and system capacity to improve early childhood services in their States.

This information will supplement and enhance the MCHB's current data collection efforts by providing a quantifiable, standardized, systematic mechanism for collecting information across the funded implementation grantees. For the 2005 cohort of implementation grantees, the MDS will be administered once in 2006 to gather baseline data, and again in the second year of implementation (2007) to gather follow-up data on progress made. For the 2006 cohort of grantees, the MDS will be administered once in 2007.

Respondents: The SECCS implementation grantees (Title V agencies) funded in 2005 and 2006 will be the primary respondents of the instrument. Approximately 60 implementation grantees will respond to the MDS. The estimated response burden is as follows:

Cohort	Number of respondents	Responses per respondent	Hours per response	Total hour burden
2005 Cohort	18	*2	2	72
2006 Cohort	42	1	2	84
Total	60			156

*Data will be collected once in 2006 and once in 2007.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 23, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–10272 Filed 6–29–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Fogarty International Center CareerTrac

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Fogarty International Center (FIC), the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on February 14, 2006, page 7780–7781, and allowed 60-days for public comment. No comments were received from this notification regarding the cost and hour burden estimates. One comment was received suggesting that the Federal Government should not be funding international work until all Amercians are cared for. We note that through partnerships in training and research with scientists from around the world, including those in developing countries, we are able to identify new strategies and new understandings of disease processes, including for AIDS, TB, and chronic diseases such as heart disease, that affect all Americans. The purpose of this announcement is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: Fogarty International Center CareerTrac.

Type of Information Collection Request: New.

Need and Use of Information Collection: This data collection system is being developed to track, evaluate and report short and long-term outputs, outcomes and impacts of international trainees involved in health research training programs specifically tracking this for at least ten years following training by having trainees enter their own data after they have completed the program. The data collection system provides a streamlined, Web-based application permitting principal investigators to record career achievement progress by trainee on a voluntary basis. FIC management will use this data to monitor, evaluate and adjust grants to ensure desired outcomes are achieved, comply with OMB PART requirements, respond to congressional inquiries, and as a guide to inform future strategic and management decisions regarding the grant program.

Frequency of Response: Annual and periodic.

Affected Public: None.

Type of Respondents: Principal Investigators funded by Fogarty International Center.

The annual reporting burden is as follows:

Estimated Number of Respondents: 150.

Estimated Number of Responses per Respondent: 15.

Average Burden Hours per Response: 50; and

Estimated Total Annual Burden Hours Requested: 1125.

The annualized cost to respondents is estimated at $87,939. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) 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) 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) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to 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.

Direct Comments to OMB: 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: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503.

Attention: Desk Office NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and

instruments, contact Dr. Linda Kupfer, Fogarty International Center, National Institutes of Health, 16 Center Drive, Building 16, Bethesda, MD 20892–6705 or call non-toll-free number 301–496–3288 or e-mail your request, including your address to *kupferl@mail.nih.gov*.

Comments Due Date: 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: June 21, 2006.

Richard Miller,

Executive Officer, FIC, National Institutes of Health.

[FR Doc. 06–5883 Filed 6–29–06; 8:45 am]

BILLING CODE 4140–01–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.

A New Mouse Monoclonal Antibody Against Human Microphthalmia Transcription Factor (MITF)

Description of Technology: Micropthalmia Transcription Factor (MITF) plays an important role in melanocyte development and melanoma growth. MlTF is important for embryonic development, regulating the generation of pigment cells and formation of melanomas and other tumors. MITF is made in various isoforms that may play unique roles for different organs during different developmental periods. Additionally, tissue MITF levels can serve as a molecular marker for the diagnosis of metastatic melanoma and therapeutic response.

This technology involves the generation of several novel mouse monoclonal antibodies against a sub-domain of an MITF fragment that is cleaved during cell death. Importantly, these antibodies cross-react with human MITF. The antibody was raised by immunizing mice that are incapable of producing the MITF sub-domain used as the antigen. Three (3) different ''clones'' of these antibodies are currently available and their corresponding hybridoma names are 6A5 (IgG1), 1D2 (IgG2a) and 3D1 (IgG2a).

Applications: (1) Novel mouse monoclonal antibodies specific to a domain of MITF as research material; (2) Novel mouse monoclonal antibodies that cross react with human MITF.

Market: The currently commercially available MITF monoclonal antibodies recognize a particular domain of MITF. These have been made available by several companies including Neomarkers, Abcam, Biomeda Corporation, and Calbiochem.

This antibody reacts with a different sub-domain of MITF and cross reacts with human MITF.

Development Status: The technology is ready for the market.

Inventors: Dr. Heinz Arnheiter, Mr. Wenfang Liu and Dr. Hideki Murakami.

Relevant Publications Related to MITF:

1. LA Garraway, HR Widlund, MA Rubin, G Getz, AJ Berger, S Ramaswamy, R Beroukhim, DA Milner, SR Granter, J Du, C Lee, SN Wagner, C Li, TR Golub, DL Rimm, ML Meyerson, DE Fisher, WR Sellers. ''Integrative genomic analyses identify MITF as a lineage survival oncogene amplified in malignant melanoma.'' Nature 2005 Jul 7;436(7047):117–122.

2. SR Granter, KN Weilbaecher, C Quigley, DE Fisher. ''Role for microphthalmia transcription factor in the diagnosis of metastatic malignant melanoma.'' Appl Immunohistochem Mol Morphol. 2002 Mar; 10(1):47–51.

Patent Status: HHS Reference No. E–228–2006/0—Research Material

Availability: The inventor is no longer accepting requests for the antibody; it will now be solely available via a Biological Material License (BML).

Licensing Contact: David A. Lambertson, PhD.; 301/435–4632; *lambertsond@od.nih.gov.*

Diamidine Inhibitors of Tdp1 as Anti-Cancer Agents

Description of Technology: Available for licensing and commercial development are methods and compositions for treating cancer, using novel compounds derived from diamidine. Diamidine and its derivatives are potent inhibitors of tyrosyl-DNA-phosphodiesterase (Tdp1), which may be useful in chemotherapy.

Camptothecins are effective Topoisomerase I (Top1) inhibitors, and two derivatives (Topotecan® and Camptosar®) are currently approved for treatment of ovarian and colorectal cancer. Camptothecins damage DNA by trapping covalent complexes between the Top1 catalytic tyrosine and the 3'-end of the broken DNA. Tdp1 repairs Top1-DNA covalent complexes by hydrolyzing the tyrosyl-DNA bond. Thus, the presence and activity of Tdp1 can reduce the effectiveness of camptothecins as anti-cancer agents. In addition, Tdp1 repairs free-radical-mediated DNA breaks.

Inhibition of Tdp1 using diamidine or its derivatives, may reduce repair of DNA breaks and increase the rate of apoptosis in cancer cells. In addition, diamidine derivatives have the potential to enhance the anti-neoplastic activity of Top1 inhibitors, by reducing repair of Top1-DNA lesions through inhibition of Tdp1.

Development Status: Pre-clinical stage.

Inventors: Yves Pommier and Christophe Marchand (NCI).

Publications:

1. Z Liao et al. ''Inhibition of human Tyrosyl-DNA Phosphodiesterase (Tdp1) by aminoglycoside antibiotics and ribosome inhibitors.'' Mol Pharmacol. 2006 Apr 17; Epub ahead of print, doi:10.1124/mol.105.021865.

2. Y Pommier. ''Camptothecins and topoisomerase I: a foot in the door. Targeting the genome beyond topoisomerase I with camptothecins and novel anticancer drugs: importance of DNA replication, repair and cell cycle checkpoints.'' Curr Med Chem Anticancer Agents. 2004 Sep; 4(5):429–34. Review.

3. Y Pommier et al. ''Repair of and checkpoint response to topoisomerase I mediated DNA damage.'' Mutat Res. 2003 Nov 27;532(1–2):173–203. Review.

Patent Status: U.S. Provisional Application No. 60/786,604 filed 27 Mar 2006 (HHS Reference No. E–165–2006/0-US–01).

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

Licensing Contact: David A. Lambertson, PhD.; 301/435–4632; *lambertsond@od.nih.gov.*