ESTIMATES OF ANNUALIZED HOUR BURDEN

Form	Number of respondents	Responses per respondents	Total responses	Hours per response	Total burden hours
Deceased Donor Registration	58	215	12,470	0.4200	5,237.4000
Death referral data	58	12	696	10.0000	6,960.0000
Living Donor Registration	711	10	7,110	0.4100	2,915.1000
Living Donor Follow-up	711	18	12,798	0.3300	4,223.3400
Donor Histocompatibility	154	95	14,630	0.0600	877.8000
Recipient Histocompatibility	154	172	26,488	0.1100	2,913.6800
Heart Candidate Registration	135	23	3,105	0.2800	869.4000
Lung Candidate Registration	67	27	1,809	0.2800	506.5200
Heart/Lung Candidate Registration	59	1	59	0.2800	16.5200
Thoracic Registration	135	27	3,645	0.4400	1,603.8000
Thoracic Follow-up	135	229	30,915	0.4130	12,767.8950
Kidney Candidate Registration	250	133	33,250	0.2800	9,310.0000
Kidney Registration	250	69	17,250	0.4400	7,590.0000
Kidney Follow-up	250	544	136,000	0.3332	45,315.2000
Liver Candidate Registration	125	89	11,125	0.2800	3,115.0000
Liver Registration	125	54	6,750	0.4000	2,700.0000
Liver Follow-up	125	383	47,875	0.3336	15,971.1000
Kidney/Pancreas Candidate Registration	146	12	1,752	0.2800	490.5600
Kidney/Pancreas Registration	146	7	1,022	0.5300	541.6600
Kidney/Pancreas Follow-up	146	65	9,490	0.5027	4,770.6230
Pancreas Candidate Registration	146	7	1,022	0.2800	286.1600
Pancreas Registration	146	3	438	0.4400	192.7200
Pancreas Follow-up	146	23	3,358	0.4133	1,387.8614
Intestine Candidate Registration	45	8	360	0.2400	86.4000
Intestine Registration	45	4	180	0.5300	95.4000
Intestine Follow-up	45	17	765	0.5059	387.0135
Post Transplant Malignancy	711	6	4,266	0.0800	341.2800
Total	923	.....	388,628	.....	131,472.4329

Send comments to Susan G. Queen, PhD, 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: February 27, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. E7–3918 Filed 3–6–07; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Practitioner Data Bank; Announcement of Proactive Disclosure Service (PDS) Opening Date and User Fees

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), is announcing the implementation of a Proactive Disclosure Service (PDS) Prototype. The PDS is being offered as an alternative to the periodic querying of the National Practitioner Data Bank (NPDB). It was developed in response to the growing interest of healthcare entities in on-going monitoring of practitioner credentials.

Authorized Data Bank entities can choose to enroll all of their practitioners in PDS or enroll some practitioners while continuing to periodically query on others using the regular query methods. The query fee for periodic queries remains $4.75 per name. Entities with PDS enrolled practitioners will be notified within one business day of the NPDB's receipt of a report on any of their enrollees. While entities can expect to receive reports sooner with PDS, the format of and the information contained in a report, as well as the information required to be reported will remain the same. Initially, the PDS is being offered as a prototype. The annual subscription fee, during the prototype period, is $3.25 per practitioner. This rate is subject to change after the prototype period is complete.

DATES: This fee will be effective April 30, 2007.

FOR FURTHER INFORMATION CONTACT: Mark Pincus, Branch Chief, Practitioner Data Banks Branch, Office of Workforce Evaluation and Quality Assurance, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Rm 8C–103, 5600 Fishers Lane, Rockville, MD 20857, Tel: 301–443–2300, E-mail: *policyanalysis@hrsa.gov.*

SUPPLEMENTARY INFORMATION:

1. PDS Enrollment Availability

The PDS prototype will be available April 30, 2007. An invitation to enroll practitioners in the prototype has been extended first to organizations that assisted HRSA with designing and pricing, which occurred between 2003 and 2005. All NPDB registered entities have been invited to enroll their practitioners to meet a predetermined number for enrollees. Once this number is achieved, enrollment in the prototype will close. It is anticipated that the PDS prototype period will last approximately 18 to 24 months before it is opened to all authorized Data Bank entities.

2. User Fee Amount

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Public Law 99–660, as amended (42 U.S.C. 11101 *et seq.*). Section 427(b)(4) of the Act authorizes the establishment of fees for the costs of processing related to receiving and disclosing information.

Final regulations at 45 CFR part 60 set forth these criteria and procedures for information to be reported to and disclosed by the NPDB. Section 60.3 of these regulations defines the terms used in this announcement.

In determining any changes in the amount of the user fee, the Department uses the criteria set forth in section 60.12(b) of the regulations. The Department must recover the full costs of operating the Data Bank through user fees. Paragraph (b) of the regulations states:

''The amount of each fee will be determined based on the following criteria:

a. Use of electronic data processing equipment to obtain information—the actual cost for the service, including computer search time, runs, printouts, and time of computer programmers and operators, or other employees,

b. Photocopying or other forms of reproduction, such as magnetic tapes—actual cost of the operator's time, plus the cost of the machine time and the materials used,

c. Postage—actual cost, and

d. Sending information by special methods requested by the applicant, such as express mail or electronic transfer—the actual cost of the special service.''

An annual subscription fee of $3.25 per practitioner will be charged upon enrollment. This fee includes the cost of an initial query, which automatically occurs when a practitioner is first enrolled, and all reports received on the enrolled practitioner over the course of the subscription period of 1 year. The fee was determined through economic analysis of the average annual rate of queries performed by health care entities in relationship to the current query fee that is based on the actual cost for services. The Department will accept payment for the subscription fee from entities via credit card or electronic funds transfer. When the prototype period concludes, the Department may change the subscription fee. Any changes will be announced through notice in the **Federal Register**.

The periodic query fee remains at $4.75 per name. The practitioner self-query fee remains at $8.00. Currently when a periodic query is on one or more physicians, dentists or other health care practitioners, the appropriate fee will be $4.75 multiplied by the number of individuals about whom the information is requested. Similarly, when a PDS prototype participating entity enrolls one or more physicians, dentists or other health care practitioners, the appropriate fee will be $3.25 multiplied by the number of individuals whom are enrolled. An individual practitioner may not enroll in PDS. For examples, see the tables below.

Periodic query method	Fee per name in query	Examples
Entity query (via) internet with electronic payment	$4.75	10 names in query. 10 x $4.75 = $47.50.
Practitioner Self-query	8.00	One self-query = $8.00.

Proactive disclosure service (PDS) query method	Fee per name enrolled	Examples
Entity query (via) internet with electronic payment	$3.25	10 names in query. 10 x $3.25 = $32.50.

Dated: March 1, 2007.

Elizabeth M. Duke,

Administrator.

[FR Doc. E7–3974 Filed 3–6–07; 8:45 am]

BILLING CODE 4165–15–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.

Novel System for HIV–1 Vaccine Development

Description of Technology: The available technologies describe specific immunogenic peptides, peptide modifications and methods for identifying additional immunogens against HIV–1 surface proteins, gp120 and gp41. Additionally, detailed methods for use of the described immunogenic peptides in the development of vaccines and diagnostics for HIV–1 are disclosed. The current technologies further include a comprehensive system for immunogen design, comprising *in silico* design coupled to feedback from X-ray crystallography, antigenic analysis, and immunization.

The described methodology demonstrates how to transplant a given HIV–1 epitope recognized by broadly neutralizing antibodies into an appropriate scaffold, while preserving its structure and antigenicity. Conservation of the three dimensional structure may lead to the generation of antibodies with broadly neutralizing characteristics, similar to the template antibody. Such epitope-transplant scaffolds may serve as valuable diagnostics to identify specific serum reactivity against the target HIV–1 epitopes. The subject scaffolding technology may be applied to any virus for which a broadly neutralizing