the mitochondrial PTEN-induced kinase-1 (PINK1), accumulates on the surface on damaged mitochondria, and that the presence of full-length PINK1 is necessary and sufficient for Parkin recruitment to the mitochondria. Thus, both Parkin and PINK1 play specific and important roles in mitochondrial quality control and disposal.

This technology describes methods of treating Parkinson's disease or other mitochondrial diseases such as KSS (Kearns Sayre syndrome), MERRF (Myoclonus epilepsy ragged-red fibers), MELAS (mitochondrial encephalomyopathy, lactic acidosis and stroke-like episodes), NARP (Neuropathy ataxia, retinitis pigmentosa), and LHON (Leber hereditary optic neuropathy) by increasing PINK1 or Parkin expression or activity, as well as methods of reducing the number of defective mitochondria in a cell by increasing PINK1 or Parkin expression or activity.

Applications:

• Development of therapies for Parkinson's disease and other diseases associated with mitochondrial dysfunction.

• Development of individualized treatment regimens for mitochondrial diseases through *ex vivo* or *in vitro* testing of candidate drugs.

Inventors: Richard J. Youle *et al.* (NINDS).

Related Publications:

1. A Abeliovich. Parkinson's disease: Mitochondrial damage control. News and Views, Nature 2010 Feb 11:463:744–745. [PubMed: 20148026].

2. D Narendra *et al.* PINK1 is selectively stabilized on impaired mitochondria to activate Parkin. PLoS Biol. 2010 Jan 26;8(1):e1000298. [PubMed: 20126261].

3. D Narendra *et al.* Parkin-induced mitophagy in the pathogenesis of Parkinson disease. Autophagy. 2009 Jul;5(5):706–708. [PubMed: 19377297].

4. D Narendra *et al.* Parkin is recruited selectively to impaired mitochondria and promotes their autophagy. J Cell Biol. 2008 Dec 1;183(5):795–803. [PubMed: 19029340].

Patent Status: U.S. Provisional Application No. 61/256,601 filed 30 Oct 2009 (HHS Reference No. E–225–2009/0–US–01).

Licensing Status: Available for licensing.

Licensing Contact: Tara Kirby, PhD; 301–435–4426; *tarak@mail.nih.gov.*

Collaborative Research Opportunity: The National Institute of Neurological Disorders and Stroke is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize methods of treating mitochondrial diseases by increasing PINK1 or Parkin expression or activity. Please contact Dr. Martha Lubet at 301–435–3120 or *lubetm@mail.nih.gov* for more information.

A Highly Sensitive ELISA for Detection of Serum Levels of Soluble IL-15 Receptor Alpha

Description of Invention: The invention is an ELISA based assay that can be used in the clinical setting to detect the presence of soluble human IL-15 receptor (IL-15R) in the serum or plasma.

Interleukin-15 (IL-15), a cytokine has potential as an immunotherapeutic agent for cancer treatment because it is a critical factor for the proliferation and activation of natural killer (NK) and CD8+ T-cells.

In addition to studies directed toward augmenting IL-15 action to increase patient immune responses to their tumor, IL-15R alpha play a pathogenic role in leukemia and autoimmune disorders. IL-15 and IL-15R alpha are coexpressed in association with a number of autoimmune disorders including rheumatoid arthritis, psoriasis, inflammatory bowel disease, multiple sclerosis, chronic liver disease, and refractory celiac syndrome including that disease associated with the development of enteropathy associated CD8 T-cell lymphoma. An assay for the released serum form of IL-15R alpha is required to evaluate these IL-15R alpha inducing agents.

Applications:

• The assay has the potential of being a commercial assay for clinical use to detect soluble human IL-15R alpha (sIL-15R alpha) in serum or plasma.

• The assay will help in predicting the efficacy of IL-15-based therapies since high levels of IL-15R are thought to be necessary to optimize the therapeutic effects of IL-15.

• The assay can be used to identify patients who can be good candidates for IL-15 therapy.

• The assay may also help clinicians identify patients susceptible to diseases associated with disorders of IL-15R expression.

Advantages:

• The assay is in the industry accepted ELISA format.

• This non-radioactive ELISA assay has a sensitivity of 1pg/ml that is significantly more sensitive than the current industry detection level of 20 pg/ml.

Development Status: Developed at the proof-of concept level and laboratory setting. Clinical validation of the assay is currently being planned.

Market: The assay can be used in the clinical setting to detect very low levels of IL-15R alpha in the serum or plasma of patients.

IL-15R alpha disorders have been demonstrated in leukemia and autoimmune disorders such as rheumatoid arthritis, multiple sclerosis, celiac disease, and psoriasis as well as those with disorders associated with the retrovirus, HTLV-I. Additionally, select lymphomas express IL-15R alpha.

Inventors: Thomas A. Waldmann and Jing Chen (NCI).

Related Publication: Waldmann TA. The biology of interleukin-2 and interleukin-15: Implications for cancer therapy and vaccine design. Nat Rev Immunol. 2006 Aug;6(8):595–601. [PubMed: 16868550].

Patent Status:

• U.S. Provisional Application No. 61/241,265 filed 10 Sep 2009 (HHS Reference No. E–079–2009/0–US–01).

• U.S. Provisional Application No. 61/242,595 filed 10 Sep 2009 (HHS Reference No. E–079–2009/1–US–01).

Licensing Status: Available for licensing.

Licensing Contact: Sabarni Chatterjee, PhD; 301–435–5587; *chatterjeesa@mail.nih.gov.*

Collaborative Research Opportunity: The Center for Cancer Research, Metabolism Branch, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. Please contact John Hewes, PhD at 301–435–3131 or *hewesj@mail.nih.gov* for more information.

Dated: June 1, 2010.

Richard U. Rodriguez,

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

[FR Doc. 2010–13606 Filed 6–4–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

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

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency 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.

Software System for Analysis of Extremely Large Experimental Dataset and Multidimensional Drug Discovery

Description of Invention: This invention is a computer software suite that will enable its user to investigate extremely large experimental datasets in a simple yet multidimensional manner. The software, *Omnimorph,* allows multidimensional investigation of any form of data including experimental datasets in biomedical science using either gene arrays or proteomics. *Omnimorph* allows the user to look for extremely subtle correlated differences between experimental datasets which will allow the investigator to discover far more drug- or disease-specific factors than other analytical methods currently used. The software of present invention has been employed in the targeted discovery of G protein-independent receptor-based pharmacotherapeutics. These discoveries represent an entirely new GPCR-based G protein-independent pharmacopeia. Therefore, the *Omnimorph* is not only newly developed software, but the *Omnimorph* suite can also be used as a simple and unbiased tool to detect novel and unexpected modes of GPCR-based drug actions. This could potentially alter the way drugs are developed and screened in the future.

Applications:

- Development and screen for pharmaceutical drugs.
- Biomedical research.

Development Status:

- The invention has been fully developed.
- The software will be readily available if so requested.

Inventors: Stuart R. Maudsley *et al.* (NIA).

Patent Status: HHS Reference No. E–143–2010/0—Research Tool. Patent protection is not being pursued for this technology.

Licensing Status: Available for licensing.

Licensing Contacts: Uri Reichman, PhD, MBA; 301–435–4616; *UR7a@nih.gov*; or Michael Shmilovich, Esq.; 301–435–5019; *ShmilovichM@mail.nih.gov*.

Collaborative Research Opportunity: The National Institute on Aging, Laboratory of Neurosciences-Receptor Pharmacology Unit, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. Please contact John Hewes, PhD at 301–435–3131 or *hewesj@mail.nih.gov* for more information.

Sound Attenuation Canopy for Reducing Noise Transmitted Through Suspended Ceilings

Description of Invention: Available for licensing and commercial implementation in commercial facilities design and construction are intellectual property rights covering a sound attenuation canopy for reducing noise transmitted through suspended ceiling systems commonly used in most office buildings. The canopy is designed to absorb sound energy and effectively reduce the direct path of sound travelling within open plenum suspended ceilings like those used in most office building environments. The canopy can also act as an umbrella to shield loose debris and dust which may be located in the plenum and potentially fall when ceiling suspended return-air grilles are moved or accessed. The canopy has an added benefit of reducing heating or cooling loss which may naturally ventilate through the return air plenum grille from a conditioned office space below. Also, the canopy controls leakage of heating and cooling, reducing loads on the central building systems thereby lessening energy costs and extending the life-cycle of the building's physical plant.

The canopy does not impede natural air flow for ventilating the plenum cavity but deters the spread of smoke or fire between the plenum and the office space below. The canopy can also act as a secondary air balancer or K Factor balancer to equate supply and return air to control room temperature. The canopy is pliable and therefore allows for ease of adjustment within varying plenum conditions as well as readily installed in ceiling plenums.

Applications:

- Building design and construction.
- Sound attenuation.
- Energy load reduction.

Inventors: Judit A. Quasney, Franklin Koh, John P. Jenkins, Robert M. Alexander, Daniel P. O'Brien (NIAID).

Patent Status: U.S. Patent Application No. 12/764,872 filed 21 Apr 2010 (HHS Reference No. E–102–2010/0–US–01)

Licensing Status: Available for licensing.

Licensing Contact: Michael A. Shmilovich, Esq.; 301–435–5019; *shmilovm@mail.nih.gov*.

Dated: June 1, 2010.

Richard U. Rodriguez,

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

[FR Doc. 2010–13597 Filed 6–4–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Task Force on Community Preventive Services

Name: Task Force on Community Preventive Services meeting.

Times and Dates: 8 a.m.–5:30 p.m. EST, June 16, 2010. 8 a.m.–1 p.m. EST, June, 17, 2010.

Place: Centers for Disease Control and Prevention, 2500 Century Center, Atlanta, GA 30329.

Status: Open to the public, limited only by space available.

Purpose: The mission of the Task Force is to develop and publish the *Guide to Community Preventive Services (Community Guide),* which is based on the best available scientific evidence and current expertise regarding essential public health and what works in the delivery of those services.

Matters to be discussed: (1) Updates of prior reviews on the following topics: Reducing Vaccine-Preventable Diseases; Increasing Screening for Breast, Cervical, and Colorectal Cancer.

(2) New reviews on: Immunization Information Systems; Collaborative Care for the Management of Depressive Disorders and Communication Campaigns with Product Distribution.

Agenda items are subject to change as priorities dictate.

Contact person or additional information: Freda Parker, Community Guide Branch, Centers for Disease Control and Prevention, 1600 Clifton Road, M/S E–69, Atlanta, GA 30333, phone: 404.498.1119.