10. Consortium #1 (FAU)
11. Consortium #2 (FAV)
12. Consortium #3 (FAW)
13. Consortium #4 (FAX)
14. Office of Internal Customer Support (FBA)
15. Office of Information Services (FBB)
16. Office of Financial Management (FBC)

Dated: June 8, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 00–17810 Filed 7–13–00; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Ryan White Comprehensive AIDS Resources Emergency Act of 1990-Title IV (OMB #0915–0206)—Extension

This is a request for extension of the reporting system of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Title IV as amended by the Ryan White CARE Act Amendments of 1996. It authorizes a reporting system to collect information from grantees and the service providers that are their subcontractors as governed under Section 2671 of the Public Health Service (PHS) Act (42 USC 300ff–71).

Title IV provides support for coordinated HIV services and access to research for children, youth, women, and families. It supports efforts to develop comprehensive, coordinated, culturally competent, family-centered systems of care and to provide access to research for those infected or affected by HIV infection. The Title IV program supports a broad variety of interventions in health care delivery that are designed to link clients receiving health care to other essential and supporting services and to clinical research. Grants are made to public and private non-profit health centers and other appropriate public or non-profit private entities that are linked to a comprehensive health care system. This system includes clinical research for children, youth, and women. The HIV/AIDS Bureau (HAB) within HRSA administers funds for Title IV of the CARE Act.

There are 53 grantees under Title IV's Children, Youth, Women and Families Program, with approximately 125 affiliated service providers, for a total of 178 entities who report information about the clients they serve and the services they provide. Grantees are located in 27 States, Puerto Rico and the District of Columbia.

ESTIMATED BURDEN HOURS

Form name	No. of respondents	Responses per respondent	Total responses	Hrs. per response	Total burden hours
Designation of Local Reporting Entitles Table 1A	53	1	53	.25	13.25
Local Network Profile Table 1B	178	1	178	.5	89
Person-based Demographic and Clinical Status Summary Table 2	178	1	178	30	5,340
Service Utilization Summary Table 3	178	1	178	20	3,560
Prevention, Outreach, and Education Activities Table 4	178	1	178	4	712
Total	178	1	178	54.75	9,746

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 7, 2000.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 00–17812 Filed 7–13–00; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (''the Program''), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States

Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005, (202) 219–9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A–46, Rockville, MD 20857; (301) 443–6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title XXI of the PHS Act, 42 U.S.C. 300aa–10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which will lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested after the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa–12(b)(2), requires that the Secretary publish in the **Federal Register** a notice of each petition filed. Set forth below is a list of petitions received by HRSA on January 7, 2000, through March 31, 2000.

Section 2112(b)(2) also provides that the special master ''shall afford all interested persons an opportunity to submit relevant, written information'' relating to the following:

1. The existence of evidence ''that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition,'' and

2. Any allegation in a petition that the petitioner either:

(a) ''Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Table but which was caused by'' one of the vaccines referred to in the Table, or

(b) ''Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine'' referred to in the Table.

This notice will also serve as the special master's invitation to all interested persons to submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading ''For Further Information Contact''), with a copy to HRSA addressed to Director, Bureau of Health Professions, 5600 Fishers Lane, Room 8–05, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission.

Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

List of Petitions

1. Kathy Timoteo and Montez Boyd on behalf of Cydney J. Boyd, Deceased, Torrance, California, Court of Federal Claims Number 00–0009

2. Bernadette Elkins on behalf of Jaclyn Christin Elkins, Pasadena, Texas, Court of Federal Claims Number 00–0014

3. Kathy and Dan Cassidy on behalf of Shane Cassidy, Vienna, Virginia, Court of Federal Claims Number 00–0017

4. Katie and Ralph Hallenborg on behalf of Eric Miles Hallenborg, Vienna, Virginia, Court of Federal Claims Number 00–0019

5. Cheryl Pisano, Ocala, Florida, Court of Federal Claims Number 00–0019

6. Jessica and Scott Phillips on behalf of Cody James Phillips, Deceased, Altamont, New York, Court of Federal Claims Number 00–0024

7. Alicia B. Hicks on behalf of Melvin B. Paschal, Jr., Deceased, Atlanta, Georgia, Court of Federal Claims Number 00–0026

8. Geoffrey Dubrowsky on behalf of Daniel Dubrowsky, Red Bank, New Jersey, Court of Federal Claims Number 00–0027

9. Mary L. and Davy B. Wildman on behalf of Nickolas B. Wildman, Butler, Pennsylvania, Court of Federal Claims Number 00–0032

10. Linda Swisher on behalf of Joshua R. McNellis, Long Beach, California, Court of Federal Claims Number 00–0033

11. Svetlana Drozdova on behalf of Dennis A. Drozdova, Brooklyn, New York, Court of Federal Claims Number 00–0041

12. Catherine Anne Scully-Luderer, Encino, California, Court of Federal Claims Number 00–0042

13. Lisa and David Masha on behalf of Travis Masha, Grosse Pointe, Michigan, Court of Federal Claims Number 00–0044

14. Barbara Aiello-Fallon on behalf of William Gabriel Fallon, Staten Island, New York, Court of Federal Claims Number 00–0045

15. Elizabeth Feather on behalf of Shae Feather, Boston, Massachusetts, Court of Federal Claims Number 00–0047

16. Andrea Shaffer and Timothy Hawthorne on behalf of Matthew Aubrey Shaffer, Harker Heights, Texas, Court of Federal Claims Number 00–0052

17. Lucinda Valdovi Montano on behalf of Joanne Montano, Los Angeles, California, Court of Federal Claims Number 00–0058

18. Deann and Joseph Comiskey on behalf of Jaclynne R. Comiskey, Deceased, Albuquerque, New Mexico, Court of Federal Claims Number 00–0060

19. Luann Parker, Cincinnati, Ohio, Court of Federal Claims Number 00–0072

20. Barbara and Jerry Pharr on behalf of Shelia Pharr, Lincolnton, North Carolina, Court of Federal Claims Number 00–0079

21. Jason Coulter and Jill Bonovic on behalf of Sierra Coulter, Appleton, Wisconsin, Court of Federal Claims Number 00–0081

22. Gary Jacob on behalf of Tanya Jacob, Santa Monica, California, Court of Federal Claims Number 00–0084

23. Rosalinda and Jose Lopez on behalf of Steven Lopez, Premont, Texas, Court of Federal Claims Number 00–0088

24. Brenda Ejemai, Brooklyn, New York, Court of Federal Claims Number 00–0090

25. Letecia and Timothy Tremaine on behalf of Devine Sara Tremaine, Merrionette Park, Illinois, Court of Federal Claims Number 00–0094

26. Eileen and Robert Seemayer on behalf of Patrick Robert Seemayer, Redwood City, California, Court of Federal Claims Number 00–0095

27. Michelle Carlisle on behalf of Justin Hunter Carlisle, Houston, Texas, Court of Federal Claims Number 00–0110

28. Martha Marie Valasquez on behalf of Joseph Adam Ward, Crockett, Texas, Court of Federal Claims Number 00–0117

29. Michel Tudor on behalf of Bria Tudor, New York, New York, Court of Federal Claims Number 00–0118

30. Jennifer and Carroll Williams on behalf of Steven Paul Williams, Deceased, Iuka, Mississippi, Court of Federal Claims Number 00–0123

31. John R. Taylor, Atkinson, Nebraska, Court of Federal Claims Number 00–0126

32. Gerald W. Doffing, Polk, Wisconsin, Court of Federal Claims Number 00–0131

33. Pennie and Darrell Summers on behalf of Darrius Nathan Summers, Hyattsville, Maryland, Court of Federal Claims Number 00–0132

34. Evangelina Guzman-DeMello on behalf of Jeremy Xavier DeMello, St. Paul, Minnesota, Court of Federal Claims Number 00–0133

35. Nikki Embree on behalf of Mackenzie Embree, Independence, Missouri, Court of Federal Claims Number 00–0142

36. Norma Jean Allen, Indianapolis, Indiana, Court of Federal Claims Number 00–0145

37. George C. Lewis, Beeville, Texas, Court of Federal Claims Number 00–0146

38. Patricia A. Nash on behalf of James Todd Nash, Markham, Illinois, Court of Federal Claims Number 00–0149

39. Cindy Cairns on behalf of Mitchell Cairns, San Jose, California, Court of Federal Claims Number 00–0158

40. Margaret Althen, Boston, Massachusetts, Court of Federal Claims Number 00–0170

Claude Earl Fox,

Administrator.

[FR Doc. 00–17813 Filed 7–13–00; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institutes of Health Clinical Center, Diagnostic Radiology Department, Division of Special Procedures (NIHCC): Opportunity for Cooperative Research and Development Agreement (CRADA) in the Field of Percutaneous Soft Tissue Ablation

AGENCY: NIHCC, NIH, PHS, DHHS.

ACTION: Notice of a Cooperative Research and Development Agreement (CRADA) opportunity.

SUMMARY: The Special Procedures division of the Diagnostic Radiology Department of the National Institutes of Health Clinical Center (NIHCC) are developing a research initiative in the area of percutaneous thermal ablation technologies, including radio-frequency, microwave, ultrasound, laser, and cryotherapy. Consequently, the NIHCC is seeking one or more partners for (a) Cooperative Research and Development Agreement(s) (CRADA) to further develop applications and to study clinical applications and the engineering basis of minimally-invasive percutaneous methods of soft tissue ablation.

Currently, the NIHCC is conducting studies to develop new clinical applications for thermal ablation, including kidney tumors, adrenal tumors, and painful soft tissue tumors for palliation. The NIHCC also plans to implement studies to combine radiofrequency ablation with other treatment modalities and therapies, as well as to develop guidance and treatment planning systems for thermal ablations. Please see *www.cc.nih.gov/drd/rfa* for more information regarding the NIHCC ablation program.

Consequently, the NIHCC would like to further its research by establishing a collaborative, bench-to-bedside, basis-science initiative for investigating the potential applications of thermal ablation techniques, while refining existing ablative technologies. The collaborative effort will involve clinical refinements in ablation technology, development of novel imaging-guided techniques, and attempts to solve basis recurrent problems relating to local oncological ablative therapies. The collaboration, in part, will investigate the potential of combining new technology with existing surgical, medical, immunological, genetic, and radiation therapies.

The anticipated term of the CRADA is four(4) years.

Successful respondent(s) will be selected based upon their ability to collaborate with the NIHCC in the development of soft tissue ablation technologies.

DATES: Interested parties should submit a one-paragraph statement of interest addressing the collaborator's ability to perform the collaboration responsibilities. The statement of interest should be submitted to the NIHCC in writing no later than August 14, 2000.

ADDRESSES: Inquiries and statements of interest regarding this opportunity should be addressed to Steve Galen, Technology Development Coordinator, National Institutes of Health Clinical Center. Phone: (301) 594–4509, FAX (301) 402–2143, 6011 Executive Boulevard, Suite 511, Rockville, MD 20852.

SUPPLEMENTARY INFORMATION: A CRADA is the anticipated joint agreement to be entered into by the NIHCC pursuant to the Federal Technology Transfer Act of 1986 as amended by the National Technology Transfer and Advancement Act of 1995 (Pub. L. 104–113 (Mar. 7, 1996)) and by Executive Order 12591 of April 10, 1987.

Under a CRADA, the NIHCC can offer selected collaborators access to facilities, staff, materials, and expertise. The collaborator may contribute facilities, staff, materials, expertise and funding to the collaboration. THE NIHCC CANNOT CONTRIBUTE FUNDING. The CRADA collaborator may elect an option to an exclusive or non-exclusive license to Government intellectual property rights arising under the CRADA and may qualify as a co-inventor of new technology developed under the CRADA.

The objective of the CRADA is the rapid publication of research findings and the timely commercialization of improved diagnostic and treatment strategies in the field of soft tissue ablation.

CRADA proposals will be evaluated under the following criteria:

- Corporate research and development competencies;
- Demonstrated abilities to collaborate productively in research programs;
- Expertise in performing clinical trials and regulatory affairs;
- The nature of resources to be contributed to the collaboration;
- Key staff expertise, qualifications, and relevant experience;
- Willingness to assign technical staff to participate in on-site collaborative efforts; and
- Ability to commercialize new discoveries effectively.

It is anticipated that the role of the NIHCC under the CRADA will include the following:

- Provide expertise in thermal ablation;
- Provide expertise in ablation engineering;
- Provide input on probe, generator, and treatment algorithm design;
- Evaluate technological considerations for patient safety;
- Provide an ongoing evaluation of the technologic advances and designs of the probes;
- Develop study designs to scientifically evaluate thermal ablation concepts; and
- Provide an existing protocol or create a new protocol for the phase 1 clinical study of the resulting device, if appropriate for clinical use.

It is anticipate that the role of the CRADA Collaborator will include the following:

- Provide expertise in thermal ablation;
- Provide advice and support in ablation engineering;
- Assist in the production of a probe prototype for clinical testing; and
- Provide equipment necessary to study the probe.

Dated: June 6, 2000.

Kathleen Sybert,

Chief, Technology Development and Commercialization Branch, NCI.

[FR Doc. 00–17828 Filed 7–13–00; 8:45 am]

BILLING CODE 4140–18–M