

the SVICP request. The SVICP request must be authorized prior to operating and reauthorized in accordance with applicable Federal requirements and/or guidelines.

6. Implementation Guidelines: DHHS Chapter 45-13 and supplementary Chapter PHS.hf: 45-13 of the General Administration Manual; the DHHS Automated Information Systems Security Program Handbook; and Appendix III to OMB Circular No. A-130; Appendix I, "Federal Agency Responsibilities for Maintaining Records About Individuals."

**RETENTION AND DISPOSAL:**

Records will be retained and disposed of in accordance with the Records Control Schedule of the Health Resources and Services Administration.

**SYSTEM MANAGER(S) AND ADDRESS:**

Director, Office of Special Programs, Health Resources and Services Administration, 5600 Fishers Lane, Room 16C-17, Rockville, Maryland 20857, or the Director's designee.

**NOTIFICATION PROCEDURE:**

Requests must be made to the System Manager.

Requests by mail: Requests for information and/or access to records received by mail must contain information providing the identity of the writer, and a reasonable description of the record desired, and whom it concerns. Written requests must contain the name and address of the requester, his/her date of birth and his/her signature for comparison purposes. Requests must be notarized to verify the identity of the requester, or the requester must certify that (s)he is the individual who (s)he claims to be and that (s)he understands that to knowingly and willfully request or acquire a record pertaining to another individual under false pretenses is a criminal offense under the Privacy Act subject to a \$5,000 fine (45 CFR 5b.5(b)(2)(ii)).

Requests in person or by telephone, electronic mail or facsimile cannot be honored.

**RECORD ACCESS PROCEDURES:**

Record access procedures are the same as notification procedures. Requesters should also provide a reasonable description of the contents of the record being sought. A parent or guardian who requests notification of, or access to, a minor's/incompetent person's medical record shall designate a family physician or other health professional (other than a family member) to whom the record, if any, will be sent. The parent or guardian

must verify relationship to the minor/incompetent person as well as his/her own identity. Records will be mailed only to the requester's address that is on file, unless a different address is demonstrated by official documentation.

**CONTESTING RECORDS PROCEDURES:**

To contest a record in the system, contact the System Manager at the address specified above and reasonably identify the record, specify the information being contested, and state the corrective action sought and the reason(s) for requesting the correction, along with supporting documentation to show how the record is inaccurate, incomplete, untimely, or irrelevant.

**RECORD SOURCE CATEGORIES:**

Sources of records include, but are not limited to, requesters and/or their representatives under the Smallpox Vaccine Injury Compensation Program, and any other sources of information or documentation submitted by any other person or entity for inclusion in a request for the purpose of determining medical or legal eligibility for, or amount of benefits and/or compensation under, the Program (e.g., Federal, State, or local government or private health care entities participating in the administration of covered countermeasures under the Declaration).

**SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:**

None.

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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Center for Scientific Review; Proposed Collection; Comment Request; Customer Satisfaction Surveys**

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for the opportunity for public comment on the proposed data collection projects, the Center for Scientific Review (CSR), the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**Proposed Collection**

*Title:* Customer Satisfaction Surveys.

*Type of Information Collection*

*Request:* Reinstatement.

*Need and Use of Information*

*Collection:* The information collected in

these surveys will be used by the Center for Scientific Review management and personnel: (1) To assess the quality of the modified operations and processes now used by CSR to review grant applications; (2) To assess the quality of service provided by CSR to our customers; (3) To examine and assess the effectiveness of the reorganization and reconfiguration of the peer review study committees based on customer input; (4) To develop new modes of operation based on customer need and customer feedback about the efficacy of implemented modifications. These surveys will almost certainly lead to quality improvement activities that will enhance and/or streamline CSR's operations. The major mechanism by which CSR will request input is through surveys. The survey for customers, i.e., past and present grant applicants, is generic, but will have slight variations tailored to the scientific subject category of each major Integrated Review Group (IRG). The next major reorganized IRGs to be evaluated consist of the Behavioral and Social Sciences peer review study sections. Surveys will be collected via Internet. Information gathered from these surveys will be presented to, and used directly by, CSR management to enhance the operations, processes, organization of, and services provided by the Center. Frequency of Response: The participants will respond once, unless there is a compelling reason for a subsequent survey.

*Affected public:* Universities, not-for-profit institutions, business or other for-profit, small businesses and organizations, and individuals.

*Type of Respondents:* Adult scientific professionals.

The annual reporting burden is as follows: It is estimated that the survey form will take 20 minutes to complete. The annual hour burden is, therefore, estimated to be 600 hours for approximately 1,800 respondents in FY 2004, 600 hours for approximately 1,800 respondents in FY 2005, 600 hours for approximately 1,800 respondents in FY 2006. Estimated costs to the respondents consist entirely of their time. Costs for time were estimated using a rate of \$40.00 per hour for principal investigators/grant applicants. The estimated annual cost burden for respondents for each year for which the generic clearance is requested is \$24,000 for FY 2004, \$24,000 for FY 2005, \$24,000 for FY 2006. No additional costs should be incurred by respondents. There will be dissemination and analysis costs for the survey originators.

*Requests for Comments:* Written comments and/or suggestions from the

public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the CSR, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond while maintaining their anonymity, including the use of automated, electronic, mechanical, or other technological collection techniques of other forms of information technology.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans, contact: Karl F. Malik, PhD., Assistant to the Deputy Director, Office of the Director, Center for Scientific Review, National Institutes of Health, Rockledge II, Rm 3016, 6701 Rockledge Drive, Bethesda, MD 20814-9692, or call non-toll free: 301-435-1114, or e-mail your request or comments, including your address to: [malikk@csr.nih.gov](mailto:malikk@csr.nih.gov).

**Comments Due Date:** Comments regarding this information collection are best assured of having their full effect if relieved within 60 days of the date of this publication.

Dated: October 24, 2003.

**Brent Stanfield,**

Acting Director, Center for Scientific Review, National Institutes of Health.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Government-Owned Inventions; Availability for Licensing**

**AGENCY:** National Institutes of Health, Public Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** The invention listed below is owned by an agency of the U.S. Government 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. 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 application 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 application.

**Enhanced Sensitivity ELISA for SARS Diagnostic**

Gary Nabel *et al.* (NIAID)

U.S. Provisional Application filed 15 Sep 2003 (DHHS Reference No. E-334-2003/0-US-01)

**Licensing Contact:** Susan Anso; 301/435-5515; [anos@mail.nih.gov](mailto:anos@mail.nih.gov).

Reagents and protocols for extremely sensitive ELISA for use as a SARS diagnostic are described. The ELISA uses recombinantly-expressed nucleoprotein (N) or spike (S) glycoprotein from the SARS coronavirus as capture antigens. As little as five (5) days after onset, detection of antibody response is possible. The ELISA described herein is more sensitive than existing technology because of the N and S proteins; existing ELISAs use formalin-inactivated whole virus or peptides.

**Inhibition of Retrovirus Gene Expression by PSF**

Andrei Zolotukhin *et al.* (NCI)

U.S. Provisional Application No. 60/484,156 filed 30 Jun 2003 (DHHS Reference No. E-224-2003/0-US-01)

**Licensing Contact:** Susan Anso; 301/435-5515; [anos@mail.nih.gov](mailto:anos@mail.nih.gov).

This technology describes methods of identifying inhibitors of retrovirus (*e.g.* HIV) gene expression, where such inhibitors are small molecules or nucleic acids. The compounds thus identified could be used as potential anti-retroviral therapeutics. The candidate agents are those that affect the interaction of human polypyrimidine tract binding protein associated splicing factor (PSF) with inhibitory sequences (INS) present in the HIV-1 genome. PSF has been shown to bind to INS present in the HIV genome, thus decreasing the levels of retrovirus gene expression like gag and env. Therefore, compounds that modulate or enhance binding of PSF to INS are potential inhibitors of retrovirus expression. The methods involve analyzing the interaction of PSF with INS and evaluating the level of retrovirus gene expression in the

presence of a candidate agent. The technology provides for PSF to be introduced into the cell using an expression vector that encodes PSF.

**Peptide Mimotopes of Lipooligosaccharide from Nontypeable Haemophilus influenzae as Vaccines**

Xin-Xing Gu (NIDCD)

U.S. Provisional Application No. 60/441,928 filed 22 Jan 2003 (DHHS Reference No. E-344-2002/0-US-01)  
**Licensing Contact:** Susan Anso; 301/435-5515; [anos@mail.nih.gov](mailto:anos@mail.nih.gov).

The invention relates to peptide mimotopes of lipooligosaccharide (LOS) from nontypeable *Haemophilus influenzae* (NTHi) that are suitable for developing a novel vaccine against the pathogen, for which there is currently no licensed vaccine. The mimotopes not only immunologically mimic LOS from NTHi but will also bind to antibodies specific for NTHi LOS. NTHi is a common pathogen that causes otitis media in children and lower respiratory tract infections in adults. The effectiveness of a vaccine could be increased by substitution of a LOS epitope with a peptide mimic. Preliminary experiments showed that the mimic peptides conjugated to a carrier were as effective as the LOS-based vaccine in stimulating a humoral immune response in rabbits. Thus, the identified peptides are promising candidates for developing a novel vaccine for NTHi.

Dated: October 24, 2003.

**Steven M. Ferguson,**

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Center for Research Resources; Notice of Meetings**

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 meetings.

The meetings will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.