awareness, concern, and knowledge related to food safety.

FDA agrees that the data from the food safety survey should be distributed publicly through peer review journal articles and though government publications. It is anticipated that for the first 6 months after collection, the data will be analyzed internally. After 6 months a summary will be produced and made available to the public. Peer reviewed journal articles are planned following the summary.

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN[1]

Questionnaire	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Pretest	27	1	27	0.5	14
Screener	10,000	1	10,000	0.0167	167
Survey	4,000	1	4,000	0.30	1,200
Nonresponse	200	1	200	0.10	20
Total					1,401

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

The burden estimate is based on FDA's experience with the 2001 survey. Prior to the survey being fielded, a small pretest of 27 individuals (each pretest lasting half an hour) will be conducted. FDA estimates that the survey will require an average of 20 minutes per respondent and that the variation in burden across respondents will be small, based on average interview times for the 2001 survey. The proposed number of respondents is 4,000, each of whom will be asked to complete a one-time telephone interview that requires no preparation time. Additionally, 200 initial nonrespondents will be asked to participate in a short version of the survey to conduct a nonresponse analysis. The screener is estimated to take 1 minute or less per response for a total screener burden of 4,000 respondents plus 6,000 ineligibles screened, taking an estimated 167 hours. The total hours reporting burden to the public is the sum of the pretest, the screener, the completed surveys, and the nonresponse surveys, resulting in an estimated public reporting burden of 1,401 hours.

Dated: May 17, 2005.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 05–10289 Filed 5–23–05; 8:45 am]

BILLING CODE 4160–01–S

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 an agency 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.

Treatment of Human Viral Infections (Resveratrol)

Drs. Steven Zeichner and Vyjayanthi Krishnan (NCI).

U.S. Provisional Application No. 60/588,013 filed 13 Jul 2004 (DHHS Reference No. E–279–2004/0–US–01).

Licensing Contact: Sally Hu; 301/435–5606; *hus@mail.nih.gov*.

This application describes the methods for treating or preventing an HIV infection by the administration of an Egr 1 activator called Resveratrol (3, 5, 4″-trihydroxystilbene) and its derivatives. It has been known that HIV, once it infects a cell, integrates into the cellular genome and can (1) rapidly undergo lytic infection, or (2) lay dormant for a period of time (latent infection). The existence of latent infected cells poses a great challenge to HIV therapy because (1) there are no good existing means that can separate the latent infected cells from the uninfected cells; (2) even when antiretroviral drugs are able to completely suppress detectable HIV replication, these latent infected cells will remain and HIV can subsequently complete the viral replication cycle to produce more virus. Since Resveratrol and its derivatives can activate lytic replication from latent infected cells via its effects on Erk1/2 signaling, Resveratrol and its derivatives may lead to therapies in which Resveratrol and/or its derivatives is given together with highly active antiretroviral therapy in an effort to decrease or eliminate the reservoir of latent infected cells with hope of perhaps eventually curing a patient of HIV infection.

Treatment of Human Viral Infections (Proteosome Inhibitors)

Drs. Steven Zeichner and Vyjayanthi Krishnan (NCI).

U.S. Provisional Application No. 60/587,810 filed 13 Jul 2004 (DHHS Reference No. E–280–2004/0–US–01).

Licensing Contact: Sally Hu; 301/435–5606; *hus@mail.nih.gov*.

This application describes the methods for treating or preventing an HIV infection by the administration of proteosome inhibitors and their derivatives. It has been known that HIV, once it infects a cell, integrates into the cellular genome and can (1) rapidly undergo lytic infection, or (2) lay dormant for a period of time (latent infection). The existence of latent infected cells poses a great challenge to HIV therapy because (1) there are no good existing means that can separate

the latent infected cells from the uninfected cells; (2) even when antiretroviral drugs are able to completely suppress detectable HIV replication, these latent infected cells will remain and HIV can subsequently complete the viral replication cycle to produce more virus. Since proteosome inhibitors can activate lytic replication from latent infected cells, proteosome inhibitors may lead to therapies in which proteosome inhibitors are given together with highly active antiretroviral therapy in an effort to decrease or eliminate the reservoir of latent infected cells with hope of perhaps eventually curing a patient of HIV infection.

Treatment of Human Viral Infections (Imatinib)

Drs. Steven Zeichner and Vyjayanthi Krishnan (NCI).

U.S. Provisional Application No. 60/588,015 filed 13 Jul 2004 (DHHS Reference No. E–281–2004/0–US–01).

Licensing Contact: Sally Hu; 301/435–5606; *hus@mail.nih.gov*.

This application describes the methods for treating or preventing a HIV infection by the administration of abl-kinase inhibitor called imatinib and its derivatives. Several available agents can inhibit HIV replication by targeting one or another viral protein, such as the viral reverse transcriptase, protease, envelope fusion process, or integrase, or by targeting the interaction of a viral component with a host cell component, for example the host cell viral receptor or co-receptor. However, HIV can readily become resistant to these drugs, and new therapeutic approaches for HIV infection are needed. The studies described in the application show that the expression of many host cell genes changes in response to HIV replication, and show that targeting one of these changes with imatinib can inhibit viral replication. Thus targeting the host cell, and making the host cell less hospitable to the virus can inhibit viral replication. The application thus describes a new agent that inhibits viral replication by acting on the host cell, which may offer new approaches to therapy for HIV infection. These approaches may be less likely to engender rapid resistance in the virus to the therapy.

Treatment of Human Viral Infections (Farnesyl Transferase Inhibitors)

Drs. Steven Zeichner and Vyjayanthi Krishnan (NCI).

U.S. Provisional Application No. 60/587,771 filed 13 Jul 2004 (DHHS Reference No. E–282–2004/0–US–01).

Licensing Contact: Sally Hu; 301/435–5606; *hus@mail.nih.gov*.

This application describes the methods for treating or preventing an HIV infection by the administration of farnesyl transferase inhibitors such as FTI277, L–744832, BMS214662, R115777 and SCH66336. It has been known that HIV, once it infects a cell, integrates into the cellular genome and can (1) rapidly undergo lytic infection, or (2) lay dormant for a period of time (latent infection). The existence of latent infected cells poses a great challenge to HIV therapy because (1) there are no good existing means that can separate the latent infected cells from the uninfected cells; (2) even when antiretroviral drugs are able to completely suppress detectable HIV replication, these latent infected cells will remain and HIV can subsequently complete the viral replication cycle to produce more virus. Since farnesyl transferase inhibitors can activate lytic replication from latent infected cells by modulating membrane-bound Ras-Rho levels, farnesyl transferase inhibitors may lead to therapies in which farnesyl transferase inhibitor is given together with highly active antiretroviral therapy in an effort to decrease or eliminate the reservoir of latent infected cells with hope of perhaps eventually curing a patient of HIV infection.

Dated: May 17, 2005.

Steven M. Ferguson,

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

[FR Doc. 05–10316 Filed 5–23–05; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

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 meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Heart, Lung, and Blood Institute Special Emphasis Panel Review of Research Projects (Cooperative Agreements) U01s.

Date: May 27, 2005.

Time: 9 a.m. to 11 a.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Valerie L. Prenger, PhD, Health Scientist Administrator, Review Branch, Room 7214, Division of Extramural Affairs, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, MSC 7924, Bethesda, MD 20892–7924, (301) 435–0270, *prengerv@nhlbi.nih.gov*.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: May 16, 2005.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 05–10327 Filed 5–23–05; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Dental and Craniofacial Research; Notice of Meeting

Notice is hereby given of a Conference on Research Training Initiatives, sponsored by the National Institute of Dental and Craniofacial Research (NIDCR).

The conference will be open to the public as indicated below, with attendance limited to space available. This meeting will also be made available by video cast at *http://videocast.nih.gov/*.

Conference Name: Research Training Initiatives.

Date: June 9, 2005.

Open: 8:30 a.m. to 5 p.m.

Agenda: The conference will focus on a variety of issues relating to research training. A significant portion of the meeting will be devoted to discussion of training of both clinician scientists and basic scientists, from building a pipeline, through undergraduate, graduate and postgraduate research training culminating in bridging to scientific independence.