

Customer	Type of survey	Estimated number to be surveyed	Expected response rate (percent)	Time to complete survey (minutes)	Estimated burden hours
NIH Investigators .....	Questionnaire/Electronic .....	2000	25	15	125
NIH Intramural Collaborators ....	Questionnaire/Electronic .....	2000	30	10	100.2
Vendors and Collaborating Commercial Enterprises.	Questionnaire/Electronic .....	2500	15	20	125.25
Professionals and Organizations Referring Patients.	Questionnaire/Electronic .....	2000	30	20	200.4
Regulators .....	Questionnaire/Electronic .....	30	85	205	8.5
Volunteers .....	Questionnaire/Electronic .....	275	60	30	82.5
Total .....	.....	19,305	.....	.....	2,941.9

Estimated costs to the respondents consists of their time; time is estimated using a rate of \$10.00 per hour for patients and the public; \$30.00 for vendors, regulators, organizations and \$55.00 for health care professionals. The estimated annual costs to respondents for each year for which the generic clearance is requested is \$27,187.10 for 2004, \$31,043 for 2005, and \$24,693.70 for 2006. Estimated Capital Costs are \$7,000. Estimated Operating and Maintenance costs are \$73,000.

#### Requests for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the Clinical Center and the agency, including whether the information shall have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project, or to obtain a copy of the data collection plans and instruments, contact: Dr. David K. Henderson, Deputy Director for Clinical Care, Warren G. Magnuson Clinical Center, National Institutes of Health, Building 10, Room 2C 146, 9000 Rockville Pike, Bethesda, Maryland 20892, or call non-toll free: 301-496-3515, or e-mail your request or comments, including your address to: [dkh@nih.gov](mailto:dkh@nih.gov).

#### Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: December 11, 2003.

**David K. Henderson,**

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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 invention listed below is owned by an agency of the U.S. Government and is 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 any 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.

##### Phenylthiocarbamide (PTC) Taste Receptor

Dennis Drayna, Un-Kyung Kim, Mark Leppart (NIDCD)

U.S. Provisional Application No. 60/306,991 filed 20 Jul 2001 (DHHS Reference No. E-169-2001/0-US-01); International Publication No. WO 03/008627 (DHHS Reference No. E-169-2001/0-PCT-02)

**Licensing Contact:** Susan Carson; 301/435-5020; [carsonsu@mail.nih.gov](mailto:carsonsu@mail.nih.gov)

Bitter taste has evolved in mammals as a central warning signal against ingestion of poisonous or toxic compounds. However, many beneficial compounds are also bitter and taste masking of bitter tasting pharmaceutical compounds is a billion dollar industry. The diversity of compounds that elicit bitter-taste sensations is vast and more than two dozen members of the TAS2R bitter taste receptor gene family have been identified. How individuals are genetically predisposed to respond or not to respond to the bitter taste of substances like nicotine and certain foods like broccoli may have broad implications for nutritional status and tobacco use. Large individual differences in the taste perception of bitter compounds have been well documented, and phenylthiocarbamide (PTC), the subject of this invention by scientists at the NIH and the University of Utah, has been widely used for genetic and anthropological studies.

The PTC receptor encodes a novel member of the G protein-coupled TAS2R bitter taste receptor family (Science (2003) 299, 1221-1225). Three coding SNPs in this gene were identified as giving rise to five haplotypes which accounted for the bimodal distribution of PTC taste sensitivity worldwide. Distinct phenotypes are associated with distinct genotypes and SNPs such as these identifying variations in the PTC receptor would allow taste masking of bitter tasting compounds tailored to the population genetics profile of different groups and populations.

The invention available for licensing includes composition of matter claims for a bitter taste receptor for PTC, antibodies to the receptor and methods