approved collection; *Title of Information Collection:* Statement of Deficiencies and Plan of Correction; *Form No.:* HCFA–2567–A; *Use:* This Paperwork package provides information regarding deficiencies for Organ Procurement Organizations (OPO) as well as deficiencies noted during periodic facility and laboratory certification surveys. This information is used to make decisions concerning OPO redesignation, certification/recertification of health care facilities participating in the Medicare/Medicaid Programs, and laboratories regulated by CLIA. *Frequency:* Annually and Biennially; *Affected Public:* State, Local or Tribal Governments, Business or other for-profit, Not-for-profit institutions, and Federal Government; *Number of Respondents:* 49,200; *Total Annual Responses:* 98,400; *Total Annual Hours Requested:* 196,800.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Date: August 28, 1996.

Edwin J. Glatzel,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96–22714 Filed 9–5–96; 8:45 am]

BILLING CODE 4120–03–P

National Institutes of Health

Opportunity for a Cooperative Research and Development Agreement

National Heart, Lung and Blood Institute (NHLBI); Opportunity for a Cooperative Research and Development Agreement (CRADA) for the development of different therapeutic modalities to raise plasma concentrations of the enzyme lecithin cholesterol acyltransferase (LCAT) for the treatment of atherosclerosis and LCAT deficiency.

AGENCY: National Institutes of Health, PHS, HHS.

ACTION: Notice.

SUMMARY: In humans, the development of atherosclerosis is positively and inversely correlated with the plasma levels of low density lipoproteins (LDL) and high density lipoproteins (HDL) respectively. LCAT, the major enzyme involved in the esterification of free cholesterol present in circulating plasma lipoproteins, is a major determinant of plasma HDL concentrations. Recent studies have established that transgenic rabbits overexpressing human LCAT have 6–7 fold higher plasma HDL levels than control, non-transgenic siblings. In addition, LCAT transgenic rabbits have reduced plasma concentrations of the atherogenic LDL and apoB-containing lipoproteins. This lipoprotein phenotype characterized by elevated plasma HDL and reduced LDL levels leads to marked protection against the development of diet-induced atherosclerosis in LCAT transgenic rabbits compared to control animals.

The NHLBI of the NIH is seeking capability statements from parties interested in entering into a CRADA on the development of different therapeutic modalities to raise plasma concentrations of the enzyme lecithin cholesterol acyltransferase (LCAT) for the treatment of atherosclerosis and LCAT deficiency. This project is with the Molecular Disease Branch, National Heart Lung and Blood Institute, National Institutes of Health, Bethesda, Maryland. The goals are to use the respective strengths of both parties to achieve one or more of the following:

(1) Evaluate the feasibility of gene therapy utilizing the LCAT gene and suitable vectors as a treatment approach for the prevention of atherosclerosis in animal models as well as patients with premature cardiovascular disease; and,

(2) Evaluate the use of gene therapy to correct LCAT deficiency in LCAT knockout mice models systems and patients with LCAT deficiency; and,

(3) Develop and evaluate the anti-atherogenic properties of pharmacological agents that raise plasma concentrations of LCAT.

It is anticipated that the commercial collaborator(s) will participate in ongoing studies on one or both of the research projects involving (1) the transfer of the human LCAT gene in animal models and patients with atherosclerosis or LCAT deficiency and (2) the development of pharmacologic agents that will increase plasma concentrations of LCAT. It is highly desirable that the collaborator have the resources to provide new effective vectors for the long term *in vivo* expression of the LCAT gene. The collaborator may also be expected to contribute financial support under this CRADA for supplies and personnel to support these projects.

CRADA capability statements should be submitted to Ms. Lili Portilla, Technology Transfer Specialist, National Heart, Lung, and Blood Institute, Technology Transfer and Commercialization Team, 31 Center Drive MSC 2490, Bldg. 31/Room 1B32, Bethesda, Maryland 20892–2490, Phone: (301) 402–5579, Fax: (301) 594–3080. Capability statements must be received by the NHLBI on or before October 7, 1996.

The NHLBI has applied for patents claiming this core technology. Non-exclusive and/or exclusive licenses for these patents covering core aspects of this project are available to interested parties. Licensing inquiries regarding this technology should be referred to Ms. Carol Lavrich, Licensing Specialist, NIH Office of Technology Transfer, 6011 Executive Blvd., Suite 325, Rockville, Maryland, 20852–3804, Phone: (301) 496–7735, Ext. 287, Fax: (301) 402–0220.

Dated: August 29, 1996.

Sheila Merritt,

Executive Officer, NHLBI.

[FR Doc. 96–22758 Filed 9–5–96; 8:45 am]

BILLING CODE 4140–01–M

National Library of Medicine; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Board of Regents, National Library of Medicine, September 24–25, 1996, Board Room of the National Library of Medicine, Building 38, which was published in the Federal Register on August 19, 1996. (61 FR 43066).

The meeting was to have been open to the public on September 24 from 9 a.m. to 4:30 p.m., but has been changed to be open from 9 a.m. to approximately 11:25 a.m. and 12 noon to approximately 4:15 p.m. The meeting was to have been closed to the public on September 24 from 4:30 to 5 p.m., but has been changed to be closed from 11:25 a.m. to 12 noon, and from 3:45 to 4:15 p.m.

As previously announced, the meeting will be open to the public on September 25 from 9 a.m. to adjournment.

Dated: August 30, 1996.

Margery G. Grubb,

Senior NIH Committee Management Specialist.

[FR Doc. 96–22757 Filed 9–5–96; 8:45 am]

BILLING CODE 4410–01–M