

inducing the expression of therapeutic genes.

The prospective exclusive license territory will be worldwide and will be royalty-bearing. Said license may be granted within sixty (60) days from the date of this published notice unless the NIH receives written evidence and argument establishing that granting this license is inconsistent with the terms and conditions of 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i).

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: April 17, 2002.

**Jack Spiegel,**

*Director, Division of Technology Development and Transfer, Office of Technology Transfer.*  
[FR Doc. 02-10117 Filed 4-24-02; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Prospective Grant of Exclusive License: Synthetic Ordered Arrays of Antigen for the Induction of Autoantibodies

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

**ACTION:** Notice.

**SUMMARY:** This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health (NIH), Department of Health and Human Services, is contemplating the grant of an exclusive license to practice the invention embodied in United States Patent Application 09/835,124 and its foreign equivalents, entitled "Virus-Like Particles for the Induction of Autoantibodies," filed on April 13, 2001, with priority back to U.S. S/N 60/105,132, filed October 21, 1998, to LigoCyte Pharmaceuticals, Inc., having a place of business in Bozeman, Montana. The patent rights in this invention have been assigned to the United States of America.

**DATES:** Only written comments and/or application for a license which are received by the NIH Office of Technology Transfer on or before June 24, 2002, will be considered.

**ADDRESSES:** Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Peter Soukas, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852-3804; e-mail: *ps193c@nih.gov*; telephone: (301) 496-7056, ext. 268; facsimile: (301) 402-0220.

**SUPPLEMENTARY INFORMATION:** This invention claims compositions and methods for producing antibodies to tolerogens (self-antigens normally exposed to B cells that fail to induce an antibody response). The compositions of the invention comprise multiple copies of a tolerogen (or at least one B cell epitope of a tolerogen) chimerized to capsomeric structures or capsid proteins in an orderly manner. This invention could potentially replace any treatment utilizing chronic administration of a monoclonal antibody that reacts with a self-antigen.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless, within 60 days from the date of this published Notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

The field of use may be limited to non-Virus-Like Particle (VLP) polyvalent liposome nanoparticle vaccines against self-antigens.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: April 17, 2002.

**Jack Spiegel,**

*Director, Division of Technology Development and Transfer, Office of Technology Transfer.*  
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Privacy Act of 1974: Establishment of New Privacy Act System of Records

**AGENCY:** Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS.

**ACTION:** Privacy Act of 1974: Notice of new system of records

**SUMMARY:** The Substance abuse and mental Health Services Administration (SAMHSA) is establishing a new system of records in order to implement the provisions of the Controlled Substances Act as amended (21 U.S.C. 823(g)(2)).

**SUPPLEMENTARY INFORMATION:** New legislation permits practitioners to seek waivers from the separate registration requirements required under the Controlled Substances Act for practitioners who use narcotic treatment medications in the maintenance or detoxification treatment of opiate addiction. The Secretary of the Department of Health and Human Services has delegated to SAMHSA the responsibility of determining whether practitioners meet the requirements for these waivers. To be eligible for waivers, practitioners must be licensed physicians, must be registered by Drug Enforcement Administration (DEA), must fulfill qualifications for training and experience, and must make written certifications about treatment capacity and patent load. Practitioners determined eligible for a waiver, will receive a unique identification number from DEA, and will be eligible to prescribe certain approved opioid treatment medications.

This new system of records will permit SAMHSA to conduct its responsibilities to determine whether practitioners meet requirements for waivers. SMHSA will use the information from this system to verify DEA registration status, to verify medical license status, and to verify training and experience qualifications. In addition, for those practitioners who consent, SMHSA will use limited information from this system to augment the Substance Abuse Treatment Facility Locator. The Treatment Facility Locator is a web-based system that permits individuals seeking treatment to locate treatment providers.

**DATES:** SAMHSA invites interested persons to submit comments on the proposed new system on or before May 28, 2002. SAMHSA will adopt this new