expresses both hemagglutinin (HA) and matrix (M) proteins, generating both humoral and cellular immune responses. The vaccine candidate completely protected mice against homologous virus challenge and significantly improved survival against heterologous virus challenge. A robust and reliable vaccine supply is widely recognized as critical for seasonal or pandemic influenza preparedness. The advantages offered by this vaccine make it an excellent candidate for further development.

Advantages: (1) DNA vaccines are easy to produce and store; (2) Vaccine candidate improved survival against heterologous virus challenge; (3) No risk of reversion to pathogenic strain as with live-attenuated virus vaccines; (4) Can be administered to immuno-compromised individuals, increasing potential market size; (5) HA and M proteins encoded by single vector, ensuring uniform delivery of immunogen; (6) More efficient to boost synergistic effects on both HA and M specific immune responses than a mixture of individual plasmids; (7) M protein not subject to antigenic drift, which allows advanced manufacturing and overcomes the need for strain monitoring; (8) DNA vaccines elicit cellular immune response, essential for efficient virus clearance.

Inventors: Zhiping Ye *et al.* (FDA).

Patent Status: U.S. Provisional Application No. 60/786,747 filed 27 Mar 2006 (HHS Reference No. E–300–2005/0–US–01).

Licensing Status: Available for exclusive or non-exclusive licensing.

Licensing Contact: Susan Ano, Ph.D.; 301/435–5515; *anos@mail.nih.gov.*

Collaborative Research Opportunity: The Food and Drug Administration is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. Please contact the inventor, Zhiping Ye at 301/435–5197 or Beatrice Droke at 301/827–7008 for more information.

Method for Improved Phase Contrast MRI Resolution

Description of Technology: This invention is a method to significantly improve the temporal or spatial resolution in a phase contrast MRI (PC–MRI) study. In general, conventional PC–MRI involves encoding the motion information of spins in the phase of the image. The velocity of the spin motion can be extracted by calculating the phase difference between two consecutive images acquired with two different bipolar encoding gradients. Two scans are required in order to reconstruct flow velocity data, resulting in an increase in image acquisition and reconstruction time by a factor of two compared to that of a standard anatomical image. As a means of reducing the PC–MRI scan time, the inventors propose a method of acquiring only a fraction of k-space data. The k-space is sampled using an under-sampled spiral or single projection, radial scheme. Subsequently, the two data sets in the PC–MRI are subtracted to extract the motion information from undersampled data without any aliasing artifacts. This method of partial-field of view acquisition and reconstruction of PC-MRI results in an increased temporal resolution, while maintaining high spatial resolution. The increase in image acquisition efficiency could be used to increase the spatial resolution while maintaining the temporal resolution.

Inventors: Reza Nezafat *et al.* (NHLBI).

Patent Status: U.S. Patent Application No. 11/227,406 filed 14 Sep 2005 (HHS Reference No. E–134–2005/0-US–01).

Licensing Status: Available for non-exclusive or exclusive licensing.

Licensing Contact: Chekesha Clingman, PhD; 301/435–5018; clingmac@mail.nih.gov.

Image Guided Systems and Methods for Organ Viability Assessment

Description of Technology: The number of patients for organ transplants continues to grow, without an increase in the number of organs available for transplant. This has increased interest in transplanting organs from non-traditional sources, such as donations after cardiac death. However, there are currently no methods to objectively measure the effects of resuscitation and ischemia damage on organ viability.

The present invention relates to systems and methods for evaluating the status and characterization of organs, determining their suitability for transplants, as well as restoring the viability of organs intended for transplants. Particularly, this method is based on using optical (infrared or near infrared) imaging to guide the resuscitation of the donor organs and predict the recovery of grafts challenged with several hours of preservation. This method allows for localization of ischemic areas and guiding targeted resuscitation of the organ.

For example, the inventors have shown that by combining a kidney reperfusion system with infrared imaging equipment, it is possible to differentiate between ischemic and non-ischemic tissue and restore the viability of the kidney. This method can potentially be used to evaluate the viability of any body part or organ intended for transplantation, such as extremities, heart, lungs, and liver. This approach can lead to the utilization of donation-after-cardiac-death organs and can substantially increase the donor pool of organs. Hence, this new method can identify organs that may be considered unsuitable for transplant, and help prevent transplantation of organs whose function may be considered impaired, as well as help guide resuscitation efforts.

Inventors: Alexander M. Gorbach (ORS), Allan D. Kirk (NIDDK), Eric Elster (NIDDK).

Patent Status: U.S. Provisional Application No. 60/778,785 filed 03 Mar 2006 (HHS Reference No. E–098–2005/0–US–01).

Licensing Status: Available for non-exclusive or exclusive licensing.

Licensing Contact: Chekesha Clingman, PhD; 301/435–5018; *clingmac@mail.nih.gov.*

Dated: June 5, 2006.

David R. Sadowski,

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

[FR Doc. E6–9018 Filed 6–8–06; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the rant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Special Emphasis Panel; Small Grants for Behavioral Research in Cancer Control.

Date: June 26–27, 2006.

Time: 9 a.m. to 5 p.m.

Agenda: To review an evaluate grant applications.

Place: Ramada Inn Rockville, 1775 Rockville Pike, Rockville, MD 20852.

Contact Person: Joyce C. Pegues, PhD, Scientific Review Administrator, Special Review and Logistics Branch, Division of Extramural Activities, National Cancer Institute, 6116 Executive Blvd., 7149, Bethesda, MD 20892. (301) 594–1286. *peguesj@mail.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.382, Cancer Construction, 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower, 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: June 2, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06–5261 Filed 6–8–06; 8:45am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Initial Review Group; Subcommittee J—Population and Patient-Oriented Training.

Date: June 27–28, 2006.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Radisson Hotel Old Town Alexandria, 901 North Fairfax Street, Alexandria, VA 22314.

Contact Person: Ilda M. McKenna, PhD, Scientific Review Administrator, Research Training Review Branch, Division of Extramural Activities, National Cancer Institute, 6116 Executive Boulevard, Room 8111, Bethesda, MD 20892. (301) 496–7481. *mckennai@mail.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: June 2, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06–5262 Filed 6–8–06; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Board of Scientific Counselors for Clinical Sciences and Epidemiology National Cancer Institute.

The meeting will be closed to the pubic as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the National Cancer Institute, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Board of Scientific Counselors for Clinical Sciences and Epidemiology National Cancer Institute.

Date: July 10–11, 2006.

Time: July 10, 2006, 7 p.m. to 11 p.m.

Agenda: To review and evaluate personal qualifications and performance, and competence of individual investigators.

Place: National Institutes of Health, National Cancer Institute, 9000 Rockville Pike, Building 31, Conference Room 6, Bethesda, MD 20892.

Time: July 11, 2006, 9 a.m. to 3 p.m.

Agenda: To review and evaluate personal qualifications and performance, and competence of individual investigators.

Place: National Institutes of Health, National Cancer Institute, 9000 Rockville Pike, Building 31, Conference Room 10, Bethesda, MD 20892.

Contact Person: Brian E. Wojcik, PhD, Senior Review Administrator, Institute Review Office, Office of the Director, National Cancer Institute, 6116 Executive Boulevard, Room 2114, Bethesda, MD 20892. (301) 496–7628. *wojcikb@mail.nih.gov.*

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: *deainfo.nci.nih.gov/advisory/bsc.htm,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: June 2, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06–5263 Filed 6–8–06; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Heart, Lung, and Blood Initial Review Group; Clinical Trials Review Committee.

Date: June 26, 2006.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.