dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

3. Reporting Requirements

The applicant must provide HHS with an original, plus two hard copies, as well as an electronic copy of the following reports in English:

1. A quarterly progress report, due no less than 30 days after the end of each quarter of the budget period. The progress report for the third quarter of the year will serve as the non-competing continuation application. The quarterly progress report must contain the following elements:

a. Activities and Objectives for the Current Budget Period;

b. Financial Progress for the Current Budget Period;

c. Proposed Activity Objectives for the New Budget Period;

d. Budget;

e. Measures of Effectiveness; and

f. Additional Requested Information.

2. An annual progress report, due 90 days after the end of the budget period, which must contain a detailed summary of the elements required in the quarterly progress report;

3. Final performance reports, due no more than 90 days after the end of the project period; and

4. A Financial Status Report (FSR) SF–269 is due 90 days after the close of each 12-month budget period.

Recipients must mail the reports to the Grants Management Specialist listed in the ''Agency Contacts'' section of this announcement.

VII. Agency Contacts

For program technical assistance, contact: Lily O. Engstrom, Senior Policy Advisor to the Assistant Secretary for Public Health Emergency Preparedness, Office of Public Health Emergency Preparedness, OS, HHS, Telephone: 202.205.4727, E-mail: *lily.engstrom@hhs.gov*.

For financial, grants management, or budget assistance, contact: Grants Management Specialist, Office of Grants Management, Office of Public Health and Science, 11101 Wootten Parkway, Suite 550, Rockville, MD 20857, Telephone: (240) 453–8822, E-mail Address: *kcampbell@osophs.dhhs.gov*.

Dated: March 2, 2006.

Stewart Simonson,

Assistant Secretary for Public Health Emergency Preparedness, Department of Health and Human Services.

[FR Doc. E6–3251 Filed 3–7–06; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the National Advisory Council for Healthcare Research and Quality

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Healthcare Research and Quality.

DATES: The meeting will be held on Friday, April 7, 2006, from 8:30 a.m. to 4 p.m. and is open to the public.

ADDRESSES: The meeting will be held in Room 800, the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Deborah Queenan, Coordinator of the Advisory Council, at the Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850, (301) 427–1330. For press-related information, please contact Karen Migdail at (301) 427–1855.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443–1144 no later than March 24, 2006. Agenda, roster, and minutes from previous council meetings are available from Ms. Bonnie Campbell, Committee Management Officer, Agency for Healthcare Quality and Research, 540 Gaither Road, Rockville, Maryland, 20850. Ms. Campbell's phone number is (301) 427–1554.

SUPPLEMENTARY INFORMATION:

I. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) established the National Advisory Council for Healthcare Research and Quality. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of the Agency to enhance the quality, improve the outcomes, reduce the costs of health care services, improve access to such services through scientific research, and to promote improvements in clinical practice and in the organization, financing, and delivery of health care services.

The Council is composed of members of the public appointed by the Secretary, and Federal ex-officio members.

II. Agenda

On Friday, April 7, 2006, the meeting will convene at 8:30 a.m. with the call to order by the Council Chair. The agenda will include the Director's update on the status of the Agency's current research, programs, and initiatives; a discussion of ambulatory care safety; and the findings on breast cancer from AHRQ's Effective Healthcare initiative. The official agenda will be available on AHRQ's Web site at *http://www.ahrq.gov* no later than March 31, 2006.

The meeting will adjourn at 4 p.m.

Dated: February 27, 2006.

Carolyn M. Clancy,

Director.

[FR Doc. 06–2189 Filed 3–7–06; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clinical Laboratory Improvement Advisory Committee: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Clinical Laboratory Improvement Advisory Committee, Centers for Disease Control and Prevention, of the Department of Health and Human Services, has been renewed for a 2-year period extending through February 19, 2008.

For further information, contact Robert Martin, M.D., Executive Secretary, Centers for Disease Control and Prevention, Department of Health and Human Services, 4470 Buford Highway, M/S G–25, Chamblee, Georgia 30341, telephone 770–488–8295 or fax 7770–488–8282.

The Director, Management and Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: March 2, 2006.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E6–3261 Filed 3–7–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Government-Owned Inventions; Availability for Licensing and Cooperative Research and Development Agreements (CRADAs)

AGENCY: Centers for Disease Control and Prevention Technology Transfer Office; Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The invention named in this notice is owned by agencies of the United States Government and is available for licensing in the United States (U.S.) in accordance with 35 U.S.C. 207, and is available for cooperative research and development agreements (CRADAs) in accordance with 15 U.S.C. 3710a, to achieve expeditious commercialization of results of federally funded research and development. A provisional patent application has been filed. A Patent Cooperation Treaty (PCT) application and national stage foreign patent applications claiming priority to the Patent Cooperation Treaty (PCT) application are expected to be filed within the appropriate deadlines to extend market coverage for U.S. companies and may also be available for licensing.

ADDRESSES: Licensing and CRADA information, and information related to the technology listed below, may be obtained by writing to Suzanne Seavello Shope, J.D., Technology Licensing and Marketing Scientist, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Mailstop K–79, 4770 Buford Highway, Atlanta, GA 30341, telephone (770)488–8613; facsimile (770)488–8615; or e-mail *sshope@cdc.gov*. A signed Confidential Disclosure Agreement (available under Forms at *http://www.cdc.gov/tto*) will be required to receive copies of unpublished patent applications and other information.

Diagnostics

Immunoassay for Diagnosis of Orthopoxvirus Infection

A CDC-developed immunoassay may be used for the diagnosis of infection with Orthopoxviruses (*e.g.* Monkeypox, Variola) by detection of acute phase immune responses that correlate to recent infection. With recent recognition of Orthopox viruses as emerging infectious agents with zoonotic transmission capabilities as well as select agents for bioterrorism, assays for the detection or diagnosis of infections are sought. This assay provides a rapid and simple method for detection of infection with these viruses related to zoonotic transmission or bioterrorism events involving such viruses.

Use of the assay produced high levels of sensitivity during the 2003 Monkeypox outbreak in North America when compared to PCR. Commercialization of the ELISA test may provide a standard screening tool for diagnosis of Orthopoxvirus as well as a surveillance tool for exposure.

The immunoassay may also be useful at the state level for BT surveillance including an opportunity for use in reference labs. Reagents used in the assay are available through CDC laboratories and for commercial development of the assay. Further refinement of the assay may result in the development of additional reagents for incorporation into the assay.

Inventors: Kevin L. Karem, Inger K. Damon and Joanne L. Patton.

CDC Ref. #: I–014–04.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E6–3267 Filed 3–7–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Government-Owned Inventions; Availability for Licensing and Cooperative Research and Development Agreements (CRADAs)

AGENCY: Centers for Disease Control and Prevention, Technology Transfer Office, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The invention named in this notice is owned by agencies of the United States Government and is available for licensing in the United States (U.S.) in accordance with 35 U.S.C. 207, and is available for cooperative research and development agreements (CRADAs) in accordance with 15 U.S.C. 3710a, to achieve expeditious commercialization of results of federally funded research and development. A provisional patent application has been filed. In addition, the invention is protected by copyright registration. A Patent Cooperation Treaty (PCT) application and national stage foreign patent applications claiming priority to the Patent Cooperation Treaty (PCT) application are expected to be filed within the appropriate deadlines to extend market coverage for U.S. companies and may also be available for licensing.

ADDRESSES: Licensing and CRADA information, and information related to the technology listed below, may be obtained by writing to Suzanne Seavello Shope, J.D., Technology Licensing and Marketing Scientist, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Mailstop K–79, 4770 Buford Highway, Atlanta, GA 30341, telephone (770)488–8613; facsimile (770)488–8615; or e-mail *sshope@cdc.gov*. A signed Confidential Disclosure Agreement (available under Forms at *www.cdc.gov/tto*) will be required to receive copies of unpublished patent applications and other information.

Software

Computer Software for Automating Permeation Testing Data Analysis

Data analysis for chemical protective clothing (CPC) permeation testing involves a number of equations and experimental factors. Experimenter bias and possible calculation errors are critical issues when determining permeation parameters. In order to compare results among different laboratories and manufacturers, the normalized breakthrough time is required since it is not dependent on the detection limits of the analytical system. However, calculating the normalized breakthrough time requires the use of polynomial curve fitting, polynomial derivatives, and quadratic equations. Solving these equations, without a computer program, would be very difficult. Therefore, a unique computer program using Microsoft Visual C++, referred to as ''Permeation Calculator'', has been developed at the National Institute for Occupational Safety and Health/National Personal Protective Technology Laboratory (NIOSH/NPPTL) to calculate the permeation parameters. The program imports data and then calculates the permeation parameters;