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]

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, 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. Chnurny, and W. Bancroft (NCI)

HLtat Cell Line

Barbara K. Felber and George Pavlakis (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 inolizinium 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

(DHHS Reference No. E–016–2000/0–PCT–02), U.S. Patent Application No. 10/129,424 filed 03 May 2002 (DHHS Reference No. E–016–2000/0–US–03)

Licensing Contact: Matthew Kiser; 301/435–5236; e-mail: *kiserm@mail.nih.gov*

The process of apoptosis, or programmed cell death, can be utilized to eliminate unwanted cells, and it can occur during embryogenesis, turnover of senescent cells or metamorphosis. It can also be part of a defense mechanism against pathogens, *e.g.*, viruses, by allowing the host organism to eliminate infected cells. In an attempt to circumvent this defense mechanism, pathogens can produce gene products that block these apoptotic pathways. For example, *O. pseudotsugata* expresses a family of inhibitors of apoptosis proteins (IAP), and experimental data suggests that these IAPs can play a role in the protection from cellular apoptosis. This application claims nucleic acid and amino acid sequences corresponding to a viral IAP-associated factor, or VIAF. The gene and its product may enhance the anti-apoptotic properties of IAPs although the exact mechanism of this interaction is not clear. This technology could be used to treat disease states where VIAF is under-expressed, *e.g.*, breast adenocarcinomas, where there is an over-expression of VIAF, *e.g.*, neurodegenerative diseases and where apoptosis is undesired, *e.g.*, AIDS and autoimmune diseases. Additional information may be found in Duckett, CS, ''Novel modulators of the apoptotic cell death pathway,'' Mol. Biol. Cell 12: 732 Suppl. S Nov 2001.

Dated: September 16, 2003.

Steven M. Ferguson,

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

[FR Doc. 03–24192 Filed 9–24–03; 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 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.

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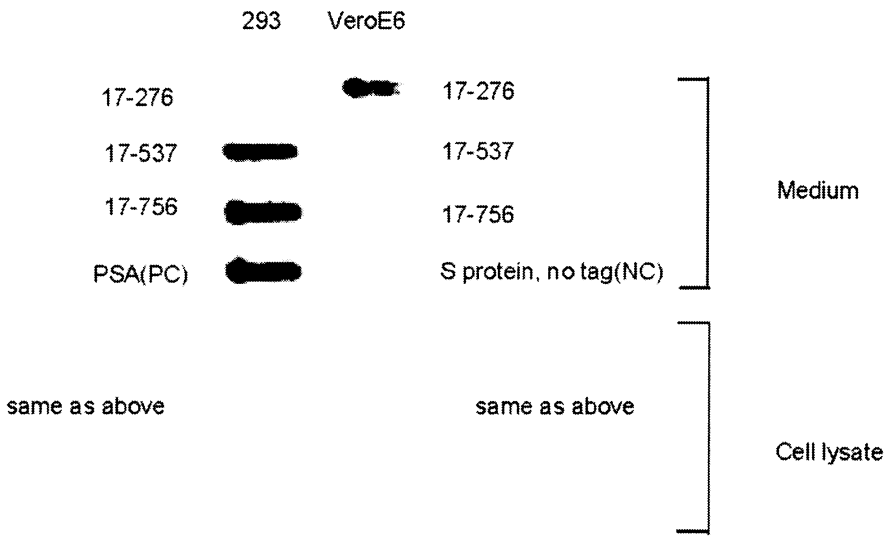
Soluble SARS Coronavirus Spike Protein (S Protein)

Dimiter Dimitrov, Xiadong Xiao (NCI)

DHHS Reference No. E–228–2003/0–US–01 filed 22 Jul 2003

Licensing Contact: Michael Shmilovich; 301/435–5019; *shimlovm@mail.nih.gov*

The SARS coronavirus is etiologically linked to severe acute respiratory syndrome. Soluble forms of the SARS coronavirus spike protein have been isolated and are available for licensing for use in generating vaccines, antibodies, and kits containing antibodies that bind to the spike protein for treating disease. The filed patent application additionally claims the associated spike protein polypeptides, peptide fragments, and conservative variants thereof; nucleic acid segments and constructs that encode the spike protein, polypeptides and peptide fragments of the spike protein, and conservative variants thereof and coupled proteins that include the spike protein or a portion thereof and peptidomimetics.



Internal Control Nucleic Acid Molecule for Real-Time Polymerase Chain Reaction

Michael Vickery, Angelo DePaola, George Blackstone (FDA)

U.S. Provisional Patent Application No. 60/471,121 filed 16 May 2003 (DHHS Reference No. E–213–2003/0–US–01)

Licensing Contact: Michael Shmilovich; 301/435–5019; *shmilovm@mail.nih.gov*

The invention provides a PCR internal control system for use in both real-time