TABLE OF TOTAL ANNUAL BURDEN HOUR(S)

Data Collection Instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response *	Annual burden hours
Scholarship Application (IHS–856)	1500	1	1500	1.00 (60 min)	1,500
Checklist (856–2)	1500	1	1500	0.13 (8 min)	195
Course Verification (856–3)	1500	1	1500	0.70 (42 min)	1050
Faculty/Employer Application (856–4)	3000	1	3000	0.83 (50 min)	2490
Justication (8567–5)	1500	1	1500	0.75 (45 min)	1125
Federal Debt (856–6)	1500	1	1500	0.13 (8 min)	195
MPH only (856–7)	25	1	25	0.83 (50 min)	21
Accept/Decline (856–8)	650	1	650	0.13 (8 min)	84
Stipend Checks (D–02)	100	1	100	0.13 (8 min)	13
Enrollment (F–02)	1,300	1	1,300	0.13 (8 min)	169
Academic Problem/Change (F–04)	50	1	50	0.13 (8 min)	6
Request Assistance (G–02)	217	1	217	0.13 (8 min)	28
Summer School (G–04)	193	1	193	0.10 (6 min)	19
Placement (H–07)	250	1	250	0.18 (11 min)	45
Graduation (H–08)	250	1	250	0.17 (10 min)	43
Site Preference (J–04)	150	1	150	0.13 (8 min)	20
Travel Reimb (J–05)	150	1	150	0.10 (6 min)	15
Status Report (K–03)	250	1	250	0.25 (15 min)	63
Preferred Assignment (K–04)	200	1	200	0.75 (45 min)	150
Deferment (L–03)	20	1	20	0.13 (8 min)	3
Total	14,305				7,234

* For ease of understanding, burden hours are also provided in actual minutes.

The annual burden hour increase from 5,390 to 7,234 hours is due to the ever increasing number of applications being received for the scholarship program. There are no capital costs, operating costs and/or maintenance costs to report for this collection of information.

Comments

Requests for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request more information on the proposed collection or to obtain a copy of the data collection instrument(s) and/or instruction(s), contact: Mr. Lance Hodahkwen, Sr., M.P.H., IHS Reports Clearance Office, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852–1601, or call non-toll free (301) 433–5938 or send via facsimile to (301) 443–2316, or send your E-mail requests, comments, and return address to: lhodahkw@hqe.ihs.gov.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before October 11, 2001.

Dated: August 31, 2001.

Michael H. Trujillo,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 01–22667 Filed 9–10–01; 8:45 am]

BILLING CODE 4160–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute: Development of Inhibitors of the Hypoxia Inducible Factor (HIF–1) Transcriptional Activation Pathway

An opportunity is available for a Cooperative Research and Development Agreement (CRADA) for the purpose of collaborating with the National Cancer Institute (NCI), Division of Cancer Treatment and Diagnosis (DCTD), Developmental Therapeutics Program (DTP), Screening Technologies Branch (STB), on further research and development of small molecule inhibitors of the Hypoxia Inducible Factor 1 (HIF–1) transcriptional activation pathway.

AGENCY: National Cancer Institute, National Institutes of Health, PHS, DHHS.

ACTION: Notice of opportunities for cooperative research and development.

SUMMARY: Pursuant to the Federal Technology Transfer Act of 1986 (FTTA, 15 U.S.C. 3710, as amended; and Executive Order 12591 of April 10, 1987), the National Cancer Institute (NCI) of the National Institutes of Health (NIH) of the Public Health Service (PHS) of the Department of Health and Human Services (DHHS) seeks a Cooperative Research and Development Agreement (CRADA) with a pharmaceutical or biotechnology company to develop novel small molecule inhibitors of the Hypoxia Inducible Factor 1 (HIF–1) transcriptional activation pathway. Any CRADA for the biomedical use of this technology will be considered. The CRADA would have an expected duration of one (1) to five (5) years. The goals of the CRADA include the rapid publication of research results and timely commercialization of products, diagnostics and treatments that result from the research. The CRADA

Collaborator will have an option to elect a non-exclusive or exclusive commercialization license to subject inventions arising under the CRADA and which are subject of the CRADA Research Plan.

ADDRESSES: Proposals and questions about this CRADA opportunity may be addressed to Dr. Bjarne Gabrielsen, Technology Transfer Branch, National Cancer Institute-Frederick, Fairview Center, Room 502, Frederick, MD 21701 (phone: 301–846–5465, fax: 301–846–6820).

Scientific inquiries should be directed to: Giovanni Melillo, M.D., DTP-Tumor Hypoxia Laboratory, Bldg 432, Rm 218, National Cancer Institute, Frederick, MD 21702 (phone 301–846–5050; FAX 301–846–6081; e-mail: *melillo@dtpax2.ncifcrf.gov*) or Robert H. Shoemaker, Ph.D., Screening Technologies Branch, Bldg 440, National Cancer Institute, Frederick, MD 21702.

EFFECTIVE DATE: Inquiries regarding CRADA proposals and scientific matters may be forwarded at any time. Confidential CRADA proposals, preferably two pages or less, must be submitted to the NCI on or before October 11, 2001. Guidelines for preparing full CRADA proposals will be communicated shortly thereafter to all respondents with whom initial confidential discussions will have established sufficient mutual interest.

SUPPLEMENTARY INFORMATION:

Technology Available

DHHS scientists within the DTP–STB Tumor Hypoxia Laboratory have developed a number of human tumor cell lines engineered to express the luciferase reporter gene in an HIF–1 dependent fashion. These engineered cell lines express high levels of luciferase when cultured under hypoxic conditions and can be used as a tool for discovering small molecules that inhibit HIF–1 transcriptional activity.

Technology Sought

Accordingly, DHHS now seeks collaborative arrangements for the joint elucidation, evaluation and development of small molecules that inhibit the HIF–1 pathway. The successful Collaborator should possess experience in the following areas at a minimum: preclinical research and drug development of HIF–1 inhibitors, performance of *in vitro* assays targeting HIF–1 transcriptional activity, development of *in vitro* and *in vivo* models targeting hypoxia induced angiogenesis. For collaborations with the commercial sector, a Cooperative Research and Development Agreement (CRADA) will be established to provide equitable distribution of intellectual property rights developed under the CRADA. CRADA aims will include rapid publication of research results as well as development of the technology toward commercialization.

The role of the National Cancer Institute-Screening Technologies Branch (STB) in this CRADA will include, but not be limited to:

1. Providing intellectual, scientific, and technical expertise and experience to the research project.

2. Providing the Collaborator with pertinent available reagents for investigation/evaluation.

3. Planning research studies and interpreting research results.

4. Publishing research results.

The role of the CRADA Collaborator may include, but not be limited to:

1. Providing significant intellectual, scientific, and technical expertise or experience to the research project.

2. Planning research studies and interpreting research results.

3. Providing technical expertise and/or financial support (*e.g.* facilities, personnel and expertise) for CRADA-related research as outlined in the CRADA Research Plan.

4. Accomplishing objectives according to an appropriate timetable to be outlined in the CRADA Collaborator's proposal.

5. The willingness to commit best effort and demonstrated resources to the research, development and commercialization of this technology.

6. The demonstration of expertise in the commercial development, production, marketing and sales of products related to this area of technology.

8. The willingness to cooperate with the National Cancer Institute in the timely publication of research results.

9. The agreement to be bound by the appropriate DHHS regulations relating to human subjects, and all PHS policies relating to the use and care of laboratory animals.

10. The willingness to accept the legal provisions and language of the CRADA with only minor modifications, if any. These provisions govern patent rights to CRADA inventions.

Dated: August 24, 2001.

Kathleen Sybert,

Chief, Technology Transfer Branch, National Cancer Institute, National Institutes of Health.

[FR Doc. 01–22793 Filed 9–10–01; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

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

ACTION: Notice.

SUMMARY: 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 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.

New Isoform of Tyrosinase-Related Protein (TRP–2) that Contains an HLA–A2 Restricted Epitope

Hung T. Khong and Steven A. Rosenberg (NCI)

DHHS Reference No. E–033–01/0 filed 19 Mar 2001

Licensing Contact: Elaine White; 301/496–7056 ext. 282; e-mail: gesee@od.nih.gov

The current invention embodies the identification of a novel mRNA splice variant of the tumor-associated antigen Tyrosinase-Related Protein 2 (TRP–2), which is expressed in most melanoma cell lines tested. The cDNA encoding this novel TRP–2 isoform is identical to a variant of TRP–2 which was previously identified by Rong-fu Wang and Steven A. Rosenberg of the NIH (DHHS Reference No. E–183–96; also available for licensing for certain fields of use) with the exception that the novel isoform contains a 99 base pair insert between exons 6 and 7, which in turn encodes a 33 amino acid sequence. Specific peptides within this 33 amino acid sequence have been identified as melanoma antigens by the inventors. These peptides elicit a cytotoxic T lymphocyte (CTL) response against melanoma cells in the context of HLA–