Data are collected on the number of full-time equivalent residents in applicant children's hospitals' training programs to determine the amount of direct and indirect medical education payments to be distributed to participating children's hospitals. Indirect medical education payments will also be derived from a formula that requires the reporting of discharges, beds, and case mix index information from participating children's hospitals. Hospitals will be requested to submit such information in an annual application. Hospitals will also be requested to submit data on the number of full-time equivalent residents a second time during the Federal fiscal year to participate in the reconciliation payment process.

The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
HRSA 99–1 (Initial Application)	60	1	60	26	1,560
HRSA 99–1 (Reconciliation Application)	60	1	60	8	480
HRSA 99–2 (Initial Application)	60	1	60	15	900
HRSA 99–2 (Reconciliation Application)	60	1	60	5	300
HRSA 99–3 (Initial Application)	60	1	60	.25	15
HRSA 99–3 (Reconciliation Application)	60	1	60	.25	15
HRSA 99–4 (Reconciliation Application)	60	1	60	14	840
HRSA 99–5 (Initial Application)	60	1	60	.25	15
HRSA 99–5 (Reconciliation Application)	60	1	60	.25	15
Total	60		60		4,140

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 23, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–14411 Filed 8–29–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; National Network of Tobacco Cessation Quitlines Evaluation

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute, the National Institutes of Health has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on January 27, 2006 (page 4595) 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: Evaluation of the HHS National Network of Tobacco Cessation Quitlines Initiative.

Type of Information Collection Request: New.

Need and Use of Information Collection: In February 2004, the U.S. Department of Health and Human Services announced plans for a national network of tobacco cessation quitlines to provide all smokers in the United States access to the support and latest information to help them quit. To provide the highest level of assistance to smokers across the country who wants to quit, NCI established a new toll-free telephone number (1–800–QUIT–NOW) on November 8, 2004. The aim of the National Network of Tobacco Cessation Quitlines (NNTCQ) initiative (the Initiative) is to strengthen service delivery; provide a mechanism for integration and implementation of state, regional, and national campaigns; and increase healthcare utilization by minority and medically underserved populations. NCI, CDC, and other state, private industry, and partner organizations (the North American Quitline Consortium) have created the infrastructure and a coordinated mechanism to offer cessation services to the American public. The Initiative seeks to enhance existing state-managed quitlines and to encourage the establishment of quitlines in states without them. It is expected that successful implementation of the Initiative will foster partnerships across state quitlines for technology transfer, sharing of effective practices, and understanding patterns of use and reach to special populations, thereby ensuring a sustained level of effectiveness over time. The goal of this evaluation is to monitor the implementation of the Initiative, assess its impact on key stakeholders, and examine its implications for public health. To that end, this study will conduct a series of in-depth key informant telephone interviews and selected site visits with state tobacco control officers, quitline administrators and counseling staff. Representatives of organizations and individuals that partner with quitlines, such as community health organizations or health care providers, will also be interviewed. The findings will provide valuable information concerning the development and implementation of the NNTQC initiative as a potential model for Federal-State partnerships, the impact on building and enhancing state quitline capacity, and implications for the state tobacco control community.

The annual reporting burden is presented in exhibit 1, below.

Frequency of Response: One occasion.

Affected Public: State agencies, businesses or other for-profit, non-profit associations.

Type of Respondents: Federal and state employees, health services providers, administrators and researchers.

The annual reporting burden is as follows:

Estimated Number of Respondents: 228.

Estimated Number of Responses per Respondent: 1.

Average Burden Hours per Response: .7445.

Estimated Total Annual Burden Hours Requested: 169.75.

The annualized cost to respondents is $7,129.50.

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

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
State Tobacco Control Manager	51	1	1.00	51.00
State Quitline Administrator	51	1	1.00	51.00
State Quitline Service Provider	19	1	.75	14.25
State Quitline Partner	102	1	.50	51.00
NAQC Representative	5	1	.50	2.50
Total	228			169.75

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.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Candace Deaton, M.P.A., Project Officer, National Cancer Institute, Cancer Information Service, 6116 Executive Blvd., Suite 3056A, Room 3028, Rockville, MD 20892 or call non-toll-free number 301–594–9072 or e-mail your request, including your address to: *deatonc@mail.nih.gov.*

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

Dated: August 21, 2006.

Rachelle Ragland Greene,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. E6–14354 Filed 8–29–06; 8:45 am]

BILLING CODE 4101–01–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.

ABCB1 Genotyping To Predict Paclitaxel Toxicity

Description of Technology: Paclitaxel has been a frontline chemotherapeutic drug used for the treatment of various cancers including metastatic breast cancer and ovarian cancer. Its use has successfully prolonged patient survival. A major drawback of paclitaxel is the cytotoxic side-effects that are associated with it such as myologenic and neurogenic toxicities. The degree of such toxicities varies with individual patients. Predicting the extent of such toxicities following paclitaxel treatment will immensely help in defining optimal treatment schedules for each individual patient. Concurrently, it will significantly improve patient quality of life.

This technology describes the identification of three genetic markers in the *ABCB1* (MDR–1, P-glycoprotein) gene that can be used to predict the degree of neutropenia and peripheral neuropathy that an individual will experience following paclitaxel treatment. These markers were identified using DNA from blood samples of cancer patients undergoing paclitaxel treatment. This technology can be developed into a routine blood test to identify patient subsets that are more susceptible to paclitaxel treatment associated neutropenia and neuropathy.

Applications:

1. Three novel genetic markers that can predict extent of paclitaxel associated toxicities.

2. A screening test based on ABCB1 genotype profiling using patient blood samples that predicts paclitaxel associated neutropenia and peripheral neuropathy.

Market: The diagnostic market is worth about $3 billion by 2007 and estimated to grow further.

Development Status:

1. The technology is a pilot study currently in the pre-clinical stage of development.

2. A prospective ABCB1 genotype directed clinical trial is foreseen in the near future.

Inventors: William D. Figg (NCI), Alex Sparreboom (NCI), Tristan M. Sissung (NCI), Stephan Mielke (NCI), *et al.*