response for a total screener burden of 4,000 (respondents) + 6,000 (ineligibles screened) x .0167 hours = 167 hours. The survey will require an average of 20 minutes (0.33 hours) per respondent and we expect that the variation in burden across respondents will be small. This estimate is based on average interview time for the 2006 Food Safety Survey. The proposed number of respondents is 4,000, each of whom will be asked to complete a one-time telephone interview that requires no preparation time. Additionally, 200 initial nonrespondents will be asked to participate in a short version of the survey to conduct a nonresponse analysis. This is expected to take 6 minutes (0.10 hours). Therefore, the total estimated public reporting burden is 1,541 hours.

We have revised the burden table. In the 60-day notice published on September 17, 2008, we estimated the total burden to be 1,421 hours. The total burden of 1,541 hours estimated in table 1 of this document includes an additional 120 hours, which resulted from correcting a typographical error in line 4 of the table. The hours per response in line 4 of table 1 changed from 0.3 to 0.33.

Dated: September 1, 2009.

David Horowitz,

Assistant Commissioner for Policy.

[FR Doc. E9–22121 Filed 9–14–09; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2009–N–0406]

Agency Emergency Processing Under the Office of Management and Budget Review; Tobacco Product Establishment Registration and Submission of Certain Health Information; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of September 1, 2009 (74 FR 45219). The document announced the proposed collection of information concerning the submission of tobacco product establishment registration and submission of certain health information, including ingredient listing and health related documents, as required by the Family Smoking Prevention and Tobacco Control Act. The document was published with an incorrect date for submitting written or electronic comments on the proposed collection. This document corrects that error.

FOR FURTHER INFORMATION CONTACT: Jonna Capezzuto, Office of Information Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–796–3794, *Jonnalynn.Capezzuto@fda.hhs.gov*.

SUPPLEMENTARY INFORMATION: In FR Doc. E9–21099, appearing on page 45219, in the **Federal Register** of Tuesday, September 1, 2009, the following correction is made:

On page 45219, in the second column, in the ''**DATES**'' section, beginning in the second line, ''September 16, 2009'' is corrected to read ''October 1, 2009''.

Dated: September 8, 2009.

David Horowitz,

Assistant Commissioner for Policy.

[FR Doc. E9–22120 Filed 9–14–09; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Initial Review Group: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the National Center for Injury Prevention and Control Initial Review Group, Department of Health and Human Services, has been renewed for a 2-year period through August 20, 2011.

For information, contact Dr. Richard Waxweiler, Executive Secretary, National Center for Injury Prevention and Control Initial Review Group, Department of Health and Human Services, 1600 Clifton Road, M/S F63, Atlanta, Georgia 30341, telephone 770/488–4850, or fax 770/488–4422.

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

Dated: September 4, 2009.

Elaine L. Baker,

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

[FR Doc. E9–22140 Filed 9–14–09; 8:45 am]

BILLING CODE 4163–18–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, HHS.

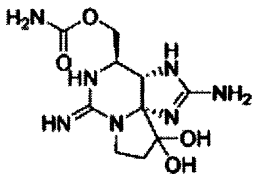
ACTION: Notice.

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.

Purified Saxitoxin for Food Safety Applications

Description of Technology: Available for licensing as a biological material for research purposes is purified saxitoxin. Saxitoxin is the parent compound in a family of natural toxins that can occur in seafood and can cause food borne illness. Highly purified saxitoxin is vital for the development, validation, and calibration of detection methods for these toxins, as well as for fundamental studies in physiology and pain management. Interested parties may license the compound for conjugation chemistry and radiolabeling with the end goal of generating a research reagent.



Applications:

• Investigation of food borne illness.

• Monitoring of seafood for contamination.

• Detection of food poisons.

Inventor: Sherwood Hall (FDA).

Relevant Publication: EJ Schantz *et al.* Paralytic shellfish poison. VI. A procedure for the isolation and purification of the poison from toxic clam and mussel tissues. J Am Chem Soc. 1957 Oct;79(19):5230–5235, doi: 10.1021/ja01576a044.

Patent Status: HHS Reference No. E–278–2009/0—Research Tool. Patent protection is not being pursued for this technology.

Licensing Status: Available for licensing.

Licensing Contact: Michael A. Shmilovich, Esq.; 301–435–5019; *shmilovm@mail.nih.gov*.

Identification of Recent HIV–I Infection by Genotypic Analysis for Treatment Strategy

Description of Technology: This invention describes a bioinformatics algorithm capable of distinguishing between recently infected and chronically infected HIV–I patients based on the genetic diversity of HIV pro-pol sequences. Directly after infection with HIV–I, genetic diversity is extremely low. Previously, single genome sequencing was used to demonstrate that HIV–I genetic diversity accumulates after infection in a linear and predictable fashion during the first 8–10 months of infection (Kearney *et al.,* 2009). Using single genome sequencing, it is possible to determine whether a person had been infected with HIV–1 in the recent past. Single genome sequencing is, however, a research technique that is relatively labor intensive and somewhat expensive, making it less feasible for routine use. The invention improves on this analysis in both ease and cost, and is capable of estimating genetic diversity using a population-based sequence that is obtained by routine, commercially available genotyping through the determination of genotype sequence ambiguity, which resulted in both sensitive and specific identification of acute versus chronic infection. The algorithm is also capable of simultaneously determining drug resistance profiles, further representing significant improvement over current antibody-based methods. Since recent data have shown that patients in the primary infection stage are estimated to be 26 times more infective than patients in the chronic stage of infection (Hollingsworth *et al.,* 2008), and epidemiological models of immediate antiretroviral therapy (ART) predict a shift from the endemic phase to the elimination phase within five years (Granich *et al.,* 2009), this invention represents a potentially valuable diagnostic tool for clinicians as well as an improvement over the current antibody-based methods of epidemiological research for determining HIV incidence.

Applications:

• HIV Diagnostics capable of distinguishing between a recent HIV infection and a chronic one. This feature will assist clinicians in the design of HIV treatment regimen and strategy.

• Analysis and prediction of patient's HIV drug resistance. Facilitating devising a treatment strategy.

• Epidemiological application due to ability of the test to report HIV incidence.

Advantages: The method offers important public health benefits with regards to HIV/AIDS as elaborated below:

• The method adds important value to conventional HIV genotyping and enhances the diagnostic usefulness of genotyping.

• The method offers an inexpensive and convenient way to distinguish recently infected from chronically infected subjects and thus provides important information regarding HIV drug management.

• The method can, simultaneously with the above, provide information regarding drug resistance mutations.

• The method is based on commercially available HIV–1 genotype sequence information and thus offers simplicity and convenience.

• The method can provide important and useful epidemiological information.

Market: A favorable market potential for the method exists, and it may in the future be routinely used in every clinical laboratory that provides genotyping services and by manufacturers and laboratories that provide tests for drug resistance patterns.

Development Status: Early stage.

Inventors: Frank Maldarelli *et al.* (NCI).

Patent Status: HHS Reference No. E–238–2009/0—Research Tool. Patent protection is not being pursued for this technology.

Licensing Status: Available for licensing.

Licensing Contacts: Uri Reichman, PhD, MBA, 301–435–4616, *UR7a@nih.gov*; John Stansberry, PhD, 301–435–5236, *js852e@nih.gov*.

Collaborative Research Opportunity: The NCI HIV Drug Resistance Program, Host Virus Interaction Branch, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. Please contact John D. Hewes, PhD at 301–435–3121 or *hewesj@mail.nih.gov* for more information.

Dated: September 9, 2009.

Richard U. Rodriguez,

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

[FR Doc. E9–22223 Filed 9–14–09; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings 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: Center for Scientific Review Special Emphasis Panel Tachycardias and Arrhythmias.

Date: September 22, 2009.

Time: 11 a.m. to 1 p.m.

Agenda: To review and evaluate grant applications.

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

Contact Person: Olga A. Tjurmina, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4138, MSC 7814 Bethesda, MD 20892. (301) 451–1375. *ot3d@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.