DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Warren Grant Magnuson Clinical Center; Proposed Collection; Comment Request; Customer and Other Partners Satisfaction Surveys

Summary: In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for the opportunity for pubic comment on the proposed data collection projects, the Warren Grant Magnuson Clinical Center (CC), 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: Customer and Other Partners Satisfaction Surveys. *Type of Information Collection Request:* New request/waiver. *Need and Use of Information Collection:* The information collected in these surveys will be used by Clinical Center personnel: (1) To evaluate the satisfaction of various Clinical Center customers and other partners with Clinical Center services; (2) to assist with the design of modifications of these services, based on customer input; (3) to develop new services, based on customer need; and (4) to evaluate the satisfaction of various Clinical Center customers and other partners with implemented service modifications. These surveys will almost certainly lead to quality improvement activities that will enhance and/or streamline the Clinical Center's operations. The major mechanisms by which the Clinical Center will request customer input is through surveys and focus groups. The surveys will be tailored specifically to each class of customer and to that class of customer's needs. Surveys will either be collected as written documents, as faxed documents, mailed electronically or collected by telephone from customers. Information gathered from these surveys of Clinical Center customers and other partners will be presented to, and used directly by, Clinical Center management to enhance the services and operations of our organization. *Frequency of Response:* The participants will respond yearly. *Affected public:* Individuals and households; businesses and other for profit, small businesses and organizations. *Types of respondents:* These surveys are designed to assess the satisfaction of the Clinical Center's major internal and external customers with the services provided. These customers include, but are not limited to, the following groups of individuals: Clinical Center patients, family members of Clinical Center patients, visitors to the Clinical Center, National Institutes of Health investigators, NIH intramural collaborators, private physicians or organizations who refer patients to the Clinical Center, volunteers, vendors and collaborating commercial enterprises, small businesses, regulators, and other organizations. The annual reporting burden is as follows:

Customer	Type of survey	Estimated number to be surveyed	Expected response rate (percent)	Time to complete survey (minutes)	Estimated burden hours
FY 2004					
Clinical Center Patients	Questionnaire	5000	50	30	1250
Family Members of Patients	Questionnaire	3000	50	30	750
Visitors to the Clinical Center	Questionnaire	1500	15	10	37.5
Clinical Center Employees	Questionnaire/Electronic	2500	60	20	501
NIH Investigators	Questionnaire/Electronic	2400	25	30	300
NIH Intramural Collaborators	Questionnaire/Electronic	1500	30	15	112.5
Vendors and Collaborating Commercial Enterprises.	Questionnaire	2000	20	15	100
Professionals and Organizations Referring Patients.	Questionnaire/Electronic	1000	30	20	100.2
Regulators	Questionnaire/Electronic	30	85	20	8.5
Volunteers	Questionnaire	275	60	20	55.11
Total		19,205			3215.01
FY 2005					
Clinical Center Patients	Questionnaire/Electronic	5000	50	30	1250
Family Members of Patients	Questionnaire/Electronic	2000	50	30	500
Visitors to the Clinical Center	Questionnaire/Electronic	1000	15	10	25
Clinical Center Employees	Questionnaire/Electronic	2500	60	20	501
NIH Investigators	Questionnaire/Electronic	2500	25	20	208.75
NIH Intramural Collaborators	Questionnaire/Electronic	1000	30	10	50.1
Vendors and Collaborating Commercial Enterprises.	Questionnaire/Electronic	2500	20	15	125
Professionals and Organizations Referring Patients.	Questionnaire/Electronic	3000	30	20	300.6
Regulators	Questionnaire/Electronic	25	80	15	5
Volunteers	Questionnaire/Electronic	300	50	15	37.5
Total		19,825			3002.95
FY 2006					
Clinical Center Patients	Questionnaire/Electronic	5000	60	30	1500
Family Members of Patients	Questionnaire/Electronic	2000	40	30	400
Visitors to the Clinical Center	Questionnaire/Electronic	1000	15	10	25.05
Clinical Center Employees	Questionnaire/Electronic	2500	60	15	375

Customer	Type of survey	Estimated number to be surveyed	Expected response rate (percent)	Time to complete survey (minutes)	Estimated burden hours
NIH Investigators	Questionnaire/Electronic	2000	25	15	125
NIH Intramural Collaborators	Questionnaire/Electronic	2000	30	10	100.2
Vendors and Collaborating Commercial Enterprises.	Questionnaire/Electronic	2500	15	20	125.25
Professionals and Organizations Referring Patients.	Questionnaire/Electronic	2000	30	20	200.4
Regulators	Questionnaire/Electronic	30	85	205	8.5
Volunteers	Questionnaire/Electronic	275	60	30	82.5
Total		19,305			2,941.9

Estimated costs to the respondents consists of their time; time is estimated using a rate of $10.00 per hour for patients and the public; $30.00 for vendors, regulators, organizations and $55.00 for health care professionals. The estimated annual costs to respondents for each year for which the generic clearance is requested is $27,187.10 for 2004, $31,043 for 2005, and $24,693.70 for 2006. Estimated Capital Costs are $7,000. Estimated Operating and Maintenance costs are $73,000.

Requests 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 functions of the Clinical Center and the agency, including whether the information shall 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 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. David K. Henderson, Deputy Director for Clinical Care, Warren G. Magnuson Clinical Center, National Institutes of Health, Building 10, Room 2C 146, 9000 Rockville Pike, Bethesda, Maryland 20892, or call non-toll free: 301–496–3515, or e-mail your request or comments, including your address to: *dkh@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: December 11, 2003.

David K. Henderson,

Deputy Director for Clinical Care, CC, National Institutes of Health.

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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, DHHS.

ACTION: Notice.

SUMMARY: The invention listed below is owned by an agency of the U.S. Government and is 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 any 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.

Phenylthiocarbamide (PTC) Taste Receptor

Dennis Drayna, Un-Kyung Kim, Mark Leppart (NIDCD)

U.S. Provisional Application No. 60/306,991 filed 20 Jul 2001 (DHHS Reference No. E–169–2001/0–US–01); International Publication No. W0 03/008627 (DHHS Reference No. E–169–2001/0–PCT–02)

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Bitter taste has evolved in mammals as a central warning signal against ingestion of poisonous or toxic compounds. However, many beneficial compounds are also bitter and taste masking of bitter tasting pharmaceutical compounds is a billion dollar industry. The diversity of compounds that elicit bitter-taste sensations is vast and more than two dozen members of the TAS2R bitter taste receptor gene family have been identified. How individuals are genetically predisposed to respond or not to respond to the bitter taste of substances like nicotine and certain foods like broccoli may have broad implications for nutritional status and tobacco use. Large individual differences in the taste perception of bitter compounds have been well documented, and phenylthiocarbamide (PTC), the subject of this invention by scientists at the NIH and the University of Utah, has been widely used for genetic and anthropological studies.

The PTC receptor encodes a novel member of the G protein-coupled TAS2R bitter taste receptor family (Science (2003) 299, 1221–1225). Three coding SNPs in this gene were identified as giving rise to five haplotypes which accounted for the bimodal distribution of PTC taste sensitivity worldwide. Distinct phenotypes are associated with distinct genotypes and SNPs such as these identifying variations in the PTC receptor would allow taste masking of bitter tasting compounds tailored to the population genetics profile of different groups and populations.

The invention available for licensing includes composition of matter claims for a bitter taste receptor for PTC, antibodies to the receptor and methods