(C) meet the professional standards for civil service employment in the IHS; or

(D) be employed in an Indian health program without service obligation; and

(3) submit to the Secretary an application for a contract to the Loan Repayment Program.

All applicants must sign and submit to the Secretary, a written contract agreeing to accept repayment of educational loans and to serve for the applicable period of obligated service in a priority site as determined by the Secretary, and submit a signed affidavit attesting to the fact that they have been informed of the relative merits of the U.S. PHS Commissioned Corps and the Civil Service as employment options.

Once the applicant is approved for participation in the LRP, the applicant will receive confirmation of his/her loan repayment award and the duty site at which he/she will serve his/her loan repayment obligation.

The IHS has identified the positions in each Indian health program for which there is a need or vacancy and ranked those positions in order of priority by developing discipline-specific prioritized lists of sites. Ranking criteria for these sites include the following:

(a) Historically critical shortages caused by frequent staff turnover;

(b) Current unmatched vacancies in a Health Profession Discipline;

(c) Projected vacancies in a Health Profession Discipline;

(d) Ensuring that the staffing needs of Indian health programs administered by an Indian Tribe or Tribal or health organization receive consideration on an equal basis with programs that are administered directly by the Service; and

(e) Giving priority to vacancies in Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached LRP contracts entered into under this section.

(f) Consistent with this priority ranking, in determining applications to be approved and contracts to accept, the IHS will give priority to applications made by Americana Indians and Alaska Natives and to individuals recruited through the efforts of Indian Tribes or Tribal or Indian organizations.

(g) Funds appropriated for the LRP in FY 2004 will be distributed among the health professions as follows: allopathic/osteopathic practitioners will receive 27 percent, registered nurses 20 percent, mental health professionals 10 percent, dentists 12 percent, pharmacists 10 percents, optometrists 5 percent, physician assistants/advanced practice nurses 6 percent, podiatrists 4 percent, physical therapists 2 percent, other professions 4 percent. This requirement does not apply if the number of applicants from these groups, respectively, is not sufficient to meet the requirement.

Applicants whose applications were complete by September 30, 2000, and who want to compete in the FY 2004 award cycle, will receive a site score equal to either their FY 2000, FY 2001, FY 2002, FY 2003 or the FY 2004 score, whichever is higher.

The following factors are equal in weight when applied, and are applied when all other criteria are equal and a selection must be made between applicants.

One or all of the following factors may be applicable to an applicant, and the applicant who has the most of these factors, all other criteria being equal, would be selected.

(a) An applicant's length of current employment in the IHS, Tribal, or urban program.

(b) Availability for service earlier than other applicants (first come, first served).

(c) Date the individual's application was received.

Any individual who enters this program and satisfactorily completes his or her obligated period of service may apply to extend his/her contract on a year-by-year basis, as determined by the IHS. Participants extending their contracts will receive up to the maximum amount of $20,000 per year plus an additional 20 percent for Federal Withholding. Participants who were awarded loan repayment contracts prior to FY 2000 will be awarded extensions up to the amount of $30,000 a year and 31 percent in tax subsidy if funds are available, and will not exceed the total of the individual's outstanding eligible health profession educational loans.

Any individual who owes an obligation for health professional service to the Federal government, a State, or other entity is not eligible for the LRP unless the obligation will be completely satisfied before they begin service under this program.

The IHS Area Offices and Service Units are authorized to provide additional funding to make awards to applicants in the LRP, but must be in compliance with any limits in the appropriation and section 108 of the Indian Health Care Improvement Act not to exceed the amount authorized in the IHS appropriation (up to $27,000,000 for FY 2004.)

Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that Service Unit. Those sites will retain their relative ranking from the national site-ranking list. For example, Chinle Service Unit identifies supplemental monies for pharmacists. The Chinle Service Unit consists of two facilities, namely the Chinle Comprehensive Health Care Facility and the Tsaile PHS Indian Health Center. The national ranking will be used for the Chinle Comprehensive Health Care Facility (Score = 44) and the Tsaile PHS Indian Health Center (Score = 46). With a score of 46, the Tsaile PHS Indian Health Center would receive priority over the Chinle Comprehensive Health Care Facility.

This program is not subject to review under Executive Order 12372.

The Catalog of Federal Domestic Assistance number is 93.164.

Dated: February 3, 2004.

Charles W. Grim,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 04–2727 Filed 2–9–04; 8:45 am]

BILLING CODE 4160–16–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 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. patents listed below may be obtained by contacting Susan S.

Rucker, J.D., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301–435–4478; fax: 301–402–0220; email: *ruckersu@mail.nih.gov.*

Met Proto-Oncogene and a Method for Predicting Breast Cancer Progression

Ilan Tsarfaty, James H. Resau, Iafa Keydar, Donna Faletto, George F. Vande Woude (NCI); U.S. Patent 6,673,559 issued 06 Jan 2004 (DHHS Reference No. E–046–1991/3–US–01).

The invention described and claimed in this patent is generally applicable to assessing the prognosis of cancer. In particular, the invention is useful in assessing the whether or not breast cancer is likely undergo metastasis. The met proto-oncogene is located on the long arm of chromosome 7 at 7q31. Its activity has been linked to the invasive/metastatic phenotype of several cancers in addition to breast cancer, *e.g.* prostate, stomach.

According to this invention the likelihood of metastasis of breast cancer is assessed by measuring the amount of (a) protein produced by the met proto-oncogene, (b) levels of the met proto-oncogene itself, or (c) levels of mRNA produced by the met proto-oncogene in breast tumor tissue and comparing it with the amount present in normal ductal tissue of the breast. The methodology of this invention may be carried out, for example, using antibody-based assays (ELISA or Western Blot), PCR, or Northern Blots.

This work has been published at Tsarfaty, *et al., Science* 257(5074): 1258–61 (Aug 28 1992), Tsarfaty, *et al., Anal Quant Cytol Histol* 21(5): 397–408 (Oct 1999) and Hay, *et al., J Cell Biochem Suppl* 39(): 184–93 (2002). Foreign patent protection is not available for any of these inventions.

Method of Targeting DNA

Rafael D. Camerini-Otero, Margaret McIntosh, Carol S. Camerini-Otero and Lance J. Ferrin (NIDDK); U.S. Patent 5,460,941 issued 24 Oct 1995 (DHHS Reference No. E–006–1991/1–US–02).

Cloning of the RecA Gene From Thermus Acquatics YT–1

Rafael D. Camerini-Otero and Evelina Angov (NIDDK); U.S. Patent 5,510,473 issued 23 Apr 1996 (DHHS Reference No. E–196–1993/0–US–01).

Rec-A Assisted Cloning of DNA

Lance J. Ferrin, Rafael D. Camerini-Otero (NIDDK); U.S. Patent 5,707,811 issued 13 Jan 1998 (DHHS Reference No. E–166–1995/0–US–02).

Promotion of Homologous DNA Pairing by RecA-derived Peptides

Oleg Voloshin, Lijiang Wang, Rafael D. Camerini-Otero (NIDDK); U.S. Patent 5,731,411 issued 24 Mar 1998 (DHHS Reference No. E–139–1995/0–US–01).

These inventions are available for license separately or together. Foreign patent protection is not available for any of these inventions.

The inventions described in these patents are generally applicable to the process of homologous DNA recombination. The inventions may be used in conjunction with each other, to efficiently carry out the process of homologous recombination, or they may be used separately.

The inventions may be exploited generally in processes associated with therapeutic purposes such as gene inactivation, correction of gene mutations and the control of gene expression. For example, these inventions may be used to inhibit the transcription of a DNA sequence such as that encoding an oncogene or a virus. In addition, these inventions may be exploited in research applications such as sequence-specific mapping, cloning, and manipulation of complex genomes including the generation of transgenic animals.

Specific examples of the use of these inventions include (a) protecting a DNA sequence from modification by an enzyme such as methylase or cleavage by a restriction enzyme, (b) effecting site-specific cleavage by introducing a chemical cleavage moiety to the oligonucleotide, (c) cloning a genomic DNA fragment containing a predetermined sequence, (d) identifying a genetic mutation, *e.g.*, point mutations, insertions and deletions, and (e) increasing the stringency thereby improving the specificity of DNA-DNA, DNA-RNA or RNA-RNA interactions at high temperatures.

This work has been published at Hsieh *et al., Genes & Dev.* 4(11): 1951–63 (Nov 1990); Angov *et al., J. Bacteriol.* 176(5): 1405–12 (Mar 1994); Voloshin *et al., Science* 272(5263): 868–72 (May 10, 1996); and Ferrin LJ, *Genet. Eng. (NY)* 17: 21–30 (1995).

Dated: February 2, 2004.

Steven M. Ferguson,

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

[FR Doc. 04–2765 Filed 2–9–04; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Initial Review Group, Diabetes, Endocrinology and Metabolic Diseases B Subcommittee.

Date: March 22–24, 2004.

Open: March 22, 2004, 7 p.m. to 7:30 p.m.

Agenda: To review procedures and discuss policies.

Place: Double Tree Rockville, 1750 Rockville Pike, Rockville, MD 20852.

Closed: March 22, 2004, 7:30 p.m. to 10 p.m.

Agenda: To review and evaluate grant applications.

Place: Double Tree Rockville, 1750 Rockville Pike, Rockville, MD 20852.

Closed: March 23, 2004, 8 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Double Tree Rockville, 1750 Rockville Pike, Rockville, MD 20852.

Closed: March 24, 2004, 8:00 a.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: Double Tree Rockville, 1750 Rockville Pike, Rockville, MD 20852.

Contact Person: John F. Connaughton, PhD, Scientific Review Administrator, Review Branch, DEA, NIDDK, National Institutes of Health, Room 757, 6707 Democracy Boulevard, Bethesda, MD 20892. (301) 594–7797; *connaughtonj@extra.niddk.nih.gov.*

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Initial Review Group, Digestive Diseases and Nutrition C Subcommittee.