

Grants Contact, Denise E. Clark, Division of Grants Operations, Indian Health Service, 801 Thompson Ave., TMP 360, Rockville, Maryland 20852. (301) 443-5204.

For program information, issues related to preventive dentistry, public health, or other programmatic content, contact: Patrick Blahut, D.D.S., M.P.H., Deputy Director, Division of Oral Health, 801 Thompson Ave., Suite 332, Rockville, Maryland 20852. (301) 443-4323. patrick.blahut@ihs.gov.

VIII. Other Information

A. Tribal Resolution—If the applicant is an Indian Tribe or Tribal organization, a resolution from the Tribal government of all Tribes to be served supporting the project must accompany the application submission. Applications by Tribal organizations will not require resolutions if the current Tribal resolutions under which they operate would encompass the proposed support center activities. In this instance a copy of the current resolution must accompany the application. The list of Tribes to be served by the support center in the proposal must match the set of appended resolutions. If a resolution from an appropriate representative of each Tribe to be served is not submitted, the application may be considered incomplete and will not be considered for funding. No documents will be accepted as separate mailings to be added to proposals; all documents, letters of support, Tribal resolutions, and so on must accompany the submission as one complete proposal.

B. Letters of Cooperation/Collaboration/Assistance.

If an applicant proposes to provide training or technical assistance for a dental program operated directly by the IHS, a letter of support must be submitted by:

- (1) The IHS Area Director, or
- (2) The Local Service Unit Director, or
- (3) His designated representative.

C. The Department of Health and Human Services (HHS) is committed to achieving health promotion and disease prevention of *Healthy People 2010*, a HHS led activity for setting priority

areas. Potential applicants may obtain a printed copy of *Healthy People 2010*, (Summary Report No. 017-001-00549-15250-7945, (202) 512-1800). You may also access this information at the following Web site: <http://www.healthypeople.gov/Publications>.

D. Smoke-Free Workplace:

The HHS strongly encourages all grant recipients to provide a smoke-free workplace and promote non-use of all tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people. If an applicant is able to provide a smoke-free workplace, it should be stated in the application.

Dated: May 26, 2006.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. E6-8634 Filed 6-2-06; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; NCCAM Customer Service Data Collection

Summary: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Center for Complementary and Alternative Medicine (NCCAM), the National Institutes of Health (NIH), will submit to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. A notice of this proposed information collection was previously published in the **Federal Register** on February 22, 2006, pages 9135-9136. To date, no public comments have been received. The purpose of this notice is to announce a final 30 days for public comment. NIH 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: NCCAM Customer Service Data Collection. **Type of Information Collection Request:** Renewal. **Need and Use of Information Collection:** NCCAM provides the public, patients, families, health care providers, complementary and alternative medicine (CAM) practitioners, and others with the latest scientifically based information on CAM and information about NCCAM's programs through a variety of channels, including its toll-free telephone information service and its quarterly newsletter. NCCAM wishes to continue to measure customer satisfaction with NCCAM telephone interactions and the NCCAM newsletter and to assess which audiences are being reached through these channels. This effort involves a telephone survey consisting of 10 questions, which 25 percent of all callers are asked to answer, for an annual total of approximately 1,210 respondents, and a newsletter survey consisting of 10 questions, which is sent to all U.S.-based print newsletter subscribers and which Web users have the option of completing when they exit the page where the latest issue of the newsletter is posted, for an annual total of approximately 839 respondents. NCCAM uses the data collected from the surveys to help program staff measure the impact of their communication efforts, tailor services to the public and health care providers, measure service use among special populations, and assess the most effective media and messages to reach these audiences. **Frequency of Response:** Once for the telephone survey and periodically for the newsletter survey (to measure any changes in customer satisfaction). **Affected Public:** Individuals and households. **Type of Respondents:** For the telephone survey, patients, spouses/family/friends of patients, health care providers, physicians, CAM practitioners, or other individuals contacting the NCCAM Clearinghouse; for the newsletter survey, subscribers to the print NCCAM newsletter and visitors to the newsletter page on NCCAM's Web site. The annual reporting burden is as follows:

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Telephone survey				
Individuals or households	1,150	1	0.075	86
Physicians	12	1	0.075	1
CAM/health practitioners	48	1	0.075	4

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Newsletter survey (print)				
Individuals or households	204	1	0.050	10
Physicians	27	1	0.050	2
CAM/health practitioners	108	1	0.050	5
Newsletter survey (online)				
Individuals or households	300	1	0.050	15
Physicians	40	1	0.050	2
CAM/health practitioners	160	1	0.050	8
Annualized totals	2,049	133

The annualized cost to respondents is estimated at \$1,770 for the telephone survey, \$507 for the print newsletter survey, and \$714 for the online newsletter survey. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on 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; (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 the 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 Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Christy Thomsen, Director, Office of Communications and Public Liaison, NCCAM, 31 Center Drive, Room 2B-11, Bethesda, MD 20892-2182; or fax your request to 301-402-4741; or e-mail thomsenc@mail.nih.gov. Ms. Thomsen can be contacted by telephone at 301-451-8876.

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: May 30, 2006.

Christy Thomsen,

Director, Office of Communications and Public Liaison, National Center for Complementary and Alternative Medicine, National Institutes of Health.

[FR Doc. E6-8679 Filed 6-2-06; 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.

Multiplex Microarray for Simultaneous Detection of Hepatitis C Virus, Hepatitis B Virus, and Human Immunodeficiency Virus Type-1

Description of Technology: Available for licensing and commercial development are patent rights that cover a specific and sensitive microarray (TTD-V-1) and multiplex assay for the simultaneous detection and discrimination of Hepatitis C Virus (HCV), Hepatitis B Virus (HBV) and Human Immunodeficiency Virus Type-1 (HIV-1), which include both RNA and DNA genomes. Four specific probes (30-45 bp oligonucleotides) for each of these three viruses as well as the two internal controls were designed. Totally, each microarray consists of 20 probes immobilized on silylated glass slides. The single-stranded Cy5-labeled samples for microarray hybridization were obtained from labeling the amplicons using primer extension thermocycling. The multiplex microarray assay was able to detect and discriminate as low as 3 copies of genotypes A, B, C, D, and 10 copies of genotype E of HBV, 10 copies of HCV (genotype 1b), and 20 copies of HIV-1 (group M, subtype B) in a single multiplex reaction. The microarray assay could also detect the coexistence of two or three of these viruses and discriminate them simultaneously. The results of this study demonstrated the feasibility and performance of microarray-based multiplex detection of the three viruses, HCV, HBV, and HIV-1 in comparison with conventional individual PCR and gel electrophoresis technique.

Inventors: Chu Chieh Xia, Gerardo Kaplan, Hira Nakhasi, Amy Yang, Raj Puri (FDA).

Patent Status: U.S. Provisional Application No. 60/759,214 filed January 17, 2006 (HHS Reference No. E-077-2006/0-US-01).

Licensing Status: Available for non-exclusive or exclusive licensing.