


1. 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.

2. 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.

3. The NIAID is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize TBEV monoclonal antibodies. For collaboration opportunities, please contact Wade Williams at 301–827–0258.

4. Rapid Molecular Assays for Specific Detection and Quantitation of Loa Loa Microfilaremia

   Description of Technology: The risk of fatal reactions in some infected individuals administered drug treatments for Loa loa infection, and the lack of accurate, convenient, diagnostics for this infection have thwarted efforts to eradicate the disease. Time consuming, labor intensive and training intensive microscope-based analysis of blood samples is the standard available diagnostic for Loa loa infection. This new assay technology introduces an easy to use, species-specific, highly sensitive, diagnostic that is able to be performed with minimal training. Positive test results may be indicated by an easily visualized color change and this test may be run without the need for expensive equipment such as a thermocycler. Because this test is rapid, cost efficient, labor efficient, accurate, and simple to run and read, it may be readily incorporated into portable point-of-care formats. These attributes make it ideally suited for use in locations where Loa loa infection is endemic. These advantages may lead to this technology becoming the new standard for diagnosis of Loa loa infections and a valuable tool, in control programs, to
identify risks for adverse treatment reactions.

Potential Commercial Applications:
- Diagnostics testing.
- Infectious disease monitoring.

Competitive Advantages: Greater speed cost and labor efficiencies, accurate, and simple to run and read and ability to be incorporated into portable point-of-care format, ideally suited for Loa loa endemic regions.

Development Stage:
- Early-stage.
- Pre-clinical.

Inventors: Doran Fink and Thomas Nutman (NIAID).

Publications:

Diagnostic Assays and Methods of Use for Detection of Filarial Infection

Description of Technology: The effort targeting the mosquito borne neglected tropical disease lymphatic filariasis for elimination through mass drug administration by 2020 will require accurate, cost effective methods for detecting early infections. The World Health Organization-recommended immunochromatographic test detects adult Wuchereria bancrofti (Wb) antigen in blood, but shows variable efficacy due to the complex life cycle of the parasites and cross reactivity with other organisms. This variability may hinder effective lymphatic filariasis elimination efforts. This new technology improves available detection methods through use of an isolated immunoreactive antigen, Wb123, from infective stage larvae (L3) Wb which results in specific detection early in the infective cycle with reduced cross reactivity. This technology may see wide application in testing and surveillance of lymphatic filariasis as part of the effort to eliminate the disease worldwide.

Potential Commercial Applications:
- Diagnostics testing.
- Infectious disease monitoring.

Competitive Advantages: Improved detection of early stage lymphatic filariasis.

Development Stage:
- Early-stage.
- Pre-clinical.

Inventors: Doran Fink (NIAID), Joseph Kubofcik (NIAID), Peter Burbelo (NIDCR), Thomas Nutman (NIAID).

Publications:

A System and Method for Detecting Untoward Events in Hospitals

Description of Technology: This invention is of potential benefit to public health and patient care and can be commercially utilized by medical centers, hospitals and commercial developers of hospital information systems. It is basically a computer science based technology that may provide the capability of detecting untoward events such as patient crises, individual clinic adverse occurrences and adverse reactions related to new medication lots and inconsistencies in ordered and delivered patient medications and other treatments. The technology is comprised of a dedicated computer server that executes specially designed software with input data from a main hospital information system and other relevant patient data sensors and systems. The technology also includes design specifications for constructing a “patient registration system”, an untoward event specification catalogue, intelligent software for detecting untoward events, and a report listing untoward alerts, as well as a light and sound panel design for signaling untoward alerts. The preferred embodiment for this technology is the NIH Clinical Center Clinical Research Informatics System (CRIS) presently operational in the NIH Clinical Center in Bethesda, Maryland.

Potential Commercial Applications: The technology can be commercially utilized by medical centers, hospitals and commercial developers of hospital information centers to improve patient medical treatment and clinical outcome.

Competitive Advantages: The design of the system is novel and practical. It fulfills and automates the need for a system and methodology that predicts, detects and signals untoward patient events and other untoward clinical events.

Development Stage: Prototype.
Inventors: James M. DeLeo and Patricia P. Sengstack (NIHCC).

Publications:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health & Human Development; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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 Institute of Child Health and Human Development Initial Review Group, Developmental Biology Subcommittee.

Date: October 20–21, 2011.
Time: 8:30 a.m. to 5 p.m.
Agenda: To review and evaluate grant applications.
Place: The River Inn, 924 25th Street, NW., Washington, DC 20037.
Contact Person: Cathy J. Wedeen, PhD, Scientific Review Officer, Division of Scientific Review, OD Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, 6100 Executive Blvd., Room 5B01–G, Bethesda, MD 20892, 301–435–6878, wedeenc@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment Program, National Institutes of Health, HHS)

Dated: September 28, 2011.
Jennifer S. Spaeth,
Director, Office of Federal Advisory Committee Policy.
[FR Doc. 2011–25733 Filed 10–4–11; 8:45 am]
BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health
Notice of a meeting of a working group of the NIH Blue Ribbon Panel

The purpose of this notice is to inform the public about a meeting of the NIH Blue Ribbon Panel to Advise on the Risk Assessment of the National Emerging Infectious Diseases Laboratories at Boston University Medical Center.

The meeting will be held Wednesday, November 2, 2011, at the Hyatt Regency Boston, 7400 Wisconsin Avenue, Bethesda, MD 20814 from approximately 8:30 a.m. to 4:30 p.m. This meeting is the fourth in a series of public meetings to review and discuss the ongoing supplementary risk assessment study being conducted for the Boston University NEIDL. The National Research Council Committee on Technical Input will participate in this discussion and provide its views.

Public comment will begin at approximately 4 p.m. In the event that time does not allow for all those interested to present oral comments, anyone may file written comments by sending them to the address below. Comments should include the name, address, telephone number and when applicable, the business or professional affiliation of the commenter.

The meeting will be open to the public, with attendance limited to space available. There will be a live webcast of the meeting which can be accessed at http://nihblueribbonpanel-bumc-neidl.od.nih.gov/. 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.

A draft agenda and slides for the meeting may be obtained by connecting to http://nihblueribbonpanel-bumc-neidl.od.nih.gov/. For additional information concerning this meeting, contact Ms. Kelly Fennington, Senior Health Policy Analyst, Office of Biotechnology Activities, Office of Science Policy, Office of the Director, National Institutes of Health, 6705 Rockledge Drive, Room 750, Bethesda, MD 20892–7985; telephone 301–496–9838; e-mail fennington@nih.gov.

Dated: September 27, 2011.
Amy P. Patterson,
Director, Office of Science Policy, National Institutes of Health.
[FR Doc. 2011–25733 Filed 10–4–11; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health
National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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 Institute of Allergy and Infectious Diseases Special Emphasis Panel, “Investigator Initiated Program Project Application.”

Date: October 26, 2011.
Time: 11 a.m. to 3 p.m.
Agenda: To review and evaluate grant applications.
Place: National Institutes of Health, 6700B Rockledge Drive, Bethesda, MD 20817 (Telephone Conference Call).
Contact Person: Michelle M Timmerman, PhD, Scientific Review Officer, Scientific Review Program, NIH/NIAID/DHHS, Room 3123, 6700B Rockledge Drive, MSC–7616, Bethesda, MD 20892–7616, (301) 451–4573, timmermann@niaid.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)