Dated: November 3, 2008.

**Jennifer S. Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E8–26684 Filed 11–10–08; 8:45 am]

**BILLING CODE 4140–01–M**

## 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; Career Enhancement Award (K18).

*Date:* December 3, 2008.

*Time:* 1 p.m. to 3 p.m.

*Agenda:* To review and evaluate grant applications.

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

*Contact Person:* Yingying Li-Smerin, MD, PhD, Scientific Review Officer, Review Branch/DERA, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Room 7184, Bethesda, MD 20892–7924, 301–435–0277, *lismerin@nhlbi.nih.gov.*

(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: November 4, 2008.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E8–26789 Filed 11–10–08; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Dental & Craniofacial Research; 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 a meeting of the Board of Scientific Counselors, National Institute of Dental and Craniofacial Research.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the National Institute of Dental & Craniofacial Research, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Board of Scientific Counselors, National Institute of Dental and Craniofacial Research.

*Date:* December 7–9, 2008.

*Time:* December 7, 2008, 7 p.m. to 9:30 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Building 30, 30 Convent Drive, 117, Bethesda, MD 20892.

*Time:* December 8, 2008, 8 a.m. to 8 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Building 30, 30 Convent Drive, 117, Bethesda, MD 20892.

*Time:* December 9, 2008, 8 a.m. to 2:30 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Building 30, 30 Convent Drive, 117, Bethesda, MD 20892.

*Contact Person:* Norman S. Braveman, Assistant to the Director, NIH—NIDCR, 31 Center Drive, Bldg. 31, Room 5b55, Bethesda, MD 20892, (301) 594–2089, *norman.braveman@nih.gov.*

Information is also available on the Institute's/Center's home page: *http://www.nidcr.nih.gov/about/CouncilCommittees.asp*, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: November 4, 2008.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E8–26779 Filed 11–10–08; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Prospective Grant of Exclusive License: Non-Invasive Diabetes Diagnostics

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

**ACTION:** Notice.

**SUMMARY:** This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health (NIH), a federal agency under the Department of Health and Human Services, is contemplating the grant of an exclusive worldwide license to practice the invention embodied in HHS Ref. Nos. E–091–1998 ''Method For Non-Invasive Identification Of Individuals At Risk For Diabetes;'' U.S. Patent No. 6,721,583; and HHS Ref. No. E–079–1998 ''Optical Fiber Probe and Methods for Measuring Optical Properties;'' U.S. Patent No. 6,678,541; to Eyelight Diagnostics, Inc., a corporation formed under the laws of the state of Connecticut and having a principle place of business therein. The United States of America is the assignee of the patent rights in the above inventions.

The contemplated exclusive license may be granted in a field of use limited to devices and integrated systems for non-invasive ocular clinical diagnostics for diabetes.

**DATES:** Only written comments and/or applications for a license received by the NIH Office of Technology Transfer on or before January 12, 2009 will be considered.

**ADDRESSES:** Requests for a copy of the patent applications, inquiries, comments and other materials relating to the contemplated license should be directed to: Michael A. Shmilovich, Esq., Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 435–5019; *Facsimile:* (301) 402–0220; *E-mail: shmilovm@mail.nih.gov.* A signed confidentiality nondisclosure agreement may be required to receive copies of the patent applications.

**SUPPLEMENTARY INFORMATION:** The patent applications intended for licensure disclose and/or cover the following:

**E–079–1998 ''Method For Non-Invasive Identification of Individuals at Risk for Diabetes''**

The invention describes a fiber optic probe assembly and methods of using the probe for both medical diagnostic and industrial applications. This device consists of a single light delivery source in combination with an array of light detector fibers. In use, the assembly has the ability to simultaneously acquire data from a variety of source/detector separations. The entire data set is saved in a format, for use with an appropriate mathematical model of light transport, to deduce optical properties of the test sample. The properties may be associated with the technique known as ''optical biopsy'' for diagnostic purposes. Industrial applications where a turbid mixture requires analysis can also employ the disclosed device and methods. Examples of some industrial uses would be manufacturing processes associated with pharmacology, food processing, and emulsion technology.

**E–091–1998 ''Optical Fiber Probe and Methods for Measuring Optical Properties''**

The invention pertains to a non-invasive technique for the detection of ocular pathologies, including molecular changes associated with diabetes. Raman spectra emitted from the eye that is subject to a laser probe provides information regarding early markers of diabetes or diabetes-induced ocular pathologies. The invention compares spectra taken from the subject under study to spectra from a normal subject. Multivariate statistical methods are used to obtain predictive information based on the detected spectra, and to diagnose or predict the onset or stage of progression of diabetes-induced ocular pathology.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless, within sixty (60) days from the date of this published notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: November 3, 2008.

**Richard U. Rodriguez,**

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

[FR Doc. E8–26788 Filed 11–10–08; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

**Project: Access to Recovery (ATR) Program Cross-Site Evaluation—New**

SAMHSA's Center for Substance Abuse Treatment (CSAT) is conducting a cross-site evaluation of the Access to Recovery (ATR) program. CSAT's ATR program is a competitive, discretionary grant awarded to 18 States, the District of Columbia, and five Tribal Organizations to develop and operate a voucher-based substance abuse treatment financing system. The primary focus of the ATR program is to improve access by utilizing treatment payment vouchers, to expand independent client choice of treatment providers, to expand access to both clinical treatment and recovery support services (RSS), and to increase substance abuse treatment capacity by increasing the array of faith-based and community organizations through which clinical treatment and RSS can be offered. The purpose of the cross-site evaluation is to examine how grantees implement the ATR program and the program's impact on existing treatment systems and client outcomes and to inform future policy on the development and implementation of substance abuse treatment voucher systems.

Two surveys will be administered as part of this evaluation. One survey will be administered to a sample of clients participating in the ATR program and a second survey will be administered to service organizations participating in a grantee's ATR program. The client survey will be administered following the 6-month post-intake Government Performance and Results Act (GPRA) follow-up (OMB No. 0930–0208), using the same data collection methods as the GPRA data collection to reduce client burden. GPRA data collection methods vary by ATR grantee; typically, grantees collect GPRA data in-person, but in special cases they may use a telephone interview. The ATR client survey includes questions on client choice, ease of obtaining services through an ATR program, and client satisfaction. The provider survey will be administered through a Web survey instrument and will target a key informant in the organization to complete the survey. Providers unable to access or complete the Web survey will be provided with a paper version of the survey. The provider survey includes questions on organizational characteristics, satisfaction with the ATR program, and experience participating in the ATR program.

TOTAL BURDEN HOURS FOR THE CROSS-SITE CLIENT AND PROVIDER SURVEY

| Instrument/activity | Number of respondents | Number of responses per respondent | Average burden per response | Total burden hours per collection |
|---|---|---|---|---|
| Client Survey | 7,329 | 1 | 0.15 | 1,099 |
| Provider Survey (80% response rate) | 4,083 | 1 | 0.50 | 2,042 |
| Total | 11,412 | | | 3,141 |