National Library of Medicine; Notice of Meetings of the Board of Regents and the Extramural Programs Subcommittee

Pursuant to Pub. L. 92–463, notice is hereby given of the meeting of the Board of Regents of the National Library of Medicine on May 23–24, 1995, in the Board Room of the National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland. The Extramural Programs Subcommittee will meet on May 22 in Conference Room B, Building 38A, from 2 p.m. to approximately 3:30 p.m., and will be closed to the public.

The meeting of the Board will be open to the public from 9 a.m. to approximately 4:30 p.m. on May 23 and from 9 a.m. to adjournment on May 24 for administrative reports and program discussions. Attendance by the public will be limited to space available. Individuals who plan to attend and need special assistance, such as sign-language interpretation or other reasonable accommodations, should contact Mrs. Karin Colton at 301–496–4621 two weeks before the meeting.

In accordance with provisions set forth in secs. 552b(c)(4), 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92–463, the entire meeting of the Extramural Programs Subcommittee on May 22 will be closed to the public from 2 p.m. to approximately 3:30 p.m., and the regular Board meeting on May 23 will be closed from approximately 4:30 p.m. to 5 p.m. for the review, discussion, and evaluation of individual grant applications. These applications and the discussion could reveal confidential trade secrets or commercial property, such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Mr. Robert B. Mehnert, Chief, Office of Inquiries and Publications Management, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland 20894, Telephone Number: 301–496–6308, will furnish a summary of the meeting, rosters of Board members, and other information pertaining to the meeting.

(Catalog of Federal Domestic Assistance Program No. 93.879—Medical Library Assistance, National Institutes of Health.)

Dated: March 27, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 95–7992 Filed 3–30–95; 8:45 am]

BILLING CODE 4140–01–M

National Institute of Neurological Disorders and Stroke; Notice of Meeting, Board of Scientific Counselors

Pursuant to Pub. L. 92–463, notice is hereby given of the meeting of the Board of Scientific Counselors, National Institute of Neurological Disorders and Stroke, Division of Intramural Research, on June 4–6, 1995, at the National Institutes of Health, Medical Board Room, Building 10, Rm. 2C116, 9000 Rockville Pike, Bethesda, Maryland, 20892.

This meeting will be open to the public from 8:30 a.m. to 12:20 p.m. and from 1:30 p.m. to 5:00 p.m. on June 5th, and from 8:30 a.m. to 2:10 p.m. on June 6th, to discuss program planning and program accomplishments. Attendance by the public will be limited to space available.

In accordance with the provisions set forth in section 552b(c)(6), Title 5, U.S.C. and section 10(d) of Pub. L. 92–463, the meeting will be closed to the public from 8 p.m. to 10 p.m. on June 4th and from 2:10 p.m. until adjournment on June 6th, for the review, discussion and evaluation of individual programs and projects conducted by the NINDS. The programs and discussions include consideration of personnel qualifications and performances, the competence of individual investigators and similar items, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

The Freedom of Information Coordinator, Ms. Mary Whitehead, Federal Building, Room 1012, 7550 Wisconsin Avenue, Bethesda, MD 20892, telephone (301) 496–9231 or the Acting Executive Secretary, Dr. Harold Gainer, Acting Director, Division of Intramural Research, NINDS, Building 10, Room 5N214, National Institutes of Health, Bethesda, MD 20892, telephone (301) 496–4297, will furnish a summary of the meeting and a roster of committee members upon request. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact the Acting Executive Secretary in advance of the meeting.

(Catalog of Federal Domestic Assistance Program No. 13.853, Clinical Basis Research; No. 13.854, Biological Basis Research)

Dated: March 27, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 95–7991 Filed 3–30–95; 8:45 am]

BILLING CODE 4140–01–M

Opportunity For Licensing: HIV–1 Nucleocapsid Protein (p7nc) Capture Assay

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

ACTION: Notice.

SUMMARY: The National Institutes of Health (NIH), Department of Health and Human Services (DHHS), seeks licensee(s) to develop a novel immunological capture assay for the detection of human immunodeficiency virus (HIV). Scientists at the National Cancer Institute have identified a new screening assay based on the detection in biological samples of p7nc, an HIV nucleocapsid protein. The assay is free from interference by antigen-antibody complexes. Potential uses for this assay include determining the prognosis of disease in an HIV-infected person, monitoring the effectiveness of antiviral treatment, detecting HIV infection in infants born to HIV-infected mothers, and detecting and quantitating HIV in laboratory experiments, i.e., virus production, infectivity assays, neutralization assays and drug effectiveness assays. NIH intends to grant the selected firm(s) world-wide royalty-bearing license(s) to practice the inventions embodied in U.S. Patent Application Serial No. 07/967,658 from Dr. Larry O. Arthur and Dr. Louis E. Henderson entitled ''HIV Nucleocapsid Protein Capture Assay and Method of Use.'' The patent rights in these inventions have been assigned to the United States of America.

SUPPLEMENTARY INFORMATION: The current antigen capture assays for the detection of HIV–1 utilize the capsid antigen p24CA or the matrix protein p17MA. Antibodies to p24 and p17 found in HIV–1-infected persons interfere with the assays and limit their utility. The AIDS Vaccine Development Program at the National Cancer Institute-Frederick Cancer Research and Development Center has found that antibodies to p7 are not prevalent in HIV–1-infected individuals. This observation coupled with the fact that p7 is found in equal molar quantities to p24 in the virus, makes p7 an ideal candidate for an HIV antigen capture assay. A p7 capture assay has been developed and p7 assays of sera of seropositive individuals to which HIV–1 is added demonstrate that HIV–1 can be detected. Similar experiments using commercial p24 assays are negative. The assay may be used for samples containing bodily fluids, tissues, or cell culture fluid. Because the assay is capable of measuring the nucleocapsid protein concentration, which correlates

with the level of infectious HIV in an infected person, it provides a surrogate marker for AIDS progression. This simple, rapid, quantitative, inexpensive assay may be used (1) As a prognostic indicator of HIV–1 infection and progression to AIDS; (2) in monitoring the effectiveness of anti-viral treatments; (3) to determine HIV–1 infection in infants born to HIV-infected mothers; and (4) to determine if vaccinated persons are infected with HIV–1. In addition, the assay may be used to detect and quantitate HIV–1 in clinical and research laboratories such as propagation in cell culture, isolation from PBMCs, neutralization assays, drug-sensitivity assays, etc. The assay may serve as the basis for an ELISA or immunoblot kit.

The NIH seeks licensee(s), who in accordance with requirements and regulations governing the licensing of government-owned inventions (37 CFR part 404), have the most meritorious plan for the development of the assay to meet the needs of the public and with the best terms for the NIH. The criteria that NIH will use to evaluate exclusive or non-exclusive license applications will include those set forth by 37 CFR 404.7(a)(1)(ii)–(iv).

EFFECTIVE DATE: In view of the high priority for developing new drugs for the treatment of HIV infection, all proposals must be received by no later than May 30, 1995.

ADDRESSES: Requests for a summary of the technology or other questions and comments concerning the biomedical aspects of this technology should be directed to: Cindy Fuchs, J.D., Office of Technology Development, National Cancer Institute, 1003 West Seventh Street, P.O. Box B, Frederick, MD 21702–1201; Telephone 301/846–1501; Fax 301/846–6820.

Requests for a copy of the patent application, license application form, or other questions and comments concerning the licensing of this technology should be directed to: Steven M. Ferguson, Acting Chief, Infectious Disease Branch, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone 301/496–7735 ext 266; Fax 301/402–0220. A signed confidentiality agreement will be required to receive a copy of the patent application.

Dated: March 17, 1995.

Barbara M. McGarey,

Deputy Director, Office of Technology Transfer.

[FR Doc. 95–7994 Filed 3–30–95; 8:45 am]

BILLING CODE 4140–01–P

Public Health Service

Agency Forms Submitted to the Office of Management and Budget for Clearance

Each Friday the Public Health Service (PHS) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the PHS Reports Clearance Office on (202) 690–7100.

The following requests have been submitted for review since the list was last published on Friday, March 24.

1. FY 1996 Substance Abuse Prevention and Treatment Block Grant Application Format—0930–0080—Revision—Public Law 102–321 authorized block grants to States for the purpose of providing prevention and treatment services. Under provisions of the law, States may receive allotments only after an application is approved by the Secretary. This submission provides the States with the forms and instructions for their applications so they can comply with the requirements of the law and the regulations implementing the law. Only minor changes are made to facilitate electronic submission, clarify instructions and reflect phase-in of requirements in the 1992 block grant legislation. Respondents: State, Local or Tribal Government; Number of Respondents: 60; Number of Responses per Respondent: 1; Average Burden per Response: 530 hours; Estimated Annual Burden; 31,800 hours. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

2. Survey of Medical Schools to Investigate the Relationships Between Biomedical Research Funding and Specialty Choice—New—A brief survey of medical schools is proposed as part of a study of the relationship between level of funding for biomedical research and production of primary care graduates. Most data will be derived from secondary data sources: only four topics are covered in the survey. Respondents: Business or other for-profit; Not-for-profit institutions; Number of Respondents: 123; Number of Responses per Respondent: 1; Average Burden per Response: .5 hour; Estimated Annual Burden: 62 hours. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

3. National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—Regulations and Forms (45 CFR Part 60)—0915–0126—Revision—Data identifying incompetent, unprofessional and unethical physicians and health practitioners will be shared with licensing boards, professional societies, and selected health providers. These data will be used to maintain and improve health care and will be obtained from insurers, licensure boards, peer review committees, hospitals, and other providers. Respondents: Individuals or households; Business or other for-profit; Not-for-profit institutions; Federal Government; State, Local or Tribal Government. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Title	Number of respondents	Number of responses per respondent	Average burden per response
60.6 (a) Reporting Corrections of Errors and Omissions	2,800	1.04	.25 hour
60.6 (b) Reports of Revisions to Original Actions	350	1.06	.75 hour
60.7 (b) Reporting Medical Malpractice Payments	150	105.33	.75 hour
60.8 (b) Reporting Licensure Action by State Boards	125	21.02	.75 hour
60.9 (a) Reporting Privileging and Professional Society Actions	1,000	1.08	.75 hour
60.9 (c) Request for Hearings by Entities Found in Noncompliance	1	1	8 hours
60.10 (a)(1) Hospital Queries on Applicants; 60.11(a)(1) Other Hospital Queries; 60.11 (a)(6) Queries for Professional Review.	7,200	38.33	.08 hour per name
60.10 (a)(2) Biennial Queries by Hospitals	6,000	186.83	.08 hour per name
60.11 (a)(2) Practitioner Queries	29,000	1	.25 hour
60.11(a)(3) State Licensure Board Queries	70	171	.08 hour
60.11(a)(4) Queries by Nonhospital Health Care Entities	1,860	139.78	.08 hour