their presentation on or before July 12, 2017. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by July 13, 2017.

Persons attending FDA's advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with disabilities. If you require accommodations due to a disability, please contact Philip Bautista at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *https://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: June 29, 2017.

Anna K. Abram,

Deputy Commissioner for Policy, Planning, Legislation, and Analysis.

[FR Doc. 2017–14364 Filed 7–7–17; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2016–N–1486]

Authorizations of Emergency Use of In Vitro Diagnostic Devices for Detection of Zika Virus; Availability; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration is correcting a notice entitled ''Authorizations of Emergency Use of In Vitro Diagnostic Devices for Detection of Zika Virus; Availability'' that appeared in the **Federal Register** of June 30, 2017 (82 FR 29886). The document announced the issuance of two Emergency Use Authorizations for in vitro diagnostic devices for detection of the Zika virus in response to the Zika virus outbreak in the Americas. The document was published with the incorrect docket number. This document corrects that error.

FOR FURTHER INFORMATION CONTACT: Lisa Granger, Office of Policy and Planning, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, Rm. 3330, Silver Spring, MD 20993–0002, 301–796–9115.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of Friday, June 30, 2017, in FR Doc. 2017–13720, on page 29866, the following correction is made:

1. On page 29866, in the first column, in the headings section at the beginning of the document, the docket number is corrected to read ''FDA–2016–N–1486''.

Dated: June 30, 2017.

Anna K. Abram,

Deputy Commissioner for Policy, Planning, Legislation, and Analysis.

[FR Doc. 2017–14365 Filed 7–7–17; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive Patent License: Composition and Methods for Delivering Inhibitory Oligonucleotides for the Treatment of Pancreatic Cancer

AGENCY: National Institutes of Health, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The National Institute on Aging, an institute of the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an Exclusive Patent License to practice the inventions embodied in the U.S. Patents and Patent Applications listed in the Supplementary Information section of this notice to VeriLuce Therapeutics (''VLT'') located in Toronto, ON, Canada.

DATES: Only written comments and/or applications for a license which are received by the National Cancer Institute's Technology Transfer Center on or before July 25, 2017 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, and comments relating to the contemplated Exclusive Patent License should be directed to: Surekha Vathyam, Ph.D., Senior Technology Transfer Manager, NCI Technology Transfer Center, 9609 Medical Center Drive, RM 1E530 MSC 9702, Bethesda, MD 20892–9702 (for business mail), Rockville, MD 20850–9702 Telephone: (240) 276–5530; Facsimile: (240) 276–5504 Email: *vathyams@mail.nih.gov.*

SUPPLEMENTARY INFORMATION:

Intellectual Property

- United States Provisional Patent Application No. 61/045,088, filed April 15, 2008, titled ''Composition and methods for delivering inhibitory oligonucleotides'', [HHS Reference No. E–051–2008/0–US–01], status: expired;
- International Patent Application No. PCT/US2009/040607, filed April 15, 2009, titled ''Composition and methods for delivering inhibitory oligonucleotides'', [HHS Reference No. E–051–2008/0–PCT–02], status: converted;
- Canadian Patent Application No. 2,720,363, filed April 15, 2009, titled ''Composition and methods for delivering inhibitory oligonucleotides'', [HHS Reference No. E–051–2008/0–CA–04], status: pending;
- United States Patent Application No. 12/988,148, filed March 8, 2011, titled ''Compositions and methods for delivering inhibitory oligonucleotides'' [HHS Reference No. E–051–2008/0–US–07], status: issued as Patent No. 8,703,921;
- United States Patent Application No. 14/220,726, filed March 20, 2014, titled ''Compositions and Methods for delivering inhibitory oligonucleotides'' [HHS Reference No. E–051–2008/0–US–08], status: issued as Patent No. 9,415,116; and
- United States Patent Application No. 15,204,789, filed July 7, 2016, titled ''Compositions and Methods for delivering inhibitory oligonucleotides'' [HHS Reference No. E–051–2008/0–US–11], status: pending.

The patent rights in these inventions have been assigned to the government of the United States of America.

The prospective exclusive license territory may be worldwide and the field of use may be limited to the use of Licensed Patent Rights for the following: ''Treatment of pancreatic cancer by targeting regulatory T cells using complexes or fusion molecules comprising inhibitory nucleic acids, a nucleic acid binding moiety and a targeting polypeptide, wherein the targeting polypeptide contains either the TARC/CCL17 or RANTES/CCL5 cell surface receptor ligand.''

Despite significant attractiveness of anti-sense oligonucleotide technology, its clinical application has been precluded by a lack of methods for targeted delivery and transduction of primary immune cells in vivo. Novel complexes and methods for delivering