accessible (e.g., lymphocytic alveolitis amenable to inhalation therapy).

It is anticipated that the commercial collaborator will participate in ongoing studies to determine whether modifying ADP-ribosyltransferase activity and cell surface ADP-ribosylation can affect the immune system (e.g., mononuclear cell function) and cardiac skeletal and muscle function, and hence the progression of some hematological, pulmonary, cardiac, and musculoskeletal diseases. It is expected that the collaborator will assist in the development of specific inhibitors. These would be focussed on the structure of known NAD-binding sites that participate in ADP-ribosylation reactions, taking into account the facts that a cell surface enzyme is being targeted and the enzyme is preferentially located on lymphocytes, and cardiac and skeletal muscle. In diseases of the pulmonary system characterized by lymphocytic infiltration, one route for selective targeting of the transferase may involve the use of inhalation therapies that minimize systemic toxicity. Collaborator may also be expected to contribute funding for supplies and personnel to support this project. The NHLBI has applied for patents, both domestic and foreign, claiming this core technology. Non-exclusive and/or exclusive licenses for these patents covering core aspects of this project are available to interested parties.

Capability statements should be submitted to: Ms. Lili M. Portilla, Technology Transfer Specialist, National Institutes of Health, National Heart, Lung, and Blood Institute, Technology Transfer and Commercialization Team, 31 Center Drive MSC 2490, Room 31/5A48 Bethesda, MD 20892–2490. Capability statements must be received by NHLBI 30 days after date of publication in the Federal Register.

Dated: February 1, 1996

Claude Lenfant,

Director, NHLBI.

[FR Doc. 96–3179 Filed 2–12–96; 8:45 am]

BILLING CODE 4140–01–M

Government-Owned Inventions; Notice of Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The invention listed below is owned by the Department of Health and Human Services and is 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.

U.S. Patent 4,405,712, issued on September 20, 1983 and entitled ''LTR Vectors''—This patent broadly claims processes of obtaining the expression of any gene via the use of retroviral expression vectors containing long terminal repeat (LTR) sequences. The processes claimed in this patent are of fundamental significance for the retroviral mediated expression of genes *in vitro* for research and biopharmaceutical production and *in vivo* for research, biopharmaceutical production, and therapeutic applications such as somatic cell gene therapy. The invention claimed in this patent is available for licensing on a nonexclusive basis.

Favorable licensing terms will be offered to companies filing a license application within three months of the publication of this notice. After that deadline May 13, 1996, licensing fees will be increased.

ADDRESSES: Licensing information may be obtained by writing to: George H. Keller, Ph.D., Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804 (telephone 301/496–7057; fax: 301/402–0220).

Dated: February 5, 1996.

Barbara M. McGarey,

Deputy Director, Office of Technology Transfer.

[FR Doc. 96–3182 Filed 2–12–96; 8:45 am]

BILLING CODE 4140–01–M

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

The inventions listed below are owned by agencies 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 U.S. 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 specialist 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.

Antipsychotic Composition and Method for Treatment

Pickar, D., Litman, R.E., Potter, W.Z. (NIMH)
Filed 7 Jun 95
Serial No. 08/479,039 (CIP of 07/987,728)
Licensing Contact: Stephen Finley, 301/496–7735 ext 215

This invention comprises a novel treatment method for patients suffering from serious psychotic mental illness that offers to significantly improve the treatment of such illnesses. Conventional antipsychotic drugs are effective in improving symptoms of schizophrenia, but a significant number of patients have proven resistant to such treatments. Recently, the drug clozapine has been found effective in treating such drug-resistant patients; however, clozapine has severe toxic side effects. This newly developed treatment method, which combines the use of an α_2-adrenergic receptor antagonist with a standard antipsychotic drug, is effective in treating psychosis without serious side effects. It is especially effective in patients who previously had been resistant to treatment with standard antipsychotic drugs alone. (portfolio: Central Nervous System—Therapeutics, psychotherapeutics, antipsychotics)

Amino Acid Sequencing Peptides and Methods for Their Use

Parmelee, D.C., Sechi, S. (NCI)
Filed 6 Feb 95
Serial No. 08/384,212 (DIV of 07/920,130)
Licensing Contact: J. Peter Kim, 301/496–7056 ext 264

The present invention provides a novel internal standard for amino acid sequencing which consist of a peptide containing at least two different unnatural amino acid residues, such as ornithine, norvaline, norleucine and α-aminobutyric acid. The PTH-derivatives of these have retention times distinct from those of natural amino acids. This peptide can be sequenced simultaneously with an unknown peptide or protein without interfering with the analysis. Simultaneous sequencing of this standard provides information which allows for the determination of repetitive yields, lags, N-terminal blockage and discrimination between blank cycles caused by missed injection and blank cycles caused by faulty delivery of chemicals during the sequencing reactions. (portfolio: Gene-

Based Therapies—Research Tools and Reagents)

4′-and 4′,4″-Substituted-3α(Diphenylmethoxy)Tropane Analogs as Cocaine Therapeutics

Newman, A.H., Allen, A.C., Kline, R.H., Izenwasser, S., Katz, J.L. (NIDA)
Filed 21 Jun 95
Serial No. 60/000,378
Licensing Contact: Leopold J. Luberecki, Jr., 301/496–7735 ext 223

The invention provides a series of 4′- and 4′,4″-substituted benztropine analogs that demonstrate high affinity binding (K_1<30nM) to the dopamine transporter and bind selectively (>100-fold) over the other monoamine transporters. These compounds block dopamine reuptake *in vitro* and yet do not demonstrate a cocaine-like behavioral profile in animal models of psychomotor stimulant abuse. Structure-Activity Relationships suggest that these compounds interact at a binding domain that differs from that of cocaine at the dopamine transporter. These compounds represent an unprecedented class of dopamine uptake inhibitors that may have potential as cocaine-abuse therapeutics, since they have neurochemical similarities to cocaine and yet do not appear to have abuse liability. Further, radiolabeled analogs will be suitable for imaging the dopamine transporter in mammalian brain using SPECT and PET and thus would be useful in the diagnoses and monitoring of neurodegenerative disorders involving the dopaminergic system (e.g., Parkinson's disease). In addition, the invention provides pharmaceutical compositions comprising an analog of the invention and a pharmaceutically acceptable carrier excipient. (portfolio: Central Nervous System—Therapeutics, psychotherapeutics, drug dependence; Central Nervous System—Therapeutics, neurological, antiparkinsonian)

Alzheimer's Disease Index (ADI)

Alkon, D.L. (NINDS)
Filed 26 Sep 95
DHHS Reference No. E–092–93/2
Licensing Contact: Stephen Finley, 301/496–7735 ext 215

Under currently available technology, Alzheimer's disease can only be presumptively diagnosed by pathological examination of brain tissue during autopsy in conjunction with a clinical history of dementia. The present invention provides a highly reliable laboratory method of identifying Alzheimer's disease in a patient. The method consists of: measuring the presence or absence of a specific potassium channel, measuring the effect of potassium channel blockers specific for the 113 pS potassium channel on intracellular calcium levels, measuring the increase of intracellular calcium in response to an activator of intracellular calcium release in the cells of a patient, and measuring the amount of the G-protein, cp20. An index calculated on the basis of any two of these four tests identifies Alzheimer's disease with very high sensitivity and specificity (n=100, initial sample) in comparisons between Alzheimer's disease patients and other non-Alzheimer's dementias as well as age-matched controls. (portfolio: Central Nervous System—Diagnostics, *in vitro*, other).

Dated: February 6, 1996.

Barbara M. McGarey,

Deputy Director, Office of Technology Transfer.

[FR Doc. 96–3184 Filed 2–12–96; 8:45 am]

BILLING CODE 4140–01–M

National Institute of Allergy and Infectious Diseases; Notice of Meeting: Chronic Fatigue Syndrome Interagency Coordinating Committee; Public Meeting

Notice is hereby given of the public meeting of the Chronic Fatigue Syndrome (CFS) Interagency Coordinating Committee, Department of Health and Human Services, on April 10, 1996 at the William H. Natcher Conference Center, Room E1/2, 45 Center Drive, Bethesda, MD.

The meeting will be open to the public from 1:00 p.m. to 4:00 p.m., on April 10, to discuss the current CFS activities and future plans of the various member agencies. It will be chaired by the Assistant Secretary for Health. During the meeting there will be an opportunity for interested persons to present information and views on issues related to CFS. Attendance by the public will be limited only by space available.

If you plan to attend the meeting, please provide your name, organization, address, telephone and FAX numbers to Dr. John La Montagne, Co-Chair, Chronic Fatigue Syndrome Interagency Coordinating Committee, Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Solar Building, Room 3A18 MSC 7630, Bethesda, MD 20892–7630. Telephone: 301–496–1884, FAX: 301–480–4528. If you also plan to make a presentation, please notify Dr. La Montagne. The time available will be allocated among the individuals who request an opportunity for a presentation (limited to five minutes). Formal written statements (five copies) may be presented to the Chair on the day of the meeting for inclusion in the minutes.

Dated: January 22, 1996.

Anthony S. Fauci,

Director, NIAID, NIH.

[FR Doc. 96–3206 Filed 2–12–96; 8:45 am]

BILLING CODE 4140–01–M

National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Allergy and Infectious Diseases Special Emphasis Panel (SEP) meeting:

Name of SEP: National Cooperative Drug Discovery Groups for the Treatment of Opportunistic Infection in AIDS.

Date: March 25–27, 1996.

Time: 8:30 a.m.

Place: Holiday Inn Gaithersburg, 2 Montgomery Village Avenue, Gaithersburg, MD 20879, (301) 948–8900.

Contact Person: Dr. Vassil Georgiev, Scientific Review Adm., 6003 Executive Boulevard, Solar Bldg., Room 4C04, Bethesda, MD 20892–7610, (301) 496–8206.

Purpose/Agenda: To evaluate grant applications.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Programs Nos. 93.855, Immunology, Allergic and Immunologic Diseases Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health.)

Dated: February 8, 1996.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 96–3180 Filed 2–12–96; 8:45 am]

BILLING CODE 4140–01–M

National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Allergy and Infectious Diseases Special Emphasis Panel (SEP) meeting: