

but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: the target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

No comments were received in response to the 60-day notice published in the **Federal Register** of December 22, 2010 (75 FR 80542).

Below we provide NINDS's projected average estimates for the next three years:

*Current Actions:* New collection of information.

*Type of Review:* New Collection.

*Affected Public:* Individuals and Households, Businesses and Organizations, State, Local or Tribal Government.

*Average Expected Annual Number of activities:* 6.

*Respondents:* 14,700.

*Annual responses:* 24,700.

*Frequency of Response:* Once per request for 5 activities, twice per request for 1 activity.

*Average minutes per response:* 57.

*Burden hours:* 5750.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.

Dated: May 24, 2013.

**Story Landis,**

*Director, National Institute of Neurological Disorders and Stroke, National Institutes of Health.*

[FR Doc. 2013-13074 Filed 5-31-13; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting hosted by the NIH Scientific Management Review Board (SMRB). Presentations and discussions will address optimal approach to assessing the value of biomedical research supported by NIH.

The NIH Reform Act of 2006 (Pub.L. 109-482) provides organizational authorities to HHS and NIH officials to: (1) Establish or abolish national research institutes; (2) reorganize the offices within the Office of the Director, NIH including adding, removing, or transferring the functions of such offices or establishing or terminating such offices; and (3) reorganize, divisions, centers, or other administrative units within an NIH national research institute or national center including adding, removing, or transferring the functions of such units, or establishing or terminating such units. The purpose of the SMRB is to advise appropriate HHS and NIH officials on the use of these organizational authorities and identify the reasons underlying the recommendations.

The meeting will be open to the public, 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.

*Name of Committee:* Scientific Management Review Board (SMRB).

*Date:* June 4, 2013.

*Time:* 8:00 a.m. to 6:30 p.m.

*Agenda:* The meeting topics will include: 1) an update from the SMRB's Value of Biomedical Research Working Group, and 2)

presentations that explore approaches to studying the value of biomedical research. Time will be allotted on the agenda for public comment. Sign up for public comments will begin approximately at 7:30 a.m. on June 4, 2013, and will be restricted to one sign-in per person. In the event that time does not allow for all those interested to present oral comments, any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

*Place:* National Institutes of Health, Building 1, 3rd Floor, Wilson Hall, 1 Center Drive, Bethesda, MD 20892.

*Contact Person:* Juanita Marnier, Office of Science Policy, Office of the Director, NIH, National Institutes of Health, 6705 Rockledge Drive, Suite 750, Bethesda, MD 20892. [smrb@mail.nih.gov](mailto:smrb@mail.nih.gov), (301) 435-1770.

This notice is being published less than 15 days prior to the meeting due to scheduling conflicts with the presenters.

The meeting will also be webcast. The draft meeting agenda and other information about the SMRB, including information about access to the webcast, will be available at <http://smrb.od.nih.gov>.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxis, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

(Catalogue of Federal Domestic Assistance Program Nos. 93.14, Intramural Research Training Award; 93.22, Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds; 93.232, Loan Repayment Program for Research Generally; 93.39, Academic Research Enhancement Award; 93.936, NIH Acquired Immunodeficiency Syndrome Research Loan Repayment Program; 93.187, Undergraduate Scholarship Program for Individuals From Disadvantaged Backgrounds, National Institutes of Health, HHS)

Dated: May 30, 2013.

**Melanie J. Gray,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2013-13180 Filed 5-31-13; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Prospective Grant of Co-Exclusive Licenses: Multi-Focal Structured Illumination Microscopy Systems and Methods

**AGENCY:** National Institutes of Health, 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), Department of Health and Human Services, is contemplating the grant of co-exclusive worldwide licenses to practice the inventions embodied in: E-005-2012/0, /1, /2; U.S. Provisional Patent Application 61/602,139 filed February 23, 2012, U.S. Provisional Patent Application 61/732,460 filed December 3, 2012, and International Patent Application PCT/US2013/27413 filed February 22, 2013 to Andor Technology PLC. having a principle place of business in Belfast, Northern Ireland, and to Vutara, Inc. having a principle place of business in Salt Lake City, Utah.

The United States of America is an assignee to the patent rights of these inventions.

The contemplated co-exclusive license may be in a field of use directed to microscopy devices and systems.

**DATES:** Only written comments and/or applications for a license that are received by the NIH Office of Technology Transfer on or before August 2, 2013 will be considered.

**ADDRESSES:** Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Michael Shmilovich, Esq., CLP, Senior Licensing and Patent Manager, 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; Email: [shmilovm@od.nih.gov](mailto:shmilovm@od.nih.gov). A signed confidential disclosure agreement may be required to receive copies of the patent application assuming it has not already been published under either the publication rules of either the U.S. Patent and Trademark Office or World Intellectual Property Organization.

**SUPPLEMENTARY INFORMATION:** The invention pertains to a system and method for digital confocal microscopy that rapidly processes enhanced images. In particular, the invention is a method for digital confocal microscopy that includes a digital mirror device or a swept-field confocal unit to produce a plurality of excitation foci that are imaged to resulting emissions from a sample mounted on a conventional microscope onto an array detector. Computer software detects each confocal spot and provides two times the image resolution of the diffraction limit. In addition, the software

implements an optical sectioning technique using a variable “digital” pinhole for each confocal spot. Since the variable pinhole is digital (e.g., created by the software), there is no loss in image signal due to additional optical arrangements and tightly closed pinholes used in conventional confocal microscopes.

The prospective co-exclusive licenses will be royalty-bearing and comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective co-exclusive license may be granted unless, within 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: May 28, 2013.

**Richard U. Rodriguez,**

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

[FR Doc. 2013-12967 Filed 5-31-13; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Administration

#### Announcement of Requirements and Registration for “Continuity of Care and Follow-Up App Challenge”

**AGENCY:** Substance Abuse and Mental Health Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The “Continuity of Care and Follow-Up App Challenge” challenges individuals and organizations with the development of an application for a mobile handheld device that will provide continuity of care and follow-up care linkages for a person at risk for suicide who was discharged from an inpatient unit or emergency department. Proposed activities can include but are not limited to: live chatting via the National Suicide Prevention Lifeline Web site, safety planning, SMS [you need to spell this out] functionality, scheduling functionality and

appointment reminders, and mapping/transportation functionality showing locations of health care resources. At a minimum, entrants must include safety planning and utilize two resources to provide users with access to services through the crisis centers within the National Suicide Prevention Lifeline and the SAMHSA treatment locator. SAMHSA is not looking for an application that simply connects a user to a crisis line via a single button, as functionality is found in a number of other suicide prevention applications. Innovation is highly encouraged.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. 111-358), and Title V, Section 501 of the Public Health Service Act (42 U.S.C. 290aa).

**FOR FURTHER INFORMATION CONTACT:** James Wright, (240) 276-1854; Richard McKeon, (240) 276-1873.

#### SUPPLEMENTARY INFORMATION:

##### Subject of Challenge Competition

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division of the U.S. Department of Health and Human Services (DHHS), is announcing an opportunity for individuals and organizations to help solve a critical problem in today’s health environment: the need for ongoing mental health follow up treatment after hospitalization or inpatient services for individuals who were suicidal. SAMHSA is seeking the development of a mobile handheld device application that will provide linkages for a person at risk for suicide who was discharged from an inpatient unit or emergency department.

Many people who attempt suicide end up in the emergency room. From 2005-2009 there was a 55 percent increase in emergency department visits for drug related suicide attempts by men age 21-34 and a 49 percent increase by women age 50 and over. While treatment at an emergency department is critical, experience and research have shown that people are still at risk after discharge. Evidence shows that the period following inpatient and emergency department discharge is one of heightened risk for suicide, particularly in the following 30 days. Approximately 10 percent of individuals who died by suicide had been discharged from an emergency department within the previous 60 days and 8.6 percent of people hospitalized for suicidal tendencies are predicted to eventually die by suicide. The problem is the lack of coordinated care