

1868(b) of the Act provides that the Council meet quarterly, as requested by the Secretary, to discuss proposed changes in regulations and manual issuance's that relate to physicians' services. Council members are expected to participate in all meetings. Section 1868(c) of the Act provides for payment of expenses and a per diem allowance for Council members at a rate equal to payment provided members of other advisory committees. In addition to making these payments, the Department of Health and Human Services/Center for Medicare and Medicaid Services provides management and support services to the Council. The Secretary will appoint new members to the Council from among those candidates determined to have the expertise required to meet specific agency needs and in a manner to ensure appropriate balance of membership.

(Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a)); 45 CFR part 11)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 24, 2001.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Establishment

Pursuant to the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), the Director, National Institutes of Health (NIH), announces the establishment of the National Longitudinal Study of Environmental Effects on Child Health and Development Advisory Committee (Committee).

This Committee shall advise, consult with, and make recommendations to the Director, National Institute of Child Health and Human Development, and the Interagency Coordinating Committee of the National Longitudinal Study, on the planning and implementation of the Longitudinal Cohort Study.

Unless renewed by appropriate action prior to its expiration, the charter for the National Longitudinal Study of Environmental Effects on Child Health and Development Advisory Committee

will expire two years from the date of establishment.

Dated: October 22, 2001.

Ruth L. Kirschstein,

Acting Director, National Institutes of Health.

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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 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.

Macromolecular Imaging Agents for Liver Imaging

Martin W. Brechbiel (NCI) and Hisataka Kobayashi (EM)

[DHHS Reference No. E-240-01/0 filed 25 June 2001]

Licensing Contact: Dale Berkley; 301/496-7735 ext. 223; e-mail: berkleyd@od.nih.gov.

The invention is a macromolecular imaging agent comprising a polyalkylenimine dendrimer conjugated to a metal chelate that has been shown to be an excellent agent for imaging liver micrometastases as small as about 0.3 mm in a magnetic resonance image of the human liver. In a particular embodiment, the imaging agent is a diaminobutane-core polypropylenimine dendrimer having surface amino groups conjugated to gadolinium metal chelates. The invention makes possible

the earlier detection of metastatic disease, leading to earlier application of a therapeutic regime and an improved prognosis.

Nucleic Acid and Amino Acid Sequences of Hemoglobin-Response Genes in *Candida albicans* and the Use of Reagents Derived from these Sequences in the Diagnosis of Disseminated *Candida albicans* Infections

David D. Roberts, Sizhuang Yan (NCI)

[Serial No. 09/258,634 filed 26 Feb 1999]

Licensing Contact: Uri Reichman; 301/496-7736 ext. 240; e-mail: reichmau@od.nih.gov.

This invention relates to diagnostic methods and kits for the detection of disseminated candidiasis. *Candida albicans* (*C. albicans*) is the most common pathogen involved in fungal infections in immunocompromised individuals, including AIDS, cancer patients, and organ transplant recipients. Systemic candidiasis is life-threatening in immunosuppressed patients and candidemia results in high morbidity and mortality. Within the last decade candidemia has increased ten-fold and is the third most common cause of positive blood cultures according to the Centers for Disease Control and Prevention. Accurate diagnosis of *C. albicans* and adequate treatment are of a great importance as disseminated infections are prevalent in hospitalized populations. However, a rapid and accurate diagnostic test for candidemia is not yet available. The traditional fungal culture is cumbersome and time consuming. Existing diagnostic kits based on serological ELISA tests detect antibodies against *Candida* cytoplasmic proteins but cannot differentiate between past and present infections. Diagnostic tests based on the present invention will be more accurate and will provide additional information related to the current status of hospitalized patients. The invention is based on the identification of three novel genes of *C. albicans*, which are expressed in the presence of hemoglobin. The expression and detection of these genes in patients would indicate disseminated candidiasis and is highly specific for *C. albicans* infection.

Dated: October 17, 2001.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

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