds used in combination with $p28^{TEV}$ for the treatment of HIV infection are also included in the available technology.

Applications: (1) Novel therapeutics for treatment of HIV infection; (2) Novel HIV vaccine component.

Development Status: Preclinical data are available at this time.

Inventors: Genoveffa Franchini et al. (NCI)

Patent Status: U.S. Patent Application No. 11/364,873 filed 27 Feb 2006 (HHS Reference No. E–072–2004/3–US–01)

Licensing Status: Available for exclusive or non-exclusive licensing.

Licensing Contact: Susan Ano, PhD; 301/435–5515; *anos@mail.nih.gov.*

Collaborative Research Opportunities: The National Cancer Institute Vaccine Branch is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Methods of Targeting the Establishment of the HIV Viral Reservoir. Please contact Betty Tong, PhD at 301–594–4263 or *tongb@mail.nih.gov* for more information.

Swine Hepatitis E Virus Available for Use in Diagnosis, Prevention and Treatment of Hepatitis E

Description of Technology: Hepatitis E virus (HEV) is the cause of Hepatitis E, a liver disease that occurs primarily in developing countries due to fecal contaminated drinking water. Outbreaks of HEV infection have caused epidemics in Africa, Central and Southeast Asia and Mexico and cases of the disease have also been reported sporadically in more developed countries. Hepatitis E is most often overcome by a host's natural defenses; however the disease is more severe in pregnant women, who exhibit a 20% mortality rate due to HEV infection. Presently, no vaccines or therapeutic agents, which prevent or treat HEV infection, are commercially provided.

An isolated strain of swine HEV is currently available for licensing and commercial development. The nucleotide and amino acid sequences of the available virus are significantly homologous to human HEV and antibodies induced by the agent were shown to cross react with a human HEV antigen. The present technology provides a mechanism for augmenting the immune response against HEV in infected individuals and is thus useful for the development of novel vaccines and therapeutics for prevention and treatment of HEV infection in humans. In addition, the available viral strain may be used to develop diagnostic tools for efficient detection of HEV contamination of food and water in developing countries, especially in regions of Africa, Asia and Mexico, where HEV is endemic.

Applications: (1) Development of diagnostic tools for identification and detection of HEV infection; (2) HEV vaccination in developing countries, where individuals are at higher risk for infection; (3) Research and development of anti-HEV therapeutics agents.

Development Status: Preclinical data are available at this time.

Inventors: Xiang-jin Meng, Robert H. Purcell, Suzanne U. Emerson (NIAID)

Patent Status: U.S. Patent No. 6,432,408 issued 13 Aug 2002 (HHS Reference No. E–203–1997/0–US–04) and European Patent Application No. 98934568 filed 17 Jul 1998 (HHS Reference No. E–203–1997/0–EP–03)

Licensing Status: Available for non-exclusive or exclusive licensing.

Licensing Contact: Chekesha Clingman, PhD; 301/435–5018; *clingmac@mail.nih.gov.*

Collaborative Research Opportunity: The NIAID Laboratory of Infectious Diseases, Hepatitis Viruses Section, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize swine HEV or its products. Please contact Robert H. Purcell at *rpurcell@niaid.nih.gov* for more information.

Dated: September 18, 2006.

Steven M. Ferguson,

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

[FR Doc. 06–8080 Filed 9–21–06; 8:45 am]

BILLING CODE 4140–01–P