NIH Ref. No.	Patent application No.	Filing date	Issued patent no. (*if any*)
NIH Ref. E–155–2005/3–CA–05	2604909	April 11, 2006	
NIH Ref. E–155–2005/3–EP–03 (CH, DE, FR, GB, and IE)	6749659.6	April 11, 2007	1877087
NIH Ref. E–155–2005/3–PCT–01	PCT/US2006/1331	April 11, 2006	(Expired)
NIH Ref. E–155–2005/3–US–02	11/918,557	October 11, 2006	7,691,579

to Georgia Health Sciences University Research Institute, Inc. having a principal place of business in Augusta, Georgia.

The United States of America is an assignee to the patent rights of these inventions.

The contemplated exclusive license may be in a field of use directed to cervical cancer vaccines.

DATES: Only written comments and/or applications for a license that are received by the NIH Office of Technology Transfer on or before August 15, 2013 will be considered.

ADDRESSES: Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Michael Shmilovich, Esq, CLP, Senior Licensing and Patent Manager, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 435–5019; Facsimile: (301) 402–0220; Email: *shmilovm@od.nih.gov.* A signed confidential disclosure agreement may be required to receive copies of patent applications assuming it has not already issued or been published under either the publication rules of either the US Patent and Trademark Office or World Intellectual Property Organization.

SUPPLEMENTARY INFORMATION:

NIH Ref. No. E–155–2005/0–3 (as Above)

The invention pertains primarily to CD8+ T cell epitopes from HPV16 E2. These epitopes generated from amino acid positions 69–77 (ALQAIELQL) and 138–147 (YICEEASVTV) bind to HLA.A2 and elicit CD8+ cytotoxic T cell responses that lyse tumor cells of low-grade cervical neoplasia (wart).

NIH Ref. No. E–126–2001/0 (as Above)

Immunogenic peptides from the HPV–18E6 (X_1KLPDLCTELX^2;, wherein X_2 and X_1 are peptides of 0–11 amino acids in length comprising contiguous HPV 18 E6 amino acid sequences) protein that comprise class I restricted T cell epitopes and methods of administering the same. The HPV–18E6 peptide cross-reacts immunologically with both HPV type 16 and HPV type 18 with higher affinity than most common human lymphocyte antigen (HLA), HLA–A2 than the homologous peptide from HPV 16. E6 peptide vaccines are potentially prophylactic or therapeutic for cervical cancer, other genital cancers, head and neck cancers, and upper digestive tract cancers. It could also be potentially used in the treatment of patients presenting with pre-malignant cervical disease, especially in underdeveloped countries with no access to surgical treatment or to completely avoid surgical treatment.

The prospective exclusive license will be royalty-bearing and comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive license may be granted unless, within thirty (30) days from the date of this published notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR part 404.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: July 9, 2013.

Richard Rodriguez,

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

[FR Doc. 2013–16949 Filed 7–15–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: Ophthalmic Diagnostic Devices

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209 and 37 CFR part 404, that the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is contemplating the grant of a worldwide exclusive start-up patent license, to practice the inventions embodied in U.S. Patent 8,132,911 (HHS Ref. No. E–279–2006/0) to OptoBiometrics Designs, Inc., a company incorporated under the laws of the State of California having its headquarters in Pleasant Hill, California. The United States of America is the assignee of the rights of the above inventions. The contemplated exclusive license may be granted in a field of use limited to ocular fundus examination devices and systems.

DATES: Only written comments and/or applications for a license received by the NIH Office of Technology Transfer on or before July 31, 2013 will be considered.

ADDRESSES: Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Michael A. Shmilovich, Esq., CLP, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 435–5019; Facsimile: (301) 402–0220; Email: *shmilovm@mail.nih.gov.* A signed confidentiality nondisclosure agreement will be required to receive copies of any patent applications that have not been published by the United States Patent and Trademark Office or the World Intellectual Property Organization.

SUPPLEMENTARY INFORMATION: The issued patent covers an optical system that permits targeted photo-stimulation of the retina by positioning a stimulus location under visual guidance through a fundus camera. The instant system is designed to elicit, under direct infrared (IR) visual control of stimulus size and position in the retina, electroretinograms (ERGs) in response to photo-stimulation from selected regions of the retina, as well as to present small light stimuli to a selected area to explore visual sensitivity properties. For example, the detected ERGs can be the basis for diagnosing or characterizing patient retina with early stage retinal disease versus healthy retina from the opposite eye. The system can be mounted on commercially available fundus cameras that have IR capabilities (or would accept IR bandpass filtering of

their retinal illumination output) and will accept a near IR CCD camera connected to a TV mounted on the photographic-camera port.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive license may be granted unless, within fifteen (15) days from the date of this published notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR part 404.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: July 9, 2013.

Richard U. Rodriguez,

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

[FR Doc. 2013–16950 Filed 7–15–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Start-Up Exclusive Evaluation Option License: Methods of Treating Giardiasis Using Available Compounds

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209 and 37 CFR part 404, that the National Institutes of Health (NIH), Department of Health and Human Services, is contemplating the grant of a start-up exclusive evaluation option license to practice the inventions embodied in U.S. provisional Applications 61/392,096 (E–211–2010/0–US–01) filed October 12, 2010 and 61/411,509 filed November 9, 2010 (E–211–2010/1–US–01); PCT application No. PCT/US2011/055902 filed October 12, 2011 (E–211–2010/2–PCT–01); US patent application No. 13/878,832 filed April 11, 2013 (E–211–2010/2–US–06); European patent application No. 11773158.8 filed May 2, 2013 (E–211–2010/2–EP–04); Canadian application No. 2,814,694 filed April 11, 2013 (E–211–2010/2–CA–03); Australia application No. 2011316657 filed April 12, 2013 (E–211–2010/2–AU–02); and Indian application No. 1137/KOLNP/2013 filed April 22, 2013 (E–211–2010/2–IN–05); each entitled ''Methods of Treating Giardiasis'' by Wei Zheng et al. to BrioMed, Inc., having a place of business at 1743 S. Westgate Ave, Los Angeles, CA 90025 USA. The patent rights in this invention have been assigned to the United States of America and the University of Maryland.

DATES: Only written comments and/or application for a license that are received by the NIH Office of Technology Transfer on or before July 31, 2013 will be considered.

ADDRESSES: Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Tedd Fenn, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Email: *Tedd.Fenn@mail.nih.gov;* Telephone: 301–435–5031; Facsimile: 301–402–0220.

SUPPLEMENTARY INFORMATION: The prospective start-up exclusive evaluation option license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR part 404. The prospective start-up exclusive evaluation option license may be granted unless, within fifteen (15) days from the date of this published Notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR part 404.

This technology includes a group of at least twenty-nine, diverse, commercially available compounds that are newly identified for activity against Giardia lamblia parasites. At least six of the candidate compounds, Bortezomib, Decitabine, Hydroxocobalamin, Amlexanox, Idarubicin, and Auranofin have preexisting FDA approval for human use for other (non-Giardia) conditions. Another three compounds, Fumagillin, Nitarsone and Carbadox have preexisting approval for veterinary use for non-Giardia conditions. Additional active compounds identified include: Acivicin, Riboflavin butyrate, BTO–1, GW9662, Dinitroph-dfgp, Deserpidine, Tetramethylthiuram disulsulfide, Disulfiram, Mitoxantrone, Ecteinascidin 743, 17-allyaminogeldanamycin, Carboquone and Nocodazole. The anti-Giardial activity of these compounds presents a cost saving opportunity for the rapid development of new, better tolerated treatments for the most prevalent human intestinal parasite infection in the United States and the world.

The proposed field of exclusivity may be limited to therapeutics for treatment of Giardia infection in mammals.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: July 9, 2013.

Richard U. Rodriguez,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 2013–16948 Filed 7–15–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

Cooperative Research and Development Agreement (CRADA) Opportunity With the Department of Homeland Security for the Development of a Foot-and-Mouth Disease 3ABC ELISA Diagnostic Kit; Correction

AGENCY: Science and Technology Directorate, Plum Island Animal Disease Center, Department of Homeland Security.

ACTION: Notice of intent; correction.

SUMMARY: The Department of Homeland Security Science and Technology Directorate (DHS S&T), through its Plum Island Animal Disease Center (PIADC), published a document in the **Federal Register** of May 16, 2013, seeking industry collaborators to aid DHS S&T in developing and validating an ELISA diagnostic kit for detection of Foot and Mouth Disease Virus (FMDV) non-structural proteins. The document did not specify dates for when the submission of proposals are due.

FOR FURTHER INFORMATION CONTACT: Angela Ervin, 202–254–5624.

Correction

In the **Federal Register** of May 16, 2013, in FR Doc. DHS–2013–0036, on page 1, in the third column, correct the **DATES** caption to read:

DATES: Submit proposals on or before August 8, 2013.

Correction

In the **Federal Register** of May 16, 2013, in FR Doc. DHS–2013–0036, on