nominated for consideration: (1) A statement that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.,* specific attributes such as expertise in bioethics, evidence review, public health, laboratory, maternal and child health, or clinical expertise in heritable disorders, which qualify the nominee for service in this capacity), and that the nominee is willing to serve as a member of the Committee; (2) the nominee's name, address, and daytime telephone number and the home/or work address, telephone number, and email address; and (3) a current copy of the nominee's curriculum vitae. Nomination packages may be summited directly by the individual being nominated or by the person/organization recommending the candidate.

The Department of Health and Human Services will make every effort to ensure that the membership of the Committee is fairly balanced in terms of points of view represented. Every effort is made to ensure that individuals from a broad representation of geographic areas, gender, ethnic and minority groups, as well as individuals with disabilities are given consideration for membership. Appointments shall be made without discrimination on the basis of age, ethnicity, gender, sexual orientation, and cultural, religious, or socioeconomic status.

Individuals who are selected to be considered for appointment will be required to provide detailed information regarding their financial holdings, consultancies, and research grants or contracts. Disclosure of this information is necessary in order to determine if the selected candidate is involved in any activity that may pose a potential conflict with the official duties to be performed as a member of the Committee.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015–15744 Filed 6–25–15; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Infant Mortality; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: Advisory Committee on Infant Mortality (ACIM).

Dates and Times: July 13, 2015, 8:30 a.m.–5:30 p.m. (EST), July 14, 2015, 8:30 a.m.–3:30 p.m. (EST).

Place: Virtual via Webinar URL: *https://hrsa.connectsolutions.com/sacim_seminar_200/*. Call-In Number: 1.888.942.8170. Passcode: 3494113.

Status: The meeting is open to the public with attendance limited to availability of call-in lines. For more details and registration, please visit the ACIM Web site: *http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/index.html*).

Purpose: The Committee provides advice and recommendations to the Secretary of Health and Human Services on the following: Department of Health and Human Services' programs that focus on reducing infant mortality and improving the health status of infants and pregnant women; and factors affecting the continuum of care with respect to maternal and child health care. The Committee focuses on outcomes following childbirth; strategies to coordinate myriad federal, state, local, and private programs and efforts that are designed to deal with the health and social problems impacting infant mortality; and the implementation of the Healthy Start program and *Healthy People 2020* infant mortality objectives.

Agenda: Topics that will be discussed include the following: HRSA Update; MCHB Update; Healthy Start Program Update; the PREEMIE Act; and, ACIM's recommendations for the HHS National Strategy to Address Infant Mortality, specifically, *Strategy 5: Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.*

Proposed agenda items are subject to change as priorities dictate. The most current agenda will be posted on the ACIM Web site.

Time will be provided for public comments limited to 5 minutes each. Comments are to be submitted in writing no later than 5:00 p.m. EST on Friday July 3, 2015.

FOR FURTHER INFORMATION CONTACT: Anyone requiring information regarding the Committee should contact Michael C. Lu, M.D., M.P.H., Executive Secretary, ACIM, Health Resources and Services Administration, Room 18 W, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone: (301) 443–2170.

Individuals who are submitting public comments or who have questions regarding the meeting and location should contact David S. de la Cruz, Ph.D., M.P.H., ACIM Designated Federal Official, HRSA, Maternal and Child Health Bureau, telephone: (301) 443–0543, or email: *David.delaCruz@hrsa.hhs.gov*.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015–15741 Filed 6–25–15; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: The Development of an Anti-TSLPR Chimeric Antigen Receptor (CAR) for the Treatment of Human Cancers

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209 and 37 CFR part 404, that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive license to practice the inventions embodied in U.S. Provisional Patent Application 61/912,948 entitled ''Thymic Stromal Lymphopoietin Receptor-Specific Chimeric Antigen Receptors and Methods Using Same'' [HHS Ref. E–008–2014/0–US–01], U.S. Provisional Patent Application 61/991,697 entitled ''Thymic Stromal Lymphopoietin Receptor-Specific Chimeric Antigen Receptors and Methods Using Same'' [HHS Ref. E–008–2014/1–US–01], PCT Patent Application PCT/US2014/063096 entitled ''Thymic Stromal Lymphopoietin Receptor-Specific Chimeric Antigen Receptors and Methods Using Same'' [HHS Ref. E–008–2014/2–PCT–01], and all related continuing and foreign patents/patent applications for the technology family, to Lentigen Technology, Inc. The patent rights in these inventions have been assigned to and/or exclusively licensed to the Government of the United States of America.

The prospective exclusive licensed territory may be worldwide, and the field of use may be limited to:

''The development of a TSLPR–CAR-based immunotherapy using chimeric antigen receptors (CARs) having:

(1) The complementary determining region (CDR) sequences of either
  (a) the anti-TSLPR antibody known as 2D10 or
  (b) the anti-TSLPR antibody known as 3G11; and

(2) a T cell signaling domain