Data collection task	Number of participants	Frequency of response	Average time per response	Annual hour burden	Hourly wage rate	Cost to respond
Screener	144	1	0.25	36	$17.68	$636.48
Height and weight	120	1	0.25	30	17.68	530.40
Accelerometer fitting	120	1	0.5	60	17.68	1,060.80
Walking track	120	1	0.5	60	17.68	1,060.80
	.....	.....	1.5	186	.....	3,288.48

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request 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 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.

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. Richard Troiano, CDR, U.S. Public Health Service, Risk Factor Monitoring and Methods Branch, Applied Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, EPN 4005, 6130 Executive Blvd, MSC 7344, Bethesda, MD 20892–7344, or call non-toll-free number (301) 435–6822, or FAX your request to (301) 435–3710, or E-mail your request, including your address, to: *troianor@mail.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: January 11, 2006.

Rachelle Ragland-Greene,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. E6–592 Filed 1–19–06; 8:45 am]

BILLING CODE 4167–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Collection of Demographic and Smoking/Tobacco Use Information From NCI Cancer Information Service Clients

SUMMARY: In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), 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: Collection of Demographic and Smoking/Tobacco Use Information from NCI Cancer Information Service Clients. *Type of Information Collection Request:* Revision of OMB no. 0925–0208 expiration date 11/30/2006. *Need and Use of Information Collection:* The NCI's Cancer Information Service (CIS) provides accurate and up-to-date cancer information to the public through a toll-free telephone number (1–800–4–CANCER) and LiveHelp, an online instant messaging service. In addition, CIS provides smoking cessation assistance through a telephone quitline (accessed through 1–800–44U–QUIT or 1–800–QUITNOW). Characterizing CIS clients is essential to customer service, program planning, and promotion. Currently CIS conducts a brief survey of a sample of telephone and LiveHelp clients at the end of usual service (OMB no. 0925–0208 expiration date 11/30/2006); the survey includes three customer service and five demographic questions (age, sex, race, ethnicity, education). This request is to supplement the current data collection activity by adding (1) four demographic questions related to income, health insurance coverage, and regular source of health care; and (2) a set of 20 smoking/tobacco use questions for individuals seeking smoking cessation assistance. The demographic questions will allow CIS to better measure the program's reach to underserved populations and program impacts on these populations. The smoking/tobacco use questions are necessary as part of the intake and needs assessment process for smoking cessation clients. The information collected about clients' smoking history, previous quit attempts, and motivations to quit smoking will enable Information Specialists to provide effective individualized counseling. Consistent with the current data collection, the proposed demographic and smoking intake questions will be asked of clients who are cancer patients, family members and friends of patients, and the general public. Also consistent with the current data collection, 25% of telephone and quitline clients will be sampled for the proposed demographic questions. If the call is the result of a special promotion, 50% of callers will be surveyed. Overall, it is estimated that 36% of telephone and quitline clients will be sampled for the demographic questions for an estimated annual total of 40,700 telephone clients and 2,400 quitline clients. Also consistent with the current data collection, the demographic questions will be asked of 50% of LiveHelp clients for an estimated annual total of 2,000 online clients. The higher sampling rate for LiveHelp clients is necessary due to the lower response rate among online clients. The proposed smoking intake questions will be asked of 100% of quitline clients for an annual total of approximately 6,700 clients. The combined total to be surveyed each year is approximately 49,400 CIS clients for a total of 2,478 annual burden hours. *Frequency of Response:* Single time. *Affected Public:* Individuals or households. *Type of Respondents:* Cancer patients, family members and friends of cancer patients, and general public who contact CIS via telephone or online. The annual reporting burden is as follows:

TABLE 1.—RESPONDENT AND BURDEN ESTIMATES

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Telephone Clients (36% sampled):				
Demographic questions only	40,700	1	.0178	724
Quitline Clients (36% sampled for demographic questions and 100% for smoking questions):				
Demographic and smoking questions	2,400	1	.2678	643
Smoking questions only	4,300	1	.25	1,075
Subtotal Quitline Clients	6,700			
LiveHelp Clients (50% sampled):				
Demographic questions	2,000	1	.0178	36
Total	49,400			2,478

The annualized cost to respondents is estimated at approximately: $44,827. There are no Capital Costs, Operating Costs, or Maintenance Costs to report.

Request 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 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.

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 Linda Squiers, PhD., Project Officer for Research, Cancer Information Service Branch, National Cancer Institute, NIH, 6116 Executive Blvd, MSC 8322, Rockville, MD, 20892–8322, or call non-toll-free number (301) 594–9075 or E-mail your request, including your address, to: *squiersl@mail.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: January 8, 2006.

Rachelle Ragland-Greene,

National Institutes of Health, NCI Project Clearance Liaison.

[FR Doc. E6–593 Filed 1–19–06; 8:45 am]

BILLING CODE 4167–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: FDA Approvable Human Diagnostic for Osteoarthritis

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health (NIH), Department of Health and Human Services, is contemplating the grant of an exclusive license worldwide to practice the invention embodied in U.S. Patent Application Number 60/602,334 filed August 18, 2005, entitled ''Biomarkers for Osteoarthritis,'' to PeptiFarma, Inc., having a place of business in San Diego, CA 92191. The contemplated exclusive license may be limited to an FDA approvable human diagnostic for osteoarthritis. The United States of America is an assignee of the patent rights in this invention.

DATES: Only written comments and/or application for a license which is received by the NIH Office of Technology Transfer on or before March 21, 2006 will be considered.

ADDRESSES: Request for a copy of the patent, inquires, comments, and other materials relating to the contemplated license should be directed to: Marlene Astor, Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: 301–435–4426; Facsimile: 301–402–0220; e-mail: *ms482m@nih.gov.*

SUPPLEMENTARY INFORMATION: Osteoarthritis is a chronic, often progressive and substantially disabling condition that becomes more common with advanced age. Osteoarthritis commonly involves the knees, hands, hips, neck and back resulting in pain and limitations of movement.

Unfortunately clinically available tests are neither capable of detecting osteoarthritis early in its development, nor sensitive enough to adequately assess disease progression. A better means of diagnosing early osteoarthritis and its progression that can be used to assess the response to therapeutic treatments is needed. The currently available laboratory techniques are highly sensitive but either lack specificity or require large volumes of sample. Rolling Circle Amplification (RCA) is a new technology that precisely localizes unique signals arising from single reporter molecules. RCA has been incorporated into antibody-based microarray system protein chips that enable testing with high sensitivity and specificity for hundreds of proteins simultaneously, using small sample volumes.

This invention describes a method of using RCA technology for detecting the expression of serum proteins that are perturbed in osteoarthritis patients. The results of this testing can be used to identify proteins associated with osteoarthritis presence, prediction of osteoarthritis development and prognosis, predict response to osteoarthritis treatment and potentially also identify future anti-osteoarthritic drugs.

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless,