

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Wendy A. Taylor, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 17, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 99-6951 Filed 3-22-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 64 FR 11478 dated March 9, 1999). This notice reflects the position title change in the Office of Field Operations.

I. Under Part R, HRSA, Office of Field Operations, (RE), Field Cluster Operations (RF), change the title of Field Coordinators to Field Directors. All duties and responsibilities will remain the same.

Section RF-30 Delegations of Authority

All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation.

This position title change is effective upon date of signature.

Dated: March 12, 1999.

Claude Earl Fox,

Administrator.

[FR Doc. 99-6950 Filed 3-22-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies 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 contacting Charles Maynard, J.D., M.P.H., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804; telephone: 301/496-7057 ext. 243; fax: 301/402-0220; e-mail: cm251n@nih.gov. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Novel Adipose Seven Transmembrane Domain Protein

C Montrose-Rafizadeh (NIA), C-F Yang
DHHS Reference No. E-213-97/1 filed
June 19, 1998

This technology relates to the discovery and isolation of a novel cDNA clone from mouse adipocytes. This invention comprises the identification and isolation of receptors from extra-pancreatic tissues. More specifically, this invention has identified and isolated a novel cDNA clone from mouse adipocytes that appears to be involved in glucose tolerance/intolerance. Clone A contains seven transmembrane domains, designated I through VII. Experiments in human, rat and mice tissues indicates that clone A may be a critical component in the glucose intolerance associated with aging and diabetes. This invention further provides vectors such as plasmids comprising a DNA molecule encoding clone A, adapted for

expression in a bacterial cell, a yeast cell, an insect cell or a mammalian cell which additionally comprises the regulatory elements necessary for the expression of the DNA in the bacterial, yeast, insect or mammalian cells operatively linked to the DNA encoding clone A to permit expression thereof.

Methods and Compositions for Reducing Ischemic Injury of the Heart by Administering Adenosine A₃ and Adenosine A₁ Receptor Agonists

KA Jacobson, BT Liang (NIDDK)
DHHS Reference No. E-006-98/0 filed
May 9, 1997

This technology relates to methods of administering compounds to protect the heart from ischemic injury. In particular, this invention provides agonists which selectively activate adenosine A₃ and A₁ receptors simultaneously, thereby enhancing the protective effects of preconditioning and rendering the myocardium more resistant to ischemia. This invention involves administration of specific A₁ and A₃ agonists during ischemic attacks, or at risk for ischemic damage. The agonists of the invention may be delivered prior to a surgical procedure, and may also be administered to a patient to prevent or reduce the severity of ischemic damage during surgery. Additionally, the A₃/A₁ agonists may be administered following surgical procedures to reduce the risk of post-surgical ischemic complications. The A₃ and A₁ agonists may be administered to patients with agina, which may be chronic and stable, unstable or due to post-myocardial infarction.

Methods and Compositions for Protecting Against Cardiac Ischemia by Administering Adenosine A_{2a} Receptor Antagonists

KA Jacobson, BT Liang (NIDDK)
Serial No. 08/813,787 filed March 7,
1997

This technology relates to methods of administering compounds to protect the heart from ischemic injury. In particular, this invention provides antagonists, which selectively inhibit activation of A_{2a} receptors thereby enhancing the protective effects of preconditioning and rendering the heart more resistant to ischemia. This invention involves administration of a specific A_{2a} antagonist to patients