tests are already listed in GeneTests will have the data from GeneTests automatically transferred to GTR, saving them data entry time.

TABLE 1—ESTIMATES OF HOUR BURDEN

Type of respondent	Number of respondents	Frequency of response	Estimated average time per response	Annual hour burden per respondent	Total annual hour burden
Laboratory Personnel	770	An average of 12.2 tests per respondent; submitted once.	Minimal Fields: 0.5 hr	6.1	4,697
			Optional Fields: 2.5 hr	30.5	23,485
			Total (All Fields): 3.0 hr	36.6	28,182

To estimate the annualized cost to respondents, NIH used the mean hourly wage of medical and clinical laboratory technicians from the U.S. Bureau of Labor and Statistics 2010 National Occupational Employment and Wage Estimates.[1] Based on an average of 12.2 submissions per respondent, 3.0 hours to provide information for all data fields (i.e., minimal and optional fields) per submission, and a mean hourly wage of $22.85, the estimated annualized cost to respondents is $836.30. Cost savings can be achieved by laboratories with large numbers of tests that use the bulk upload feature. Table 2 provides the estimated annualized cost per respondent and for all respondents.

TABLE 2—ESTIMATED ANNUALIZED COST TO RESPONDENTS

Type of respondent	Average number of submissions per respondent	Estimated average time (hours) per submission per respondent	Mean hourly wage	Estimated annual cost per respondent	Total annual cost (based on a total of 9,360 submissions for 770 respondents)
Laboratory Personnel	12.2	Minimal Fields: 0.5	$22.85	$139.38	$106, 938
		Optional Fields: 2.5	22.85	696.92	534, 690
		All Fields: 3.0	22.85	836.30	641, 628

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.

DATES: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication. Comments should be directed to Amy Patterson, M.D. through the contact information below.

FOR FURTHER INFORMATION CONTACT: For additional information on the proposed project, please visit the GTR Web site (*http://oba.od.nih.gov/gtr/gtr.html*) or contact: Amy P. Patterson, M.D., Associate Director for Science Policy, NIH by mail to the Office of Biotechnology Activities, 6705 Rockledge Dr., Suite 750, Bethesda, MD 20892; telephone 301–496–9838; fax 301–496–9839; or e-mail *gtr@od.nih.gov,* Attention: Dr. Patterson.

Dated: July 21, 2011.

Amy P. Patterson,

Associate Director for Science Policy, NIH.

[FR Doc. 2011–18970 Filed 7–26–11; 8:45 am]

BILLING CODE 4140–01–P

[1] U.S. Bureau of Labor and Statistics. May 2010 National Occupational Employment and Wage Estimates. See *http://www.bls.gov/oes/current/oes_nat.htm#29-0000.* Accessed June 8, 2011.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Agency Information Collection Activities: Proposed Collection; Comment Request; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery: National Cancer Center (NCI)

ACTION: 30-Day notice of submission of information collection approval from the Office of Management and Budget and request for comments.

SUMMARY: As part of a Federal Government-wide effort to streamline the process to seek feedback from the public on service delivery, National Cancer Center (NCI) has submitted a Generic Information Collection Request (Generic ICR): ''Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery'' to OMB for approval under the Paperwork

Reduction Act (PRA) (44 U.S.C. 3501 *et seq.*).

DATES: Comments must be submitted within 30 days of the date of this publication.

ADDRESSES: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the *Attention:* NIH Desk Officer, Office of Management and Budget, at *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974.

To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact:

FOR FURTHER INFORMATION CONTACT: To request additional information, please contact Vivian Horovitch-Kelley, Program Analyst, Office of Management Analysis and Assessment, National Cancer Institute, 6116 Executive Boulevard, Suite 705, Rockville, MD 20892, or call non-toll-free number 301–435–8526 or e-mail your request, including your address to: *horovitchkellv@mail.nih.gov.*

SUPPLEMENTARY INFORMATION:

Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery: National Cancer Institute (NCI). *Abstract:* The information collection activity will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

The Agency received no comments in response to the 60-day notice published in the **Federal Register** of December 22, 2010 (75 FR 80542).

Below we provide the National Cancer Institute projected average estimates for the next three years:

Current Actions: New collection of information.

Type of Review: New collection.

Affected Public: Individuals and households, businesses and organizations, State, Local or Tribal Government.

Average Expected Annual Number of activities: 15.

Respondents: 6,500.

Annual responses: 6,500.

Frequency of Response: Once per request.

Average minutes per response: Ranges from 30 minutes through 90 minutes.

Burden hours: 8,750.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.

Dated: July 20, 2011.

Vivian Horovitch-Kelley,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. 2011–19027 Filed 7–26–11; 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, 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.

Wirelessly Powered MRI Signal Amplification System and Method

Description of Technology: The invention is in the field of MRI, and more specifically relates to device and method that may provide great improvements in the area of interventional MRI. The technology describes an MRI detection coil that has been integrated with a parametric amplifier to provide local signal detection fully integrated with amplification. This amplification is done in a way that is inherently wireless, thus enabling efficient signal transmission. The integrated MRI detector/amplifier can be used in a number of applications. First, it can replace conventional MRI amplification typically done with transistor, thus eliminating the need for wires. Second, it can replace what is traditionally used as part of implanted or catheter coils for interventional procedures with MRI. The advantage is that the signal can be amplified, and wireless transmission is part of the amplification scheme. Therefore signal can be transmitted from the subject in a way that provides detection at higher sensitivity than conventional coils without internal amplification.