Contact for Additional Information: noracoordinator@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: June 17, 2005.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 05–12500 Filed 6–23–05; 8:45 am]

BILLING CODE 4163–18–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, DHHS.

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.

Infectious Particle Composition and Methods of Use Thereof

Chava Kimchi-Sarfaty and Michael M. Gottesman (NCI),
DHHS Reference No. E–138–2005/0–US–01.
Licensing Contact: Michelle A. Booden; (301) 451–7337; *boodenm@mail.nih.gov.*

Current methods for delivery of small interfering RNA (siRNA) and short hairpin RNA (shRNA) such as cationic lipid or polyplex delivery systems, do not efficiently deliver siRNAs or shRNAs into a wide range of cell types. Subsequent innovations have resulted in shRNA, but not siRNA, expression cassettes that have been adapted to be compatible with most DNA-based viral vector systems including retroviruses, adenoviruses, lentiviruses, and adeno-associated viruses. As with the transfer of cDNAs, all of these delivery systems require a significant degree of optimization and are often only useful in specific cell systems. Additionally, some viral vectors also have the disadvantage of low titer and large genome size. Further, some of the above viral delivery systems are dependent on helper viruses or packaging cell lines, and some are not able to transduce non-dividing cells, or cells in suspension. Also inherent in current DNA viral delivery systems is a lack of efficiency in delivering the DNA or RNA of interest to the nucleus. Instead, the DNA vector and concomitant siRNA insert remains in the cytoplasm.

siRNA is emerging as a powerful tool for gene silencing and has much potential for anticancer and antiviral applications. However, efficient delivery of these specific siRNAs to the nucleus of a cell is an important aspect of interfering with specific DNA transcription. The present invention provides compositions and methods for use of infectious particles, such as papovavirus pseudovirions, to deliver siRNAs into a variety of mammalian cells. More specifically, the infectious particles may comprise the SV40 capsid protein VP1, papilloma virus capsid protein L1, polyoma virus capsid protein VP1, or several SV40 capsid proteins. The claims further comprise methods for *in vivo* transfer of siRNA as well as a kit comprising the infectious particle and instructions for use as a siRNA delivery system. This pseudovirions technology has proved to be an excellent alternative to DNA-viral vectors for siRNA delivery with high capacity, very high efficiency, and no viral DNA complications. The pseudovirion delivery technology is described in the following background publications: Kimchi-Sarfaty *et al.,* Human Gene Therapy 13: 299–310, 2002; Kimchi-Sarfaty *et al.,* Human Gene Therapy 14: 167–177, 2003; and Kimchi-Sarfaty *et al.,* Gene Ther Mol Biol 8: 439–450, 2004.

This technology is available for licensing on an exclusive or a non-exclusive basis. In addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Polyclonal Antibodies to Human Thyroid Hormone Beta Receptor, JC8-TRβ1 And JC16–TRβ1

Dr. Sheue-yann Cheng,
DHHS Reference No. E–153–2003/0—Research Tool.
Licensing Contact: Marlene Shinn-Astor; (301) 435–4426; *shinnm@mail.nih.gov.*

In human tissues, there are five thyroid hormone receptor subtypes, TRβ1, TRβ2, TRβ3, TRα1, and TRα2. High affinity polyclonal and monoclonal antibodies have been developed to specifically recognize TRβ and TRα1 in human and mouse tissues. These antibodies have been designated as JC8–TRβ1 and JC16–TRβ1. These antibodies could be used by researchers worldwide in both clinical and research applications.

In addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Dated: June 15, 2005.

Steven M. Ferguson,

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

[FR Doc. 05–12597 Filed 6–23–05; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–339]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or

other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Provider Cost Report Reimbursement Questionnaire and Supporting Regulations in 42 CFR 413.20, 413.24, and 415.60; *Form Nos.:* CMS–339 (OMB # 0938–0301); *Use:* The purpose of Form CMS–339 is to assist the provider in preparing an acceptable cost report and to minimize subsequent contact between the provider and its intermediary. Form CMS–339 provides the basic data necessary to support the information in the cost report. This includes information the provider uses to develop the provider and professional components of physician compensation so that compensation can be properly allocated between the Part A and the Part B trust funds. CMS is currently working on eliminating Form CMS–339 and including the applicable questions on the individual cost report forms. Because of the time required to include the applicable questions in each of the individual cost reports, CMS is revising the currently approved information collection; *Frequency:* Annually; *Affected Public:* Business or other for-profit, not-for-profit institutions, State, local or tribal governments; *Number of Respondents:* 35,904; *Total Annual Responses:* 35,904; *Total Annual Hours:* 618,210.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at *http://www.cms.hhs.gov/regulations/pra/,* or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice to the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: William N. Parham, III, PRA Analyst, Room C5–13–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: June 3, 2005.

Jim L. Wickliffe,

CMS Reports Clearance Officer, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 05–12161 Filed 6–23–05; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10130]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Federal Funding of Emergency Health Services (Section 1011): Provider Payment Determination and Request for Section 1011 On-Call Payments; *Form No.:* CMS–10130 (OMB # 0938–0952); *Use:* Section 1011 of MMA provides that the Secretary will establish a process for eligible providers to request payment. The Secretary must directly pay hospitals, physicians, and ambulance providers (including Indian Health Service, Indian tribe and tribal organizations) for their otherwise un-reimbursed costs of providing services required by Section 1867 of the Social Security Act (EMTALA) and related hospital inpatient, outpatient and ambulance services. Payments may be made only for services furnished to certain individuals described in the statute as: (1) Undocumented aliens; (2) aliens who have been paroled into the United States at a United States port of entry for the purpose of receiving eligible services; and (3) Mexican citizens permitted to enter the United States for not more than 72 hours under the authority of a biometric machine readable border crossing identification card (also referred to as a ''laser visa'') issued in accordance with the requirements of regulations prescribed under a specific section of the Immigration and Nationality Act.; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and State, Local or Tribal Governments; *Number of Respondents:* 7,503,000; *Total Annual Responses:* 7,512,000; *Total Annual Hours:* 634,000.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS'' Web site address at *http://www.cms.hhs.gov/regulations/pra/,* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice to the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: William N. Parham, III, PRA Analyst, Room C5–13–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: June 17, 2005.

Michelle Shortt,

Acting Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 05–12492 Filed 6–23–05; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5022–N]

Medicare Program; Solicitation for Applications for the Medical Adult Day-Care Services Demonstration

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice for solicitation of applications.

SUMMARY: This notice informs interested parties of an opportunity to apply for participation in the Medical Adult Day-Care Services Demonstration. This demonstration tests an alternative approach to service delivery by allowing home health beneficiaries to receive a portion of the medical services included in their home health plan of care in a medical adult day-care facility (MADCF). The project will allow us to test potential improvements in quality