Subject name	Address	Effective date
Smith, Nicholas	Oviedo, FL	5/19/2005
Steidl, Elizabeth	Palm Bay, FL	5/19/2005
Stiver, Dorothea	Clanton, AL	5/19/2005
Suggs, Sharon	Adamsville, TN	5/19/2005
Sutphin, Mary	Goodview, VA	5/19/2005
Swartz, Theresa	Jacksonville, FL	5/19/2005
Taylor, Ronald	Carson, CA	5/19/2005
Tebo, Elizabeth	Grover, MO	5/19/2005
Thomas, Cynthia	Brooksville, FL	5/19/2005
Turk, Harold	West Hills, CA	5/19/2005
Valandry, Kelly	Tucson, AZ	5/19/2005
Vaughn, Barbara	Kingsport, TN	5/19/2005
Vidal, Emalee	Gig Harbor, WA	5/19/2005
Vincelette, Brandi	Enosburg Falls, VT	5/19/2005
Von Hoffen, Laura	Chicago, IL	5/19/2005
Vu, Uong	San Diego, CA	5/19/2005
Walker, Robert	Sand Springs, OK	5/19/2005
Wamsley, Patricia	Mansfield, OH	5/19/2005
Watkins, William	Vista, CA	5/19/2005
Wilson, Michael	Chicago, IL	5/19/2005
Wilson, Orphia	Orlando, FL	5/19/2005
Wizes, Adrian	Lake George, NY	5/19/2005
Wood, Danielle	Irving, TX	5/19/2005
Wood, Margaret	Denver, CO	5/19/2005
Wukawitz, Thomas	St Paul, MN	5/19/2005
Zapata, Francisco	Oxnard, CA	5/19/2005
Zini, Julie	Annandale, MN	5/19/2005
Federal/State Exclusion/Suspension:		
Gonzales, Thomas	Las Vegas, NV	5/19/2005
Groombridge, Colleen	Gillette, WY	5/19/2005
Umansky, Olga	Los Angeles, CA	5/19/2005
Fraud/Kickbacks/Prohibited Acts/Settlement Agreements:		
Masri, Asad	Chesterfield, VA	10/6/1994
Owned/Controlled by Convicted Entities:		
Advanced Physicians Management, Inc	Ocoee, FL	5/19/2005
Americare Medical Supply, Inc	Los Angeles, CA	5/19/2005
Default on Heal Loan:		
Kilmer, David	Troutville, VA	2/22/2005
Mazhar, Mark	Woodland Hills, CA	4/18/2005

Dated: April 28, 2005.

Katherine B. Petrowski,

Director, Exclusions Staff, Office of Inspector General.

[FR Doc. 05–9374 Filed 5–10–05; 8:45 am]

BILLING CODE 4152–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Inventory and Evaluation of Clinical Research Networks

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Heart, Lung and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on September 30, 2004, page 58451 and 58452 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection:

Title: Inventory and Evaluation of Clinical Research Networks.

Type of Information Collection Request: NEW.

Need and Use of Information Collection: This project is part of the NIH Roadmap to improve the speed and effectiveness of translating basic scientific discoveries into clinical products and practices that improve health care. The project, which is related to the Reengineering of the Clinical Research Enterprise, has been designed to enhance the efficiency and productivity of clinical research by promoting clinical research networks to rapidly conduct high quality clinical studies where multiple research questions can be addressed. Specifically, this study involves (1) developing an inventory and database of clinical research networks, (2) asking representatives from these networks to respond to an Inventory Questionnaire (Tier 1) that will allow us to update information we collected from public sources and gather additional information on network characteristics, and (3) conducting more in-depth surveys (Tier 2) with ⅓ of the identified networks (Tier 2). Data will be used to characterize the selected networks in terms of network focus, management and governance, effectiveness in changing clinical practice, informatics infrastructure, and training and training infrastructure. Best practices will be identified and presented at a national leadership forum.

Frequency of Response: Networks will be asked to respond to the Inventory Questionnaire (Tier 1) once. It is anticipated that 60% of the networks queried will actually meet the network eligibility criteria. A ⅓ sample of the

eligible networks will also be asked to complete an additional more in-depth survey (Tier 2).

Affected Public: Staff at clinical research networks.

Type of Respondents: Staff completing the surveys will include physicians, nurses, administrators, financial analysts, information technology professionals, and clerks.

The annual reporting burden is as follows:

ESTIMATES OF HOUR BURDEN AND ANNUALIZED COST TO RESPONDENTS

Type of respondents	Number of respondents	Frequency of response	Average time per response	Annual hour burden	Hourly wage rate	Respondent cost
Core Survey						
Principal Investigator/Physician	240	1	.25	60	$470.00	$4,200.00
Extended Surveys						
(1) Funding!: Financial Managers	100	1	.75	75	38.00	2,850.00
(2) Focus! Scientific Productivity, Management, and Governance: Principal Investigator! Physician	100	1	1.25	125	70.00	8,750.00
(3) Network Operations and Training: Study Coordinator! Registered Nurse	100	1	1.25	125	25.00	3,125.00
(4) Recruitment and Retention: Study Coordinator! Registered Nurse	100	1	.50	50	25.00	1,250.00
(5) Information Technology (IT) and Data Management: Network and Database Administrators	100	1	1.0	100	29.00	2,900.00

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address 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.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice should be directed to the Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20502, Attention: NIH Desk Officer. To request more information on the proposed project or to obtain a copy of data collection plans and instruments, contact Dr. Paul Sorlie, Division of Epidemiology and Clinical Applications, NHLBI, NIH, II Rockledge Centre, 6701 Rockledge Drive, MSC #7934, Bethesda, MD 20892–7934, or call non-toll-free number (301) 435–0707, or e-mail your request, including your address to: *sorliep@nhlbi.nih.gov.*

Comments Due Date: Comments regarding this information collected are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: May 4, 2005.

Charles Mackay,

Chief, Project Clearance Liaison, National Institutes of Health.

[FR Doc. 05–9393 Filed 5–10–05; 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, 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 the U.S. patent application 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 a copy of the patent application.

Preparation and Use of Androgenic Compounds: Nandrolone 17beta-carbonates

Richard P. Blye and Hyun K. Kim (NICHD)

U.S. Provisional Application No. 60/650,376 filed 04 Feb 2005 (DHHS Reference No. E–181–2004/0–US–01)

Licensing Contact: Marlene Shinn-Astor; 301/435–4426; *shinnm@mail.nih.gov.*

Hypogonadism is defined as deficient or absent male gonadal function that results in insufficient testosterone secretion. Hypogonadism can be caused by surgery; radiation; genetic and developmental disorders; liver and kidney disease; infection; and certain auto-immune disorders. The most common genetic disorders are Klinefelter syndrome found in men and Turner syndrome in women.

Hypogonadism affects an estimated 4 to 5 million men in the United States, and although it may occur in men at any