of screening to improve outcomes for women exposed to IPV.

Based on the recommendations of a recent expert panel, in order to provide this evidence we are proposing to conduct a randomized controlled trial. The trial will recruit 3680 women in a public obstetrics, gynecology, and family planning clinic. Women attending this clinic tend to be African American and of lower socioeconomic status. For this study (the Main Study), women will be randomly allocated to one of three arms: (1) Screened for IPV, and if disclosing IPV, provided information on available IPV services; (2) not screened and all receiving information on available IPV services; or (3) a control group that will not be screened nor receive information on available IPV services. All three arms will be assessed with a self-report measure for mental health, disability, and quality of life at baseline utilizing an audio-computer-assisted structured interview (A–CASI) and at a 12-month follow-up utilizing a computerized-assisted telephone interview (CATI). A pretest with 196 women in this same clinic will be conducted to test the enrollment, randomization, interview, and follow-up procedures; provide estimates for outcome measures and a potential mediator of outcomes (contact of IPV services); and establish the concordance between measures used at baseline (in the clinic) and at a one-week follow-up over the phone. The study arms of the Pretest, which vary slightly from those of the Main Study, are designed to accomplish these intermediate objectives. The results will be used to refine the measures, procedures, and sample size requirements for the Main Study. The results from the Main Study, the Randomized Controlled Trial, will guide CDC as well as other governmental agencies, professional and health care organizations, and women's advocate groups in formulating its recommendations and policies regarding routine screening.

There are no costs to respondents other than their time to participate in the survey. The total estimated annualized burden hours are 717.7.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondents	Average burden per response (in hours)
Potential Eligibility for Pretest	210	1	1/60
Pretest Baseline Participants	196	1	15/60
Pretest Follow-up Participants	176	1	12/60
Potential Eligibility for Main Study	4600	1	1/60
Main Study Baseline Participants	3680	1	17/60
Main Study Follow-up Participants	2580	1	22/60

Dated: June 19, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–12241 Filed 6–22–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): Risk Factors for Birth Defects, Request for Application (RFA) DD 07–001

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Time and Date: 9 a.m.–5 p.m., August 1, 2007 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to ''Risk Factors for Birth Defects,'' RFA DD 07–001.

Contact Person for More Information: Juliana Cyril, Ph.D., Scientific Review Administrator, Office of Public Health Research, CDC, 1600 Clifton Road, NE., Mailstop D72, Atlanta, GA 30333, Telephone 404–639–4639.

The Director, Management 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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 18, 2007.

Elaine L. Baker,

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

[FR Doc. E7–12222 Filed 6–22–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Graduate Student Training Program Application

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Graduate Partnerships Program/OITE/OIR/OD, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Graduate Student Training Program Application. *Type of Information Collection Request:* Revision. *Form Number:* 0925–0501. *Expiration Date:* November 30, 2007. *Need and Use of Information Collection:* The information gathered in the Graduate Student Training Program application will enable the evaluation and identification of graduate students wishing to perform part or all of their PhD dissertation research within the

NIH Intramural Research Program (NIH–IRP). The application for admission into the Graduate Partnerships Program (GPP) models many university graduate school applications, key areas including: Contact information, citizenship status, identification of partnerships to which the student wishes to apply, educational history, standardized examination scores, letters of recommendation, research interests, personal statement / proposed research, and NIH investigator for dissertation research. In addition, race, ethnicity, gender, and disability questions are included though optional for completion; used only for statistical purposes in evaluating GPP recruiting efforts and compliance with federal regulations. The Graduate Student Training Program application will be used by the NIH Admission Committees to identify candidates for admission in institutional and individual partnerships.

Frequency of Response: Once. *Affected Public:* Individuals. *Type of Respondents:* Students pursuing an advanced degree, Ph.D., who would like to perform part or all of their dissertation research in the NIH Intramural Research Program laboratories.

The annual reporting burden is displayed in the following table:

ESTIMATES OF ANNUAL BURDEN HOURS

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Graduate Student Applicants On-Line	100	1	0.50	50
Post-baccalaureate Applicants On-Line	500	1	0.50	250
Collection & Submission of Hardcopy Documents	600	1	0.50	300
Recommendations (600 × 3)	1800	1	0.25	450
Feedback Questions	200	1	0.25	50
Totals	3200			1100

Estimates of capital costs, operating costs, and/or maintenance costs are displayed in the following table:

ESTIMATE OF ANNUAL COST TO THE FEDERAL GOVERNMENT

Annualized capital, start-up cost	Amount	Operational/maintenance & purchase components	Amount
Information Collection	$0.00	Trouble-shooting and monitoring fees	$2000.00
Application Design, Development, Testing	12,000.00	Maintenance	1000.00
Total	12,000.00	Total	3,000.00

Estimate of Other Total Annual Cost Burden: $15,000.00.

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate 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) Evaluate 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) Enhance the quality, utility, and clarity of the information to be collected; and (4) 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.

For Further Information: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Patricia Wagner, Director of Admissions & Registrar, Graduate Partnerships Program, National Institutes of Health, 2 Center Drive, Building 2 / Room 2E12, Bethesda, Maryland 20892–0234, or call 301–594–9603 or E-mail your request, including your address to: *wagnerpa@od.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: June 18, 2007.

Michael M. Gottesman,

Deputy Director for Intramural Research, National Institutes of Health.

[FR Doc. E7–12175 Filed 6–22–07; 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