professions given priority for selection above the $20,000 threshold are those identified as meeting the criteria in 25 U.S.C. 1616a(g)(2)(A) which provides that the Secretary shall consider the extent to which each such determination:

(i) Affects the ability of the Secretary to maximize the number of contracts that can be provided under the LRP from the amounts appropriated for such contracts;

(ii) Provides an incentive to serve in Indian health programs with the greatest shortages of health professionals; and

(iii) Provides an incentive with respect to the health professional involved remaining in an Indian health program with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the LRP.

Contracts may be awarded to those who are available for service no later than September 30, 2012, and must be in compliance with any limits in the appropriation and Section 108 of the IHCIA not to exceed the amount authorized in the IHS appropriation (up to $32,000,000 for FY 2012). In order to ensure compliance with the statutes, Area Offices or Service Units providing additional funding under this section are responsible for notifying the LRP of such payments before funding is offered to the LRP participant. Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that Service Unit. Those sites will retain their relative ranking from the national site-ranking list. For example, Chinle Service Unit identifies supplemental monies for pharmacists. The Chinle Service Unit consists of two facilities, namely the Chinle Comprehensive Health Care Facility and the Tsaile PHS Indian Health Center.

The national ranking will be used for the Chinle Comprehensive Health Care Facility (Score = 44) and the Tsaile PHS Indian Health Center (Score = 46). With a score of 46, the Tsaile PHS Indian Health Center would receive priority over the Chinle Comprehensive Health Care Facility.

Dated: January 12, 2012.

Yvette Roubideaux,

Director, Indian Health Service.

[FR Doc. 2012–1211 Filed 1–20–12; 8:45 a.m.]

BILLING CODE 4165–16–P

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

AGENCY: National Institute on Drug Abuse (NIDA), National Institutes of Health, HHS.

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, NIDA 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 after publication in FR.

ADDRESSES: Written comments may be submitted to the Office of Management and Budget, Office of Information and Regulatory Affairs, Attn: NIH Desk Officer, by Email to *OIRA_submission@omb.eop.gov,* or by fax to (202) 395–6974.

FOR FURTHER INFORMATION CONTACT: To request additional information, please contact Genevieve deAlmeida-Morris, Health Research Evaluator, Office of Science Policy and Communications, National Institute on Drug Abuse, 6001 Executive Boulevard, Bethesda, MD 20892–9557, or call non-toll-free number (301) 594–6802 or Email your request, including your address to *dealmeig@nida.nih.gov.*

SUPPLEMENTARY INFORMATION:

Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.

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.

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

Below we provide NIDA's projected average estimates for the next three years: [1]

Current Actions: New collection of information.

[1] The 60-day notice included the following estimate of the aggregate burden hours for this generic clearance federal-wide:

Average Expected Annual Number of activities: 25,000.

Average number of Respondents per Activity: 200.

Annual responses: 5,000,000.

Frequency of Response: Once per request.

Average minutes per response: 12.

Burden hours: 2,500,000.

Type of Review: New Collection.

Affected Public: Individuals and Households, Businesses and Organizations, State, Local or Tribal Government.

Average Expected Annual Number of activities: 4.

Respondents: 740.

Annual responses: 740.

Frequency of Response: Once per request

Average minutes per response: 50.

Burden hours: 516.

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: January 13, 2012.

Glenda Conroy,

Executive Officer (OM Director), NIDA.

[FR Doc. 2012–1267 Filed 1–20–12; 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.

Enhancement of Cancer Imaging and Treatment With Somatostatin Analogs

Description of Technology: Available for licensing is a novel method using short-term treatment with a glucocorticoid antagonist to increase the expression of somatostatin receptors in tumor cells and improve rates of tumor identification in patients with high cortisol levels.

Tumors express up to five different receptors for somatostatin analogs on their surface. This enables somatostatin and its analogs to bind to the tumor cells. When the compound has a radioactive or radiopharmaceutical ''tag'' it can allow the cell to be killed (via radiation) or imaged (via the radiopharmaceutical). Somatostatin analogs have variable affinity for the five somatostatin receptors (types 1–5). As a result, if tumors express less of the more avid receptors, imaging or treatment with the analogs is less likely to be successful. There is a large variability in functional type 2 receptor expression in these tumors. High cortisol levels (such as those seen in Cushing's syndrome) cause the type 2 receptor level to decrease, which (with type 5) is the primary binding site for ^{111}1n-DTPA-D-Phe-pentetreotide, which is used to image tumors (in an octreotide nuclear medicine scan).

Potential Commercial Applications: Tumor imaging and radiopharmaceutical therapy using somatostatin analogs.

Competitive Advantages: Allows conversion of a negative to positive octreotide scan in patients with active hypercortisolism.

Development Stage: Pilot.

Inventors: Lynnette Nieman (NICHD), *et al.*

Intellectual Property: HHS Reference No. E–252–2011/0—U.S. Provisional Application No. 61/533,664 filed 12 Sep 2011.

Licensing Contact: Patrick McCue, Ph.D.; (301) 435–5560; *mccuepat@mail.nih.gov.*

PARP Inhibitor/NO Donor Dual Prodrugs as Anticancer Agents

Description of Technology: Scientists at NIH have developed a hybrid prodrug molecule with enhanced biological activity as anticancer agent. Novel cancer therapeutic strategies are in high demand. Diazeniumdiolate-based nitric oxide (NO)-releasing prodrugs are a growing class of promising anticancer agents. Poly (ADP-ribose) polymerase (PARP) inhibitors have also emerged as a promising class of therapeutic compounds for cancer. The two-component prodrug described in the instant invention is expected to deliver DNA damaging agent (NO release) along with an inhibitor of DNA repair (PARP inhibitor) simultaneously to a cancer cell. The prodrugs are activated by glutathione/glutathione S-transferase (GSH/GST) and release cytotoxic NO and a PARP inhibitor in the target cancer cell. The high levels of GSH/GST are often a feature of cancer cells. The compound is predicted to have strong synergy with other anticancer therapeutics.

Potential Commercial Applications

- Cancer therapeutics.
- Cancer therapeutics in combination with other anticancer therapies.

Competitive Advantages: Combination of DNA damaging agent and DNA repair inhibitor in one molecule has advantage over both individual drug treatments.

Development Stage

- Prototype.
- Early-stage.
- Pre-clinical.
- In vitro data available.

Inventors: Anna E. Maciag, Larry K. Keefer, and Joseph E. Saavedra (NCI).

Publication: PARP Inhibitor/NO Donor Dual Prodrugs as Anticancer Agents, manuscript in preparation.

Intellectual Property: HHS Reference No. E–220–2011/0—U.S. Patent Application No. 61/549,862 filed 21 Oct 2011.

Related Technologies

- HHS Reference No. E–093–1996/3—U.S. Patent No. 6,610,660 issued 26 Aug 2003.
- HHS Reference No. E–025–2010/0—PCT Application No. PCT/US2010/056446 filed 12 Nov 2010, which published as WO 2011/060215 on 19 May 2011

Licensing Contact: Betty B. Tong, Ph.D.; (301) 594–6565; *tongb@mail.nih.gov*.

Small Molecule Drugs for Treatment of Ataxia Telangiectasia or DNA Damage

Description of Technology: Ataxia telangiectasia (A–T) is a rare neurodegenerative disease that is caused by mutations in the Ataxia Telangiectasia Mutated (ATM) gene, which is the chief activator of the cellular response to double stranded DNA breaks. Defects in this gene can lead to abnormal cell death, particularly in the brain and in the immune system, and the disease is also characterized by hypersensitivity to radiation and other DNA-damaging agents, as well as a predisposition to lymphoma. There is currently no effective treatment for this disease.

Investigators at the National Human Genome Research Institute (NHGRI) have shown that ATM-null cells treated with rottlerin, a small molecule protein kinase inhibitor, respond to double stranded DNA breaks by activating an