samples) and an average of 0.25 hour per response is required for recordkeeping.

FDA's Web-based color certification information system allows certifiers to request color certification online, follow their submissions through the process, and obtain information on account status. The system sends back the certification results electronically, allowing certifiers to sell their certified color before receiving hard copy certificates. Any delays in the system result only from shipment of color additive samples to FDA's Office of Cosmetics and Colors for analysis. FDA has estimated a reduction in the hour burden for reporting from use of the Web-based system.

Dated: February 17, 2011.

**Leslie Kux,**

*Acting Assistant Commissioner for Policy.*

[FR Doc. 2011–4155 Filed 2–23–11; 8:45 am]

**BILLING CODE 4160–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail *paperwork@hrsa.gov* or call the HRSA Reports Clearance Officer at (301) 443–1129.

*Comments are invited on:* (a) The proposed collection of information for the proper performance of the functions of the agency; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

**Proposed Project: Patient Navigator Outreach and Chronic Disease Prevention Demonstration Program (OMB No. 0915–NEW)—[NEW]**

The Patient Navigator Outreach and Chronic Disease Prevention Demonstration Program (PNDP) authorizes funds for the development and operation of projects to provide patient navigator services to improve health outcomes for individuals with cancer and other chronic diseases, with a specific emphasis on health disparities populations. Award recipients are to use grant funds to recruit, assign, train, and employ patient navigators who have direct knowledge of the communities they serve to facilitate the care of those who are at risk for or who have cancer or other chronic diseases, including conducting outreach to health disparities populations.

As authorized by the statute, an evaluation of the outcomes of the program must be submitted to Congress. The purpose of these data collection instruments, including navigated patient data intake, VR–12 health status, patient navigator survey, patient navigator encounter/tracking log, patient medical record and clinic data, clinic rates (baseline measures), and quarterly reports is to provide data to inform and support the Report to Congress for: the quantitative analysis of baseline and benchmark measures; aggregate information about the patients served and program activities, and; recommendations on whether patient navigator programs could be used to improve patient outcomes in other public health areas.

| Form | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|---|---|---|---|---|---|
| Navigated Patient Data Intake Form | 6,327 | 1 | 6,327 | 0.5 | 3,163.5 |
| VR–12 Health Status Form | 6,327 | 2 | 12,654 | .12 | 1,519 |
| *SubTotal—Patient Burden* | *6,327* | *3* | *18,981* | *.62* | *4,682.5* |
| The annual estimate of burden is as follows: | | | | | |
| Patient Navigator Survey | 46 | 1 | 46 | 0.2 | 9.2 |
| Patient Navigator Encounter/Tracking Log | 46 | 825.3 | 37,962 | 0.2 | 7,592.4 |
| *SubTotal—Patient Navigator Burden* | *46* | *826.3* | *38,008* | *0.4* | *7,601.6* |
| Patient Medical Record and Clinic Data | 10 | 632.7 | 6,327 | .17 | 2,151.2 |
| Clinic Rates (Baseline Measures) | 10 | 1 | 10 | 10 | 100 |
| Quarterly Report | 10 | 4 | 40 | 1 | 40 |
| *SubTotal—Grantee Burden* | *30* | *637.7* | *6,377* | *11.17* | *2,291.2* |
| *Totals* | 6,403 | ..... | 63,366 | ..... | 14,575.3 |
| Total Average Annual Burden | ..... | ..... | ..... | ..... | 14,575.3 |

Anticipated Number of Patients per Site:

| | Over 3 years |
|---|---|
| Clinica Sierra Vista | 2,280 |
| CMAP | 1,000 |
| New River | 7,200 |
| Project Concern | 450 |
| Queens Medical Center | 500 |
| South County | 600 |
| Texas Tech | 200 |
| University of Utah | 1,350 |
| Vista | 3,000 |

| | Over 3 years |
|---|---|
| William F. Ryan ..... | 2,400 |
| Total ..... | 18,980 |

E-mail comments to *paperwork@hrsa.gov* or mail the 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 17, 2011.

**Reva Harris,**

*Acting Director, Division of Policy and Information Coordination.*

[FR Doc. 2011–4162 Filed 2–23–11; 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.

**LightCensor: A Detecting and Control Program That Guarantees That a Mobile Device Be Used Only in Appropriate Lighting Conditions When Displaying Medical Images**

*Description of Invention:* The invention provides algorithm that when used in a mobile device (*e.g.* smartphone) can enhance the capabilities of mobile devices to be used by medical professionals for medical imaging.

Thanks to its swiftly improved display quality, the smartphone has been advocated by the medical imaging vendors for viewing medical images in specific conditions that require urgency of the read or when full-size workstation displays are not readily available. However, as a hand-held device, the viewing conditions of a smartphone (*e.g.* ambient light and hand shaking) are not predictable and may adversely affect the perceived image quality. The present invention proposes the use of the built-in sensors in iPhone-like mobile devices to detect and adapt to the viewing conditions and hand shaking. The built-in camera can be used to capture the ambient light for determining the adaptation level, which affects the brightness, contrast and color perception. The built-in accelerometers can be used to detect orientation and moving velocity of the display, which affect the perceived spatial resolution. The execution of critical tasks can be then censored based on the detected scenario. If the viewing conditions are not suitable for reading medical images, for example, then the program could halt until the viewing conditions improve.

This invention can be used by consumer-grade mobile devices which were not originally designed for medical purposes to show medical images with improved perceived image quality.

*Applications*

- Biomedical imaging.
- Radiology.

*Advantages:* Improved image quality of mobile devices that minimizes issues related to inadequate light conditions or hand movement.

*Development Status*

- Algorithm developed.
- Prototype is being built.

*Inventors:* Wei-Chung Cheng and Aldo G. Badano (FDA).

*Patent Status:* HHS Reference No. E–284–2010/0—Research Tool/Software. Patent protection is not being pursued for this technology.

*Licensing Status:* Available for licensing.

*Licensing Contacts*

- Uri Reichman, PhD, MBA; 301–435–4616; *UR7a@nih.gov*.
- Michael Shmilovich, Esq.; 301–435–5019; *ShmilovichM@mail.nih.gov*.

**A Novel MRI Phantom for Breast Imaging**

*Description of Invention:* The invention offered for licensing is in the field of breast cancer imaging. More specifically it relates to novel breast phantoms that can be used as reference in breast imaging. The anthropomorphic breast phantoms described in the invention comprise a combination of adipose tissue mimicking components and fibroglandular tissue mimicking components. Typically, x-ray attenuation coefficients or magnetic resonance relaxation times T1 and T2 are selected that are sufficiently similar to actual patient tissues. The mimicking components are distributed within the phantom such that images of the phantom contain features similar to those of patient tissues. A breast phantom can be based on a lard/egg white combination that is shaped to approximate a human breast, or a compressed human breast as prepared for mammography. The phantoms can include lesion chambers that permit the introduction of contrast agents to simulate benign or malignant lesions, and contrast agent concentration can be time varied to produce washout curves.

*Applications:* Imaging of breast cancer as well as calibration and optimization of related instrumentation.

*Advantages:* The breast phantoms of the invention precisely mimics human breast in several of their characteristics as mentioned above. Furthermore, they can be utilized in conjunction with x-ray mammography and/or with MRI. The phantoms may therefore be used to enhance the accuracy and quality of diagnostic breast imaging, and thus avoid unnecessary procedures. In addition, wide-spread use of the breast phantoms will lead to improved standardization in the field of breast imaging.

*Development Status:* The methods of making the phantoms have been established. Clinical usefulness has to be established.

*Inventors:* Melanie Freed and Aldo Badano (FDA).

*Patent Status*

- U.S. Provisional Application No. 61/385,929 filed 23 Sep 2010 (HHS Reference No. E–126–2010/0–US–01), entitled "Evaluation of Breast Dynamic Contrast-enhanced Magnetic Resonance Imaging".
- U.S. Provisional Application No. 61/424,495 filed 17 Dec 2010 (HHS Reference No. E–126–2010/1–US–01), entitled "Anthropomorphic, X-ray and Dynamic Contrast-Enhanced Magnetic Resonance Imaging Phantom for Quantitative Evaluation of Breast Imaging Techniques".

*Licensing Status:* Available for licensing.