affects up to twenty percent (20%) of women during their reproductive years. Endometriosis is characterized by the growth of endometrial tissue outside the uterus. This growth of tissue causes recurring severe pain and can lead to infertility. As the current procedure used for diagnosis is invasive and not entirely accurate, there is a need for a fast, accurate, and minimally invasive test to test for endometriosis.

Using DNA microarray analysis of blood lymphocytes, the inventors have identified two gene markers expressed in blood that are able to discriminate between those women who have endometriosis and those that don't. This new technology would be minimally invasive and quick using a blood sample from a patient.

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, within 60 days from the date of this published Notice, the NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: January 23, 2006.

Steven M. Ferguson,

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

[FR Doc. E6–1277 Filed 1–31–06; 8:45 am]

BILLING CODE 4140–01–P

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.

Rapid Anti-Depressant Response Produced by Low Dose Treatment with Anti-Muscarinic Drugs

Maura Furey and Wayne Drevets (NIMH).

U.S. Patent Application No. 11/137,114 filed 25 May 2005 (HHS Reference No. E–175–2004/0–US–01).

Licensing Contact: Norbert Pontzer; 301/435–5502; *pontzern@mail.nih.gov.*

Available for licensing are new methods of rapidly treating depression. The drugs currently used to treat depression work by increasing the activity at serotonin, norepinephrine and perhaps dopamine receptors in the CNS. However these drugs are effective in only 60–70% of patients, require 3–4 weeks of treatment before clinical improvement and have many side effects. These inventors have shown that in human patients, the administration of anti-muscarinic agents produces a rapid, prolonged alleviation of depressive symptoms. Beginning the day following administration of the anti-muscarinic agent, a majority of patients show significant improvements in mood, anxiety, sleep and other depressive symptoms that last days or weeks. The very slow dissociation of some muscarinic agents from their receptors may account for the prolonged therapeutic effects.

In addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Dated: January 23, 2006.

Steven M. Ferguson,

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

[FR Doc. E6–1286 Filed 1–31–06; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

State-of-the-Science Conference: Cesarean Delivery on Maternal Request; Notice

Notice is hereby given of the National Institutes of Health (NIH) ''State-of-the-Science Conference: Cesarean Delivery on Maternal Request'' to be held March 27–29, 2006, in the NIH Natcher Conference Center, 45 Center Drive, Bethesda, Maryland 20892. The conference will begin at 8:30 a.m. on March 27 and 28, and at 9 a.m. on March 29, and will be open to the public.

Despite the national goal of reducing rates of cesarean delivery to 15 percent of births established as part of Healthy People 2010, cesarean delivery rates have continued to increase. In 2003, 1.1 million or 27.5 percent of births in the U.S. were by cesarean delivery. An estimated 2.5 percent of births that year were cesarean deliveries performed on request, in the absence of medical necessity, and the rate of cesareans on request appears to be growing rapidly over time.

The potential benefits of elective cesarean delivery as compared to vaginal delivery are not fully understood but are thought to include decreased risk of urinary incontinence, pelvic organ prolapse, anal sphincter damage and fecal incontinence. Elective cesarean delivery also has the benefit of flexible timing for mother and physician. However, like any major surgical procedure, there are risks associated with cesarean delivery. Risks that are known to be higher for cesarean deliveries than for vaginal delivery include adverse reactions to anesthesia, breathing problems, bleeding, infection, urinary tract injury, and injury to the baby. In addition, recovery time following cesarean delivery is typically longer than for vaginal delivery.

Given these risks, any decision to deliver by cesarean delivery when vaginal delivery is also available should be informed by the best possible information regarding potential health outcomes, good and bad, for both mother and baby. Toward that end, the National Institute of Child Health and Human Development and the Office of Medical Applications of Research of the National Institutes of Health will convene a State-of-the-Science Conference from March 27 to 29, 2006, to assess the available scientific evidence relevant to the following questions: