

Dated: September 19, 2003.
Thomas A. Bartenfeld,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.
[FR Doc. 03–24277 Filed 9–24–03; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–03–122]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer at (404) 498–1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the

agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Online Evaluation Of A GIS Map Server Project With The Migrant Clinicians Network—New—Agency for Toxic Substances and Disease Registry (ATSDR).

In 2001, ATSDR began working with the Migrant Clinicians Network (MCN) on a national project to use an internet-based mapping service to help decrease disparities by improving health care services for migrant workers through a resource, information, consultation and reporting Geographic Information Systems (GIS) mapping application for the health care providers within the MCN. The Web site will be available at <http://gis.cdc.gov/mcnarcims>.

As part of the implementation of the Web site, MCN and ATSDR are proposing to include an online evaluation survey to ensure that the mapping service is meeting the needs of the health care clinicians providing services to migrant populations. The

survey will provide both MCN and ATSDR valuable immediate opportunities to configure the Web site to the practical needs of the physicians and other health care providers using the Web site for clinical care to prevent, intervene, and treat environmental exposures for migrant farm workers and their families.

The evaluation survey will be included on the main access page of the Web site <http://gis.cdc.gov/mcnarcims>. The feedback survey will be completely voluntary and will assess the following: (1) ease of navigating the Web site; (2) ease of locating information within the site; (3) content of the Web site; (4) technology issues (e.g., loading, links, printing); and (5) utility of the Web site to health care practice and environmental health prevention, practice and intervention. An additional question will ascertain the respondent’s job category to determine the type of person accessing the Web site which will help ATSDR and MCN update and modify the content of the Web site to better fit the actual site user.

It is anticipated that the feedback survey will provide critical information to enable ATSDR to provide ongoing continuing improvement of the site to meet the needs of the MCN clinician. This will also provide ATSDR and MCN with benchmarks to meet agency performance standards. The feedback survey will be at no financial cost to the participant and will be located on the ATSDR GIS map server Web site.

Respondents	Number of respondents	Responses per respondent	Average burden per response (in hours)	Total annual burden (in hours)
MCN Health Care Members	400	1	5/60	33
General public	100	1	5/60	8
Total				41

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; The National Epidemiologic Survey on Alcohol and Related Conditions

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 Institute on Alcohol Abuse and Alcoholism (NIAAA), 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 National Epidemiologic Survey on Alcohol and Related Conditions.

Type of Information Collection
Request: REINSTATEMENT, OMB No. 0925–0484, expiration date, 3/31/2004.

Need and Use of Information
Collection: This study will determine the incidence of alcohol use disorders in a representative sample of the United States population with the primary purpose of estimating the extent and distribution of alcohol consumption,

alcohol use disorders and their associated psychological and medical disabilities across major sociodemographic subgroups. The primary objectives of this second wave of this longitudinal study is to understand the relationships between alcohol consumption, alcohol use disorders and their related disabilities with a view towards designing more effective treatment and intervention programs. The findings will provide valuable information concerning: (1) The relationship between alcohol use disorders and their related disabilities in subgroups of the population of special concern; (2) identification of subgroups at high risk for alcohol use disorders that may be complicated by associated psychological and medical disabilities; (3) incidence of alcohol use disorders and their associated disabilities with a view toward understanding their natural history; (4) treatment utilization of alcohol use disorders in order to determine unmet treatment need and linguistic, social, economic and cultural barriers to treatment; (5) the college-aged segment of the population at high risk for binge drinking and its adverse consequences; and (6) the identification of safe and hazardous levels of drinking as they relate to the development of alcohol use disorders and their associated disabilities.

Frequency of Response: On occasion.

Affected Public: Individuals.

Type of Respondents: Adults.

Estimated Number of Respondents:

43,093.

Estimated Number of Responses per Respondent: 1.

Average Burden Hours Per Response: 1.00.

Estimated Total Annual Burden Hours Requested: 43,093.

The annualized cost to respondents is estimated at: \$776,000.00. 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 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, 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.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Bridget Grant, Chief, Laboratory of Biometry and Epidemiology, Division of Intramural Clinical and Biological Research, NIAAA, NIH, Willco Building, Suite 514, 6000 Executive Boulevard, Bethesda, Maryland 20892-7003, or call non-toll-free number (301) 443-7370 or E-mail your request, including your address to: Bgrant@willco.niaaa.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: September 15, 2003.

Stephen Long,

Executive Officer, NIAAA.

[FR Doc. 03-24194 Filed 9-24-03; 8:45 am]

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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 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 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.

Novel Anti-Tumor and Anti-Fungal Compounds Isolated from Plants of the Genus *Aniba*

R. Shoemaker, E. Sausville, G. Cragg, D. Newman, M. Currens, T. McCloud, P. Klausmeyer, K. Tucker, M. Baseler, G. Churnury, and W. Bancroft (NCI)

HLtat Cell Line

Barbara K. Felber and George Pavlakakis (NCI)

DHHS Reference No. E-273-2003/0 (NIH AIDS Research & Reference Reagent Program catalog number 1293)

Licensing Contact: Susan Ano; 301/435-5515; anos@mail.nih.gov

This cell line contains stably integrated copies of the HIV-1 LTR promoter linked to a synthetic one-exon tat gene. HLtat was generated by cotransfection of HeLa cells with pSV2neo and with pL3tat, which contains the HIV-1 LTR promoter, synthetic first tat exon, and the SV40 polyadenylation signal. Clone HLtat was selected in G418 on the basis of high-level production of the one-exon Tat. The cell line is stable and does not need to be routinely maintained under G418 selection. When transfected with HIV DNA or with any plasmid expressing the gene of interest driven by the HIV LTR promoter, high-level of gene expression is achieved. This cell line is further described in J. Virol 64:3734, 1990; AIDS Res. Ref. Reagent Program Courier 91-01:8, 1991; and J. Virol 64:2519, 1990. This cell line is available for licensing through a Biological Materials License Agreement. U.S. Provisional Application No. 60/433,489 filed 28 Jan 2003 (DHHS Reference No. E-224-2002/0-US-01) *Licensing Contact:* Brenda Hefti; 301/435-4632; heftib@mail.nih.gov

The invention describes separate and combined extracts from two plants of the genus *Aniba*, and a specific compound possessing and indolizinium core. Both the purified extracts and the pure substituted indolizinium compound were found to inhibit the growth of the azone-resistant fungi *C. albicans*, certain bacteria, as well as demonstrating a differential response across the NCI human tumor cell line panel with a special sensitivity observed in several leukemia cell lines.

Cloning and Characterization of VIAF in Several Organisms

Colin S. Duckett, Bettina M. Richter (NCI)

U.S. Provisional Application No. 60/163,748 filed 05 Nov 1999 (DHHS Reference No. E-016-2000/0-US-01), PCT/US00/20576 filed 28 Jul 2000