accompanied by FDA senior management from the Office of the Commissioner, the Office of Policy and Planning, the Office of the Chief Counsel, the Center for Drug Evaluation and Research, and the Center for Biologics Evaluation and Research.

Persons who wish to participate in the part 15 hearing must file a written or electronic notice of oral presentation with the Division of Dockets Management (see **ADDRESSES** and **DATES**). To ensure timely handling of written submissions, any outer envelope should be clearly marked with the docket number found in brackets in the heading of this document, along with the statement ''Electronic Distribution of Package Inserts for Prescription Drug Products.'' Requests to make an oral presentation should contain the potential presenter's name and title; address; telephone and fax number; e-mail address; affiliation, if any; the sponsor of the presentation (e.g., the organization paying travel expenses or fees), if any; and a brief summary of the presentation (including the discussion topic(s) that will be addressed).

Under § 15.30(f), the hearing is informal, and the rules of evidence do not apply. No participant may interrupt the presentation of another participant. Only the presiding officer and panel members may question any person during or at the conclusion of each presentation.

Public hearings under part 15 are subject to FDA's policy and procedures for electronic media coverage of FDA's public administrative proceedings (part 10 (21 CFR part 10, subpart C)). Under § 10.205, representatives of the electronic media may be permitted, subject to certain limitations, to videotape, film, or otherwise record FDA's public administrative proceedings, including presentations by participants.

To the extent that the conditions for the hearing, as described in this document, conflict with any provisions set out in part 15, this document acts as a waiver of those provisions as specified in § 15.30(h).

VI. Requests for Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic notices of oral presentation and comments for consideration. To permit time for all interested persons to submit data, information, or views on this subject, the administrative record of the hearing will remain open until June 22, 2007. Persons who wish to provide additional materials for consideration should file these materials with the Division of Dockets Management (see **ADDRESSES**). You should annotate and organize your comments to identify the specific questions identified by topic to which they refer (see section IV of this document). Two paper copies of any mailed comments are to be submitted, except that individuals may submit one paper copy. Comments are to be identified with the docket number at the heading of this document. Received comments may be seen in Division of Dockets Management (see **ADDRESSES**) between 9 a.m. and 4 p.m., Monday through Friday.

VII. Transcripts

The hearing will be transcribed as stipulated in § 15.30(b). Transcripts of the hearing will be available for review at the Division of Dockets Management (see **ADDRESSES**) and on the Internet at *http://www.fda.gov/ohrms/dockets* approximately 21 days after the hearing. You may place orders for copies of the transcript through the Freedom of Information Office (HFI–35), Food and Drug Administration, 5600 Fishers lane, rm. 6–30, Rockville, MD 20857, at a cost of 10 cents per page.

Dated: March 27, 2007.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 07–1604 Filed 3–28–07; 1:02 pm]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Health Information National Trends Survey 2007 (HINTS 2007)

Summary: In compliance with the requirement of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), the National Institutes of Health (NIH) request a review and approval of the information listed below. The proposed information collection was previously published in the **Federal Register** on October 26, 2006 on page 62597 and allowed 60 days for public comment. One public comment was received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised or implemented on or after October 1, 1995 unless it displays a currently valid OMB control number.

Proposed Collection: Title: Health Information National Trends Survey 2007 (HINTS 2007). *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* Building on the first two rounds of HINTS data collection (*HINTS 2003:* OMB #0925–0507, *Exp. Date:* 8/31/03; and *HINTS 2005:* OMB # 0925–0538, Exp. Date 11/30/2007), HINTS 2007 will continue to provide NCI with a comprehensive assessment of the American public's current access to, and use of, information about cancer, including cancer prevention, early detection, diagnosis, treatment, and prognosis. The content of the survey will focus on understanding the degree to which members of the general population understand vital cancer prevention messages. More importantly, this NCI survey will couple knowledge-related questions with inquiries into the communication channels through which understanding is being obtained. HINTS is intended to be the foundation of NCI's effort to build on the opportunities presented by a national shift in communication context (for example, the increase in information available on the Internet and the use of email as a method of communication), and by so doing, improve the nation's ability to reduce the national cancer burden. Data will be used (1) to understand individuals sources of and access to cancer-related information; (2) to measure progress in improving cancer knowledge and communication to the general public; (3) to develop appropriate messages for the public about cancer prevention, detection, diagnosis, treatment, and survivorship; and (4) to identify research gaps and guide decisions about NCI's research efforts in health promotion and health communication. *Frequency of Response:* One time. *Affected Public:* Individuals. *Type of Respondents:* U.S. Adults. The annual reporting burden is as follows: *Estimated Number of Respondents:* 11,670; *Estimated Number of Responses per Respondent:* 1.36; *Average Burden Hours per Response:* .24; and *Estimated Total Annual Burden Hours Requested:* 3,739. The annualized cost to respondents is estimated at: $59,824. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondent	Estimated number of respondents	Frequency of response	Estimated number of responses	Average hours per response	Annual hour burden	Respondent cost**
Pilot RDD screener only	133	1	133	.0833	11	$176
Pilot RDD screener and interview	200	2	400	*.2500	100	1,600
Additional RDD screeners for advance materials test	450	1	450	.0833	37	592
Pilot mail survey	640	1	640	.3333	213	3,408
RDD screener only	2,333	1	2,333	.0833	194	3,104
RDD screener and interview	3,500	2	7,000	*.2500	1,750	28,000
Mail survey	3,500	1	3,500	.3333	1,167	18,672
Telephone screener only for mail followup	457	1	457	.0833	38	608
Telephone screener and interview for mail followup	457	2	914	*.2500	229	3,664
Total	11,670		15,827		3,739	59,824

* (0.833 + 0.4167) / 2 = 0.2500.
** Hourly wage rate = $16.00.

Request 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 function of the agency, 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, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments To OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, *Attention:* Desk Office for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Bradford W. Hesse, PhD, Project Officer, National Cancer Institute, NIH, EPN 4068, 6130 Executive Boulevard MSC 7365, Bethesda, Maryland 20892–7365, or call non-toll-free number 301–594–9904, or FAX your request to 301–480–2198, or E-mail your request, including your address, to *hesseb@mail.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: March 23, 2007.

Rachelle Ragland-Greene,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. E7–6064 Filed 3–30–07; 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, HHS.

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.

High-Level Expression and Purification of Untagged and Histidine-Tagged Human Immunodeficiency Virus type-1 (HIV–1) Reverse Transcriptase

Description of Technology: This invention includes plasmids and protocols to express and purify large quantities of histidine-tagged and untagged HIV–1 reverse transcriptase (RT). Conditions have been optimized for overexpression and purification of p66 and p51 heterodimer RT in E. coli. High-level of expression was reached as RT represented approximately 30%–40% of total cell proteins. The subject invention enables the purification of large quantities of heterodimer RT necessary for structural and kinetic studies and facilitates subunit-specific amino acid alterations essential for structure/function investigations.

Applications: Research Tool.

Development Status: In vitro data available.

Inventors: Samuel H. Wilson, Rajendra Prasad, Esther W. Hou (NIEHS).

Related Publication: EW Hou, R Prasad, WA Beard, SH Wilson. High-level expression and purification of untagged and histidine-tagged HIV–1 reverse transcriptase. Protein Expr Purif. 2004 Mar;34(1):75–86.

Patent Status: HHS Reference No. E–141–2007/0—Research Tool.

Licensing Status: Available for non-exclusive licensing as biological material and research tool.

Licensing Contact: Sally Hu, PhD; 301/435–5606; HuS@mail.nih.gov.

Methods of Determining the Prognosis of an Adenocarcinoma

Description of Technology: Available for licensing and commercial development is a novel method for determining the prognosis of a subject with adenocarcinoma in an organ, such