Information Officer (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827– 1482.

SUPPLEMENTARY INFORMATION: In the Federal Register of December 13, 2006 (71 FR 74924), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910-0530. The approval expires on May 31, 2010. A copy of the supporting statement for this information collection is available on the Internet at *http://www.fda.gov/* ohrms/dockets.

Dated: August 6, 2007.

Jeffrey Shuren,

Assistant Commissioner for Policy. [FR Doc. E7–15614 Filed 8–9–07; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day Proposed Information Collection: Application for Participation in the IHS Scholarship Program

AGENCY: Indian Health Service, HHS. **ACTION:** Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 60 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

Proposed Collection: Title: 0917– 0006, "Application for Participation in the IHS Scholarship Program." Type of Information Collection Request: Threeyear extension, without change of currently approved information collection, 0917–0006, "Application for Participation in the IHS Scholarship Program." Form Number(s): IHS–856, 856–2 through 856–8, IHS–815, IHS– 816, IHS–817, IHS–818, D–02, F–02, F–

04, G-02, G-04, H-07, H-08, J-04, J-05, K-03, K-04, and L-03. Reporting formats are contained in an IHS Scholarship Program application booklet. Need and Use of Information Collection: The IHS Scholarship Branch needs this information for program administration and uses the information to solicit, process, and award IHS Pregraduate, Preparatory, and/or Health Professions Scholarship grants and monitor the academic performance of awardees and to place awardees at payback sites. The IHS Scholarship Program is streamlining the application to reduce the time needed by applicants to complete and provide the information. The IHS Scholarship Program plans on using information technology to make the application electronically available on the internet. Affected Public: Individuals, not-forprofit institutions and State, local or tribal government. Type of Respondents: Students pursuing health care professions.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

Data collection instruments(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response *	Annual burden hours
Scholarship Application (IHS-856)	1500	1	1500	1.00 (60 min)	1500
Checklist (856–2)	1500	1	1500	0.13 (8 min)	195
Course Verification (856-3)	1500	1	1500	0.70 (42 min)	1050
Faculty/Employer Application (856–4)	1500	2	3000	0.83 (50 min)	2490
Justification (856–5)	1500	1	1500	0.75 (45 min)	1125
Federal Debt (856–6)	1500	1	1500	0.13 (8 min)	195
Job Experience (856-7)	25	1	25	0.83 (50 min)	21
Accept/Decline (856–8)	650	1	650	0.13 (8 min)	84
Receipt of Application (815)	1500	1	1500	0.03 (2 min)	45
Address Change Notice (816)	25	1	25	0.02 (1 min)	25
Scholarship Program Agreement (817)	850	1	850	0.05 (3 min)	43
Health Professions Contract (818)	650	1	650	0.05 (3 min)	33
Stipend Check (D-02)	100	1	100	0.13 (8 min)	13
Enrollment (F-02)	1300	1	1300	0.13 (8 min)	169
Academic Problem/Change (F-04)	50	1	50	0.13 (8 min)	6
Request Assistance (G–02)	217	1	217	0.13 (8 min)	28
Summer School (G-04)	193	1	193	0.10 (6 min)	19
Placement (H–07)	250	1	250	0.18 (11 min)	45
Graduation (H–08)	250	1	250	0.17 (10 min)	43
Site Preference (J–04)	150	1	150	0.13 (8 min)	20
Travel Reimb (J-05)	150	1	150	0.10 (6 min)	15
Status Report (K-03)	250	1	250	0.25 (15 min)	63
Preferred Assignment (K–04)	200	1	200	0.75 (45 min)	150
Request of Deferment (L-03)	20	1	20	0.13 (8 min)	3
Total	15,830				7,380

* For ease of understanding, burden hours are also provided in actual minutes.

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments: Your written comments and/or suggestions are

invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Send Comments and Requests for Further Information: Send your written comments, requests for more information on the proposed collection, or requests to obtain a copy of the data collection instrument(s) and instructions to: Mrs. Chris Rouleau, IHS Reports Clearance Officer, 801 Thompson Ave., Suite 450, Rockville, MD 20852–1601; call non-toll free (301) 443–5938; send via facsimile to (301) 443–2316; or send your e-mail requests, comments, and return address to: Christina.Rouleau@ihs.gov.

Comment Due Date: Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

Dated: August 3, 2007.

Charles W. Grim,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 07–3895 Filed 8–9–07; 8:45 am] BILLING CODE 4165–16–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, HHS. **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.

Treatment for Cystic Fibrosis Cells and Other Reduced Cl – Conductance Cells

Description of Technology: Cystic fibrosis is the most common fatal genetic disease among Caucasians. It is caused by a defect in the cystic fibrosis transmembrane regulator (CFTR) protein. A normal CFTR transports chloride ions across the membrane of epithelial cells lining several organs in the body such as the lungs and the pancreas. The most debilitating consequence of the defective CFTR protein occurs in the lungs of cystic fibrosis patients, where insufficient chloride transport prevents water from exiting epithelial cells. This causes the lungs to produce abnormally thick, sticky mucus that clogs the airways and leads to fatal lung infections. Currently there is no cure for the disease. Present treatments result in undesired side effects such as cardiac, renal, and/or central nervous system tissue.

The NIH has developed a method of identifying cystic fibrosis transmembrane regulator binding compounds for treating cells having a reduced Cl-conductance, such as cystic fibrosis cells. It has also identified a compound, 1,3-Diallyl-8cyclohexylxanthine (DAX), for potential treatment of cystic fibrosis. Because DAX has specificity in target areas of activity, treatment with this compound can potentially prevent all of the complications of cystic fibrosis including the production of abnormal mucus and without undesired side effects. DAX is active in extremely low concentrations.

Applications: Diagnostic; Therapeutic agent for the treatment of cells having a reduced Cl – conductance.

Market: This is intended for cystic fibrosis or other reduced Cl – conductance cells; Approximately 70,000 children and young adults worldwide, including 30,000 in the U.S. and 30,000 in Europe.

Development Status: Dr. Pollard has performed pre-clinical testing.

¹ Inventors: Dr. Harvey B. Pollard and Dr. Kenneth A. Jacobson (NIDDK). Publications:

1. N Arispe *et al.* "Direct activation of cystic fibrosis transmembrane conductance regulator channels by 8– cyclopentyl–1,3–dipropylxanthine (CPX) and 1,3–diallyl–8– cyclohexylxanthine (DAX)," *J Biol*

Chem. 1998 Mar 6;273(10):5727–5734. 2. KA Jacobson, C Guay-Broder, PJM

van Galen, C Gallo-Rodriguez, N

Melman, O Eidelman, HB Pollard. "Stimulation by alkylxanthines of chloride efflux in CFPAC-cells does not involve A₁-adenosine receptors," *Biochemistry*, 1995 Jul 18;34(28):9088– 9094.

Patent Status:

U.S. Patent No. 5,877,179 issued 02 Mar 1999 (HHS Reference No. E–138– 1992/1–US–01). This patent is for identifying binding compounds and composition of matter.

U.S. Patent No. 6,083,954 issued 04 Jul 2000 (HHS Reference No. E–138– 1992/1–US–02). This patent is for treating CF.

Foreign patent rights available. *Licensing Status:* Available for exclusive or non-exclusive licensing.

Licensing Contact: Catherine A. Wendelken; 301/435–5282;

wendelkenc@od.nih.gov.

Dated: August 3, 2007.

Steven M. Ferguson,

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

[FR Doc. E7–15622 Filed 8–9–07; 8:45 am] BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

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 meeting.

The meeting 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 Heart, Lung, and Blood Institute Special Emphasis Panel; Research Program Project on Hypertension in Youth.

Date: September 7, 2007.

Time: 8 a.m. to 1 p.m.

Agenda: To review and evaluate grant applications.

Place: Double Tree Washington, 1515 Rhode Island Ave., NW., Washington, DC 20005.

Contact Person: Holly Patton, PhD, Scientific Review Administrator, Review