

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Nomination of Chronic Fatigue Syndrome Coordinating Committee

The Office of Public Health and Science (OPHS) requests nominations for a representative to serve on the Chronic Fatigue Syndrome Coordinating Committee (CFSCC). Nominations are solicited for a representative of a voluntary organization concerned with the problems of individuals with chronic fatigue syndrome (CFS).

Information Required

Each nomination shall consist of a package that at a minimum includes:

A. A letter of nomination that clearly states the name and affiliation of the nominee, the nominator's basis for the nomination, and the category for which the person is nominated;

B. The name, return address, and daytime telephone number at which the nominator may be contacted. Organizational nominators must identify a principal contact person in addition to contact information.

C. A copy of the nominee's curriculum vitae.

All nomination information for a nominee must be provided in a complete single package. Incomplete nominations cannot be considered. Nomination materials must bear original signatures and facsimile transmissions or copies are not acceptable.

Dates: All nominations must be received at the address below by no later than 4 p.m. EDT on May 3, 1999.

Addresses: All nomination packages shall be submitted to Lillian Abbey, Executive Secretary, National Institutes of Health, National Institute of Allergy and Infectious Diseases, Division of Microbiology and Infectious Diseases, Solar Building, Room 3A-26, 6003, Executive Boulevard, Bethesda, Maryland 20892.

For Further Information Contact: Lillian Abbey at the above address or at 301-496-1884 between 9 a.m. and 3 p.m. EDST.

Dated: April 1, 1999.

Anthony S. Fauci,

Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health.

[FR Doc. 99-8874 Filed 4-8-99; 8:45 am]

BILLING CODE 4140-01-M

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 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.

Electroacoustic Imaging Methods and Apparatus

Han Wen, Robert S. Balaban (NHLBI)
Serial No. 60/104,823 filed 30 Dec 98
Licensing Contact: John Fahner-Vihtelic;
301/496-7735 ext. 270; jf36z@nih.gov

Recently, an electroacoustic imaging apparatus and two electroacoustic imaging methods have been developed. The two methods are "forward" and "reverse" electroacoustic imaging which requires the application of a probing signal, and the detection and measurement of an induced signal to produce images. The electroacoustic apparatus offers the advantage of generating 2D and 3D images non-invasively. It can simultaneously image several contrast mechanisms, including the Hall effect, the thermoacoustic effect, and the electroacoustic effect. Although this device uses a Piezoelectric transducer, fiberoptic acoustic sensors can also be substituted to take advantage of advances in acoustic wave detection technology. This technology is available for licensing opportunities.

Ultrasound Array and Electrode Array for Hall Effect Imaging

Han Wen, Robert S. Balaban (NHLBI)

Serial No. 60/102,478 filed 30 Sep 98

Licensing Contact: John Fahner-Vihtelic;
301/496-7735 ext. 270; jf36z@nih.gov

Recent developments in ultrasound probe design and ultrasound detector array technology have provided means for optimal ultrasound signal detection and 2D/3D image reconstruction in Hall Effect Imaging (HEI). The new developments include an electrode array, and an ultrasound array configured and controlled to provide rapid image acquisition with high contrast and definition. The electrode array contains split electrodes that control the direction of the electrical currents responsible for 2D/3D image generation. The ultrasound array contains shielded ultrasound sensors which overcome the problem of electromagnetically induced ultrasonic noise that interferes with data acquisition. In this design each element of the ultrasound array is connected to a commercially-available preamplifier which can be coupled to a separate channel of data acquisition circuitry, or digitizer that allows for digital data acquisition. This technology is available for licensing opportunities.

Human Cancer Antigen TRP2

M Parkhurst, Sa Rosenberg, Y Kawakami (NCI)

Serial No. 60/105,577 filed 26 Oct 98

Licensing Contact: Elaine Gese; 301/496-7056 ext. 282; e-mail:
eg46t2nih.gov

The current invention embodies the identification of a nine amino acid peptide derived from the melanoma antigen known as tyrosinase-related protein 2 (TRP2). The TRP2 peptide is capable of stimulating cytotoxic T lymphocytes which specifically react with, and lyse, melanoma cells in the context of HLA-A0201. HLA-A0201 is the most common subtype of HLA-A2, which is the most commonly expressed family of Class I MHC molecules in melanoma patients in the U.S. It therefore is believed that the TRP2 peptide, along or in combination with HLA-A2-specific peptides from other melanoma antigens, could be used as an immunotherapeutic vaccine for the prevention and treatment of melanoma in a large percentage of patients having that form of cancer. In addition, the peptide could prove useful as a diagnostic reagent for evaluating the efficacy of immunization in these patients.