DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute of Health

National Institute of Neurological Disorders and Stroke, Muscular Dystrophy Coordinating Committee

Call for Committee Membership Nominations

SUMMARY: The Office of the Secretary of the Department of Health and Human Services (HHS) is seeking nominations for an individual to serve as a non-federal public member on the Muscular Dystrophy Coordinating Committee.

DATES: Nominations are due by 5 p.m., October 26, 2015.

ADDRESSES: Nominations must be sent to Glen Nuckolls, Ph.D., by email to nuckollg@ninds.nih.gov.

FOR FURTHER INFORMATION CONTACT: Glen Nuckolls, Ph.D., by email to nuckollg@ninds.nih.gov.

SUPPLEMENTARY INFORMATION: The Muscular Dystrophy Coordinating Committee (MDCC) is a federal advisory committee established in accordance with the Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2001 (MD–CARE Act; Pub. L. 107–84). The MD–CARE Act was reauthorized in 2008 by Public Law 110–361, and again in 2014 by Public Law 113–166. The MD–CARE Act specifies that the committee membership be composed of ½ governmental agency representatives and ½ public members. We are seeking nominations for a non-federal, public member at this time, due to turnover of committee membership. Nominations will be accepted between September 25, 2015 and October 26, 2015.

Who is Eligible: Nominations for a new non-federal public member interested in providing the public and/or patient perspective are encouraged. Self-nominations and nominations of other individuals are both permitted. Only one nomination per individual is required. Multiple nominations for the same individual will not increase likelihood of selection. Non-federal, public members may be selected from the pool of submitted nominations or other sources as needed to meet statutory requirements and to form a balanced committee that represents the diversity within the muscular dystrophy communities. Those eligible for nomination include leaders or representatives of major muscular dystrophy research, advocacy, and service organizations, parents or guardians of individuals with muscular dystrophy, individuals with muscular dystrophy, educators, researchers, and other individuals with professional or personal experience with muscular dystrophy. In accordance with White House Office of Management and Budget guidelines (FR Doc. 2014–19140), federally-registered lobbyists are not eligible.

Committee Composition: The Department strives to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee’s function. Every effort is made to ensure that the views of all genders, all ethnic and racial groups, and people with disabilities are represented on HHS Federal advisory committees and, therefore, the Department encourages nominations of qualified candidates from these groups. The Department also encourages geographic diversity in the composition of the Committee. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status. Requests for reasonable accommodation to enable participation on the Committee should be indicated in the nomination submission.

Member Terms: Non-federal public members of the Committee serve for a term of 3 years, and may serve for an unlimited number of terms if reappointed. Members may serve after the expiration of their terms, until their successors have taken office.

Meetings and Travel: As specified by Public Law 113–166, the MDCC “shall meet no fewer than two times per calendar year.” Travel expenses are provided for non-federal public Committee members to facilitate attendance at in-person meetings. Members are expected to make every effort to attend all full committee meetings, twice per year, either in person or via remote access. Participation in relevant subcommittee, working and planning group meetings, and workshops, is also encouraged.

Submission Instructions and Deadline: Nominations are due by 5 p.m. EST on October 26, 2015, and should be sent to Glen Nuckolls, Ph.D., by email to nuckollg@ninds.nih.gov.

Nominations must include contact information for the nominee, a current curriculum vitae or resume of the nominee and a paragraph describing the qualifications of the person to represent some portion(s) of the muscular dystrophy research, advocacy and/or patient care communities.

More information about the MDCC is available at http://www.ninds.nih.gov/about_ninds/groups/mdcc/.
DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, 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. 209 and 37 CFR part 404 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.


Publications


A Novel Rapid Point-of-Care Diagnostic Method for Infectious and Autoimmune Diseases

Description of Technology: Rapid point-of-care, antibody-based testing is not available for the diagnosis of autoimmune and most infectious diseases. For detecting autoantibodies associated with most autoimmune conditions, fluid-phase immunoprecipitation assays are required. However, these assays usually involve radioactivity and are not feasible for point-of-care applications. The subject invention describes methods of using neodymium magnet for diagnosis of infectious and autoimmune diseases including lupus, Sjögren’s syndrome, type 1 diabetes, HIV and Lyme disease. The assay takes 3.5 minutes, is highly efficient, and has low background.

Potential Commercial Applications

A rapid assay for point-of-care diagnosis of infectious and autoimmune diseases.

Applications to different assay platforms, such as a portable, commercially available hand-held luminometer or an automated, high-throughput device.

Competitive Advantages

Highly efficient, rapid, and easy to perform.

Low background signals.

Development Stage

Early-stage

In vitro data available

Prototype

Inventor: Peter D. Burbelo (NIDCR)

A Mobile Health Platform

Description of Technology: The NIH inventors have developed a mobile health technology to monitor and predict a user’s psychological status and to deliver an automated intervention when needed. The technology uses smartphones to monitor the user’s location and ask questions about psychological status throughout the day. Continuously collected ambulatory psychological data are fused with data on location and responses to questions. The mobile data are combined with geospatial risk maps to quantify exposure to risk and predict a future psychological state. The future predictions are used to warn the user when he or she is at especially high risk of experiencing a negative event that might lead to an unwanted outcome (e.g., lapse to drug use in a recovering addict).

An internally developed mobile app is now being deployed to deliver an intervention in the context of drug addiction. The inventors are also seeking to test the technology for other health applications.

Potential Commercial Applications

Real time behavior monitoring

Therapeutic delivery of an intervention via a mobile device

Competitive Advantages

Mobile device

Real time

Exposure to risk

Development Stage: Prototype

Inventors: Kenzie L. Preston, David H. Epstein, Matthew Tyburski, Massoud Vahabzadeh (all of NIDA)

Publications


Collaborative Research Opportunity: The National Institute of Dental and Craniofacial Research is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize.