manufacturing, processing, packing, or holding of the applicable food, such person must maintain records identifying the immediate previous source of such food and the immediate subsequent recipient of such food in accordance with §§ 1.337 and 1.345. Such records must be maintained for 2 years.

In accordance with 21 CFR 1.1390, this exemption is effective as of the date this document publishes in the **Federal Register**.

V. References

The following references are on display at the Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500, and are available for viewing by interested persons between 9 a.m. and 4 p.m., Monday through Friday; they are also available electronically at *http://www.regulations.gov.* Although FDA verified the website addresses in this document, please note that websites are subject to change over time.

1. FDA and NCIMS, ''Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipment (2019 Revision)'', 2019. Available at *https://www.fda.gov/media/138115/download?attachment.* Accessed April 17, 2025.
2. FDA and NCIMS, ''Memorandum of Understanding Between the National Conference on Interstate Milk Shipments and the Food and Drug Administration'', 1977. Available at: *https://www.fda.gov/about-fda/mou-225-78-1000.* Accessed March 26, 2025.
3. FDA, ''Grade ''A'' Pasteurized Milk Ordinance (2019 Revision),'' 2019. Available at: *https://www.fda.gov/media/140394/download?attachment.* Accessed April 17, 2025.
4. FDA Memorandum, ''2023 Revision of the Grade ''A'' Pasteurized Milk Ordinance (PMO),'' M–I–24–02, August 9, 2024. Available at: *https://gams.fda.gov/active/M-I-24-02-PMO-2023-Revision.pdf.* Accessed May 1, 2025.
5. FDA, ''Grade ''A'' Pasteurized Milk Ordinance (2023 Revision),'' 2023. Available at: *https://www.fda.gov/media/180975/download?attachment.* Accessed April 17, 2025.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–03362 Filed 2–19–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0407–60D]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of Minority Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the U.S. Department of Health and Human Services (HHS), Office of Minority Health (OMH) is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the information collection request (ICR) must be received on or before April 21, 2026.

ADDRESSES: Submit your comments to *minorityhealthinfo@hhs.gov* or by calling (240) 453–0492.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier OS–0990–0407–60D and project title ''OMH Think Cultural Health'' for reference. Submit requests to the HHS Office of Minority Health, at *minorityhealthinfo@hhs.gov* or by calling (240) 453–0492.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collection: OMH Think Cultural Health.

Type of Collection: Reinstatement without Change of a Previously Approved Collection.

OMB No.: 0990–0407.

Abstract: The Department of Health and Human Services (HHS), Office of Minority Health (OMH) is requesting approval by OMB on a reinstatement without change of a previously approved collection of information. The Think Cultural Health (TCH) website is an initiative of HHS OMH that provides resources and tools to promote cultural and linguistic competency in health and health care. The TCH website offers a suite of e-learning programs that afford health and health care professionals the ability to earn continuing education credits through training in cultural and linguistic competency.

Need and Proposed Use of the Information: The data will be used to enable health and health care professionals to register for courses, obtain accredited continuing education credits, and help ensure that TCH offerings remain relevant, useful, and responsive to the needs of their target audiences. The findings from the data collection will be of interest to HHS's OMH in supporting maintenance and revisions of the offerings on the TCH website.

Likely Respondents: Likely respondents are users of the TCH e-learning program(s) and/or e-resource(s). There are no requirements for annual, quarterly or monthly responses. A single respondent completes the registration process to access an e-learning program or e-resource on the website only one time and completes a course-specific evaluation form for each e-learning program course/unit or e-resource per completion. A respondent may be invited to participate in the follow-up survey, a focus group, or a key informant interview and will not be asked to participate in more than one follow-up activity (*i.e.,* survey, focus group, or key informant interview).

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Type of information collection	Respondents	Number of respondents	Number of responses per respondents	Average burden per response (minutes)	Total burden hours
Registration	Health and Health Care Professionals	118,352	1	3/60	5,918
Course/unit Evaluation	Health and Health Care Professionals	118,352	1	3/60	5,918
Follow-Up Survey	Health and Health Care Professionals	4,208	1	10/60	701
Focus Groups	Health and Health Care Professionals	15	1	120/60	30
Key Informant Interviews	Health and Health Care Professionals	13	1	60/60	13

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Type of information collection	Respondents	Number of respondents	Number of responses per respondents	Average burden per response (minutes)	Total burden hours
Total		249,940			12,580

HHS OMH estimates the total annual burden for this collection of information is 12,580 hours. The estimated burden for the information collection reflects an overall annual increase of 10,576 hours. We attribute this adjustment to an increase in the number of respondents utilizing the TCH e-learning program(s) and/or e-resource(s).

Catherine Howard,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2026–03313 Filed 2–19–26; 8:45 am]

BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Inventions Available for License: Gait Assistance Systems and Methods of Control Thereof; Correction

AGENCY: National Institutes of Health, HHS.

ACTION: Notice; correction.

SUMMARY: The Clinical Center (CC), an institute/center of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), published a Notice in the **Federal Register** on February 13, 2026. That notice requires a correction in the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this license opportunity should be directed to: Tedd Fenn, J.D., M.S., Technology Transfer Manager, NCI, Technology Transfer Center, Email: *Edward.Fenn@nih.gov* or Phone: 240–276–6833.

SUPPLEMENTARY INFORMATION:

Correction

In the **Federal Register** of February 13, 2026, in FR Doc. 2026–02906, on page 6865, as found within the **SUPPLEMENTARY INFORMATION** section. Currently reads:

NIH Reference Number: E–121–2013.

and is corrected to read:

NIH Reference Number: E–241–2023.

Alycia Booth,

NIH Federal Register Certifying Official, National Institutes of Health.

[FR Doc. 2026–03406 Filed 2–19–26; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Inventions Available for License: Novel Human Immunogenic Epitopes of the Human Endogenous Retrovirus ERVMER34–1

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Cancer Institute (NCI), an institute/center of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is giving notice of the license opportunity for the invention listed below, which is owned by an agency of the U.S. Government and is available to achieve expeditious commercialization of results of federally-funded research and development.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this license opportunity should be directed to: Michael Pollack, Ph.D., Unit Supervisor, NCI, Technology Transfer Center, Email: *michael.pollack@nih.gov* or Phone: 240–276–5519.

SUPPLEMENTARY INFORMATION: The NCI seeks research co-development partners and/or licensees for the clinical translation of novel peptide-based therapeutic cancer vaccines derived from ERVMER34–1, a human endogenous retrovirus (HERV) antigen, offering a unique opportunity to address a significant unmet need in the treatment of various carcinomas.

HERVs, remnants of ancient retroviral germline infections that comprise ~8% of the human genome, represent a promising yet underexplored frontier in targeted cancer therapy. Although typically epigenetically silenced in normal adult tissues, select HERV components, including RNAs and envelope proteins, are frequently overexpressed in various carcinomas due to epigenetic dysregulation—a hallmark of cancer. The challenge lies in identifying specific, highly immunogenic HERV targets that elicit potent anti-tumor immune responses without triggering autoimmunity. Addressing this need is critical to advancing broadly applicable cancer immunotherapies.

Inventors at the NCI have developed and characterized a novel cancer immunotherapy platform targeting ERVMER34–1, a specific HERV envelope protein that is highly expressed across multiple human carcinomas while exhibiting minimal expression in normal tissues. Using transcriptomic and proteomic datasets, the team confirmed the tumor-selective expression profile of ERVMER34–1. To improve safety and specificity, they engineered an artificial antigen-presenting cell line to express the full-length ERVMER34–1 protein, HLA–A2 and CD80 to facilitate efficient priming and expansion of ERVMER34–1-reactive CD8+ T cells. To therapeutically target ERVMER34–1, they modified the ERVMER34–1 protein by removing the signal peptide, cleavage site, predicted immunosuppressive domain, transmembrane domain and a 170-amino acid region homologous to human proteins. These modifications prevent surface trafficking, antigen shedding, immune dampening, and off-target reactivity. This modified sequence was incorporated into a recombinant adenoviral vector as a therapeutic cancer vaccine. In preclinical murine models (*e.g.,* MC38 colon cancer, EMT6 breast cancer), vaccination with this construct alone or in combination with immune checkpoint blockade or an IL–15 superagonist elicited robust, multifunctional $CD4^+$ and $CD8^+$ T cell responses. Those enhanced T cell responses induced tumor clearance, increased intratumoral lymphocyte infiltration, broadened neoantigen spreading and prolonged tumor control. ERVMER34–1-reactive T cells could be expanded from both healthy donor and cancer patient Peripheral Blood Mononuclear Cells (PBMCs) and demonstrated specific cytolytic activity against ERVMER34–1^+ human carcinoma cell lines in vitro. To support peptide-based approaches, researchers