nor an environmental impact statement is required.

Dated: May 15, 2000.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 00–14272 Filed 6–6–00; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)–443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: The Health Education Assistance Loan (HEAL) Program: Forms (OMB No. 0915–0034) Extension

This clearance request is for extension of approval for four HEAL forms: the Lenders Application for Contract of Federal Loan Insurance (used by lenders to make application to the HEAL insurance program); the Lender's Manifest (used by the lender to report recent HEAL loan activity); the Loan Transfer Statement (used by the lender to report the transfer of a HEAL loan); and the Borrower Status Request (completed by the borrower and the borrower's employer and used by the lender to determine eligibility for deferment). The reports assist the Department in protecting its investment in this loan insurance program.

The estimate of burden for the forms are as follows:

Collection activity	Number of respondents	Responses per respondent	Total responses	Average time per response (in minutes)	Total burden hours
HRSA Form 504	22	1	22	8	3
HRSA Form 508:					
Borrowers	12,430	1	12,430	10	2,071
Employers	7,550	1.646	12,430	5	1,035
Borrower Loan Status Update Electronic Submission	22	8,498	186,970	3	9,348
Loan Purchase/consolidation Electronic Submission	22	850	18,700	4	1,246
Total	20,046		227,552		13,703

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Morrall, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 1, 2000.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 00–14273 Filed 6–6–00; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; The Family Health Survey (Validation of a Family History of Cancer Questionnaire for Risk Factor Surveillance)

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) 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) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title The Family Health Survey (Validation of a Family History of Cancer Questionnaire for Risk Factor Surveillance). *Type of Information Collection Request:* New. *Need and Use of Information Collection:* In this methologic pilot study, the NCI will develop a family history of cancer questionnaire for use in cancer risk factor surveillance, and will evaluate how accurately individuals in the general population can report major cancers occurring in their immediate and extended family. This study is needed because there are currently no validated questionnaires with which to collect comprehensive data for assessing the burden of family history of cancer in the U.S. population, and no general population estimates of reporting error for the major cancers that affect families. The results on reporting accuracy will be used to determine whether the quality of data is sufficient to justify conducting a comprehensive national prevalence study of family history of cancer. The questionnaire will be administered in a telephone survey of adults, age 25 to 64 years who will be randomly selected from households in Connecticut. Respondents will be asked to report about family structure and cancer diagnoses occurring in their first and second degree relatives. Positive and negative reports of five major cancer sites (i.e. breast, prostate, colorectal, lung, and ovarian cancers) will be validated for approximately four relatives per respondent through data linkage to state and federal health registries or by review of death certificates and medical records. Living relatives and next-of-kin of deceased relatives may be interviewed as part of the validation process. Information about the accuracy of reports and factors associated with reporting error will help to evaluate the feasibility of conducting surveys on family history of cancer. *Frequency of Response:* One-time study. *Affected Public:* Individuals or households. *Type of Respondents:* Adults, age 25 to 64, who reside in the state of Connecticut and their selected adult relatives over age 25 or the

relative's next-of-kin. The annual reporting burden is presented in the table below. The annualized cost to respondents is estimated at: $23,700. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondents	Estimate number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Adults age 25 to 64	1800	1	0.835	1503
Adults relatives or their next-of kin	5190	1	0.167	867
Total				2370

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, sand 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.

For Further Information:

To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Louise Wideroff, Project Officer, Applied Research Program, National Cancer Institute, 6130 Executive Blvd. EPN 4010, Bethesda, MD 20892, or call non-toll-free number (301) 435–6823 or E-mail your request, including your address to: *wideroff@nih.gov.*

Comments Due Date:

Comments regarding this information collection are best assured of having their full effect if received on or before August 7, 2000.

Dated: May 30, 2000.

Reesa Nichols,

OMB Project Liaison Officer.

[FR Doc. 00–14340 Filed 6–6–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies 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 contacting Marlene Shinn, J.D., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7056 ext. 285; fax: 301/402–0220; e-mail: ms482m@nih.gov. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Direct C–14 Oxidation of Opioids

Andrew Coop, Kenner C. Rice (NIDDK)
DHHS Reference No. E–032–99/1 filed 04 May 2000

Opioid agonist drugs including the 14-hydroxy derivatives are utilized in the treatment of pain. The 14-hydroxy substituted opioid antagonists have also been found to be useful in the treatment of opiate abuse, opiate overdose and alcohol addiction. In addition, there are certain derivatives which have been found to be useful in the prevention of tolerance to morphine and as immunosuppressants. The 14-hydroxy agonist and antagonist drugs are produced by a multistep process from the starting material, thebaine, which is a minor constituent of opium and is generally in short supply. The demand for these products has resulted in a steadily increasing cost for thebaine and thebaine derivatives.

The present technology consists of a new and practical, nonchromatographic method of preparing 14-hydroxycodeinone by the direct oxidation of codeinone with cobalt (III) acetate (easily prepared in situ). The technology gives a 51% unoptimized yield of 14-hydroxycodeinone easily isolated by extractive workup and direct crystallization. This process is ultimately based on morphine (which is by far the major constituent and cheapest of the opium alkaloids) through the sequence: morphine to codeine to codeinone to 14-hydroxycodeinone. This technology is not limited by the availability of thebaine and thus offers more efficient production of the 14-hydroxy derivatives from opium.

Use of Oligonucleotides To Target Nucleic Acid Sequences Encoding Apolipoprotein B To Decrease Serum Apolipoprotein B and Cholesterol Levels

Thomas L Eggerman (FDA), Amy Patterson, Paul F. Torrence (NIDDK), Julie K Rhie

DHHS Reference No. E–236–98/0 filed 12 Oct 1999

Coronary heart disease is caused by the atherosclerotic narrowing of the coronary arteries affecting nearly 14 million persons in the United States. Approximately 480,000 deaths in 1995 were caused by the disease and it is the leading cause of death in the United States today. Two of the established causes of atheroscleorosis include elevated cholesterol levels and elevations of the major protein responsible for carrying cholesterol—apolipoprotein B (apoB). Optimal therapy, however is still not available for the most severely affected patients, in particular those with familial hypercholesterolemia and those with elevated apoB levels.