

In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, NIH has submitted to OMB a request for review and approval of the information collection listed below.

Proposed Collection Title: Assurance (Interinstitutional, Foreign, and Domestic) and Annual Report, OMB #0925-0765, expiration date 11/30/2022, Reinstatement with Change, Office of the Director (OD), National Institutes of Health (NIH).

Need and Use of Information Collection: The NIH Office of Laboratory Welfare (OLAW) is responsible for the implementation, general administration, and interpretation of the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy)

as codified in 42 CFR 52.8. The PHS Policy implements the Health Research Extension Act (HREA) of 1985 (Pub. L. 99-158 as codified in 42 U.S.C. 289d). The PHS Policy requires entities that conduct research involving vertebrate animals using PHS funds to have an Institutional Animal Care and Use Committee (IACUC), provide assurance that requirements of the Policy are met, and submit an annual report. Institutions in foreign countries comply with the PHS Policy or provide evidence that acceptable standards for the humane care and use of the animals in PHS-conducted or -supported activities will be met. An institution's animal care and use program is described in the Animal Welfare

Assurance (Assurance) document and sets forth institutional compliance with PHS Policy. The purpose of the Assurance (Interinstitutional, Foreign, and Domestic) and Annual Report is to provide OLAW with documentation to satisfy the requirements of the HREA, illustrate institutional adherence to PHS Policy, and enable OLAW to carry out its mission to ensure the humane care and use of animals in PHS-supported research, testing, and training, thereby contributing to the quality of PHS-supported activities.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 9,219.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Domestic Assurance	Renewal and New	235	1	30	7,050
Domestic Annual Report	All Domestic	890	1	90/60	1,335
Foreign Assurance	Renewal and New	67	1	90/60	101
Foreign Annual Report	All Foreign	335	1	1	335
Interinstitutional Assurance for Foreign Performance Site or Interinstitutional Assurance Triad for Foreign Performance Site.	Foreign	46	1	30/60	23
Interinstitutional Assurance for Domestic Performance Site or Interinstitutional Assurance Triad for Domestic Performance Site.	Domestic	750	1	30/60	375
Total	2,323	6	9,219

Dated: November 22, 2023.
Lawrence A. Tabak,
Principal Deputy Director, National Institutes of Health.
 [FR Doc. 2023-26400 Filed 11-30-23; 8:45 am]
BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Cancer Institute Initial Review Group; Career Development Study Section (J), February 28, 2024, 10:00 a.m. to February 29, 2024, 06:00 p.m., National Cancer Institute Shady Grove, 9609 Medical Center Drive, Room 7W624, Rockville, Maryland 20850 which was published in the **Federal Register** on November 2, 2023, FR Doc. 2023-24225, 88 FR 75294.

This notice is being amended to change the start time of the meeting from 10:00 a.m. to 9:00 a.m. on February 28, 2024. The meeting dates and

location will stay the same. The meeting is closed to the public.

Dated: November 27, 2023.
Melanie J. Pantoja,
Program Analyst, Office of Federal Advisory Committee Policy.
 [FR Doc. 2023-26451 Filed 11-30-23; 8:45 am]
BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Institute of Neurological Disorders and Stroke Special Emphasis Panel, November 27, 2023, 10:00 a.m. to November 28, 2023, 05:00 p.m., National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 which was published in the **Federal Register** on November 13, 2023, FR Doc 2023-24961, 88 FR 77597.

This notice is being amended to change the dates of this two-day

meeting to December 14, 2023, and December 15, 2023. The meeting time remains the same. The meeting is closed to the public.

Dated: November 28, 2023.
David W. Freeman,
Supervisory Program Analyst, Office of Federal Advisory Committee Policy.
 [FR Doc. 2023-26450 Filed 11-30-23; 8:45 am]
BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of HHS-Certified Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine and Oral Fluid Drug Testing for Federal Agencies

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.
ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) notifies Federal agencies of the laboratories and Instrumented Initial Testing Facilities

(IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs using Urine or Oral Fluid (Mandatory Guidelines).

FOR FURTHER INFORMATION CONTACT:

Anastasia Flanagan, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N06B, Rockville, Maryland 20857; 240-276-2600 (voice); Anastasia.Flanagan@samhsa.hhs.gov (email).

SUPPLEMENTARY INFORMATION:

In accordance with Section 9.19 of the Mandatory Guidelines, a notice listing all currently HHS-certified laboratories and IITFs is published in the **Federal Register** during the first week of each month. If any laboratory or IITF certification is suspended or revoked, the laboratory or IITF will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory or IITF has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end and will be omitted from the monthly listing thereafter.

This notice is also available on the internet at <https://www.samhsa.gov/workplace/resources/drug-testing/certified-lab-list>.

The Department of Health and Human Services (HHS) notifies Federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and of the laboratories currently certified to meet the standards of the Mandatory Guidelines using Oral Fluid.

The Mandatory Guidelines using Urine were first published in the **Federal Register** on April 11, 1988 (53 FR 11970), and subsequently revised in the **Federal Register** on June 9, 1994 (59 FR 29908); September 30, 1997 (62 FR 51118); April 13, 2004 (69 FR 19644); November 25, 2008 (73 FR 71858); December 10, 2008 (73 FR 75122); April 30, 2010 (75 FR 22809); and on January 23, 2017 (82 FR 7920).

The Mandatory Guidelines using Oral Fluid were first published in the **Federal Register** on October 25, 2019 (84 FR 57554) with an effective date of January 1, 2020.

The Mandatory Guidelines were initially developed in accordance with Executive Order 12564 and section 503 of Public Law 100-71 and allowed urine drug testing only. The Mandatory Guidelines using Urine have since been revised, and new Mandatory Guidelines

allowing for oral fluid drug testing have been published. The Mandatory Guidelines require strict standards that laboratories and IITFs must meet in order to conduct drug and specimen validity tests on specimens for Federal agencies. HHS does not allow IITFs to conduct oral fluid testing.

To become certified, an applicant laboratory or IITF must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification, a laboratory or IITF must participate in a quarterly performance testing program plus undergo periodic, on-site inspections.

Laboratories and IITFs in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines using Urine and/or Oral Fluid. An HHS-certified laboratory or IITF must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA), which attests that the test facility has met minimum standards. HHS does not allow IITFs to conduct oral fluid testing.

HHS-Certified Laboratories Approved To Conduct Oral Fluid Drug Testing

In accordance with the Mandatory Guidelines using Oral Fluid dated October 25, 2019 (84 FR 57554), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on oral fluid specimens:

At this time, there are no laboratories certified to conduct drug and specimen validity tests on oral fluid specimens.

HHS-Certified Instrumented Initial Testing Facilities Approved To Conduct Urine Drug Testing

In accordance with the Mandatory Guidelines using Urine dated January 23, 2017 (82 FR 7920), the following HHS-certified IITFs meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

Dynacare,* 6628 50th Street NW, Edmonton, AB Canada T6B 2N7, 780-784-1190, (Formerly: Gamma-Dynacare Medical Laboratories)

HHS-Certified Laboratories Approved To Conduct Urine Drug Testing

In accordance with the Mandatory Guidelines using Urine dated January 23, 2017 (82 FR 7920), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

Alere Toxicology Services, 1111 Newton St., Gretna, LA 70053, 504-361-8989/800-433-3823, (Formerly: Kroll

Laboratory Specialists, Inc., Laboratory Specialists, Inc.)
Alere Toxicology Services, 450 Southlake Blvd., Richmond, VA 23236, 804-378-9130, (Formerly: Kroll Laboratory Specialists, Inc.; Scientific Testing Laboratories, Inc.; Kroll Scientific Testing Laboratories, Inc.)
Clinical Reference Laboratory, Inc., 8433 Quivira Road, Lenexa, KS 66215-2802, 800-445-6917
Desert Tox, LLC, 5425 E Bell Rd, Suite 125, Scottsdale, AZ 85254, 602-457-5411/623-748-5045
DrugScan, Inc., 200 Precision Road, Suite 200, Horsham, PA 19044, 800-235-4890
Dynacare,* 245 Pall Mall Street, London, ONT, Canada N6A 1P4, 519-679-1630, (Formerly: Gamma-Dynacare Medical Laboratories)
ElSohly Laboratories, Inc., 5 Industrial Park Drive, Oxford, MS 38655, 662-236-2609
LabOne, Inc. d/b/a Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS 66219, 913-888-3927/800-873-8845, (Formerly: Quest Diagnostics Incorporated; LabOne, Inc.; Center for Laboratory Services, a Division of LabOne, Inc.)
Laboratory Corporation of America, 1225 NE 2nd Ave., Portland, OR 97232, 503-413-5295/800-950-5295, (Formerly: Legacy Laboratory Services Toxicology MetroLab)
Laboratory Corporation of America Holdings, 7207 N. Gessner Road, Houston, TX 77040, 713-856-8288/800-800-2387
Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 908-526-2400/800-437-4986, (Formerly: Roche Biomedical Laboratories, Inc.)
Laboratory Corporation of America Holdings, 1904 TW Alexander Drive, Research Triangle Park, NC 27709, 919-572-6900/800-833-3984, (Formerly: LabCorp Occupational Testing Services, Inc.; CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)
Laboratory Corporation of America Holdings, 1120 Main Street, Southaven, MS 38671, 866-827-8042/800-233-6339, (Formerly: LabCorp Occupational Testing Services, Inc.; MedExpress/National Laboratory Center)
MedTox Laboratories, Inc., 402 W County Road D, St. Paul, MN 55112, 651-636-7466/800-832-3244
Minneapolis Veterans Affairs Medical Center, Forensic Toxicology

Laboratory, 1 Veterans Drive,
Minneapolis, MN 55417, 612-725-
2088. Testing for Veterans Affairs
(VA) Employees Only
Omega Laboratories, Inc.,* 2150
Dunwin Drive, Unit 1 & 2,
Mississauga, ON, Canada L5L 5M8,
289-919-3188
Pacific Toxicology Laboratories, 9348
DeSoto Ave., Chatsworth, CA 91311,
800-328-6942, (Formerly: Centinela
Hospital Airport Toxicology
Laboratory)
Phamatech, Inc., 15175 Innovation
Drive, San Diego, CA 92128, 888-
635-5840
Quest Diagnostics Incorporated, 400
Egypt Road, Norristown, PA 19403,
610-631-4600/877-642-2216,
(Formerly: SmithKline Beecham
Clinical Laboratories; SmithKline Bio-
Science Laboratories)
US Army Forensic Toxicology Drug
Testing Laboratory, 2490 Wilson St.,
Fort George G. Meade, MD 20755-
5235, 301-677-7085. Testing for
Department of Defense (DoD)
Employees Only

* The Standards Council of Canada
(SCC) voted to end its Laboratory
Accreditation Program for Substance
Abuse (LAPSA) effective May 12, 1998.
Laboratories certified through that
program were accredited to conduct
forensic urine drug testing as required
by U.S. Department of Transportation
(DOT) regulations. As of that date, the
certification of those accredited
Canadian laboratories will continue
under DOT authority. The responsibility
for conducting quarterly performance
testing plus periodic on-site inspections
of those LAPSA-accredited laboratories
was transferred to the U.S. HHS, with
the HHS' NLCP contractor continuing to
have an active role in the performance
testing and laboratory inspection
processes. Other Canadian laboratories
wishing to be considered for the NLCP
may apply directly to the NLCP
contractor just as U.S. laboratories do.

Upon finding a Canadian laboratory to
be qualified, HHS will recommend that
DOT certify the laboratory (61 FR 37015,
July 16, 1996) as meeting the minimum
standards of the Mandatory Guidelines
published in the **Federal Register** on
January 23, 2017 (82 FR 7920). After
receiving DOT certification, the
laboratory will be included in the
monthly list of HHS-certified
laboratories and participate in the NLCP
certification maintenance program.

Anastasia D. Flanagan,

*Public Health Advisor, Division of Workplace
Programs.*

[FR Doc. 2023-26428 Filed 11-30-23; 8:45 am]

BILLING CODE 4160-20-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Substance Abuse and Mental Health
Services Administration**

**Agency Information Collection
Activities: Submission for OMB
Review; Comment Request**

Periodically, the Substance Abuse and
Mental Health Services Administration
(SAMHSA) will publish a summary of
information collection requests under
OMB review, in compliance with the
Paperwork Reduction Act (44 U.S.C.
chapter 35). To request a copy of these
documents, call the SAMHSA Reports
Clearance Officer on (240) 276-0361.

**Proposed Project: 988 Cooperative
Agreements Monitoring Program (OMB
No. 0930-0290)—New ICR**

The Substance Abuse and Mental
Health Services Administration
(SAMHSA) is seeking Office of
Management and Budget (OMB)
Emergency approval for new
information collection activities for
monitoring all of SAMHSA's 988
Cooperative Agreements. The collection
of this information is critical to
successfully oversee operational
response and quality of service through
the 988 Suicide and Crisis Lifeline to
ensure connections to care for
individuals in suicidal crisis or
emotional distress contacting in for 988
phone, chat, and text support for
connecting local, state/territory and
national outcomes and monitoring
contractual obligations for current and
future 988 grant programs. Much of this
information is already embedded in the
current 988 Suicide and Crisis Lifeline
network administrator grants, the 988
state and territory grant program, or the
988 Tribal Response grant program.

Congress designated 988 in 2020 and
the Lifeline transitioned to the 3-digit
number in July 2022. As a part of the
federal government's commitment to
addressing the mental health crisis in
America, unprecedented federal
resources have been invested to scale up
crisis centers in support of 988. In
section 1103(a)(2)(B) of the
Consolidated Appropriations Act, 2023,
Congress called for enhanced program
evaluation, including performance
measures to assess program response
and improve readiness and performance
of the service, including review of each
contact to ensure timely connection of
service and quality provision in line
with evidence-based care. To help meet
the standards and requirements set forth
in statute, ongoing communication of
key outcomes within this OMB request

must be received and reviewed to
ensure connection and quality of care
through 988.

The information being collected will
be used by SAMHSA to ensure
individuals in suicidal crisis can contact
988 Suicide and Crisis Lifeline and are
connected to crisis centers provided
evidence-based care and able to receive
critical resource referral and linkage,
including opportunities for mobile crisis
support, crisis receiving and stabilizing
facilities, peer respite centers and
withdrawal management services. The
four programs to be monitored and
evaluated include the Tribal
Cooperative Agreements, State and
Territory Cooperative Agreements, 988
Crises Center Follow-up Cooperative
Agreements, and the 988 Lifeline
Administrator.

The purpose of the Tribal Cooperative
Agreements is to provide resources to
improve response to 988 contacts
(including calls, chats, and texts)
originating in Tribal communities and/
or activated by American Indians/
Alaska Natives. The information
collection instruments include Tribal
Government: Semi Annual Progress
Report, Tribal Government: Monthly
Meeting Agenda, Tribal Government:
Quality Improvement Plan.

The purpose of the State and Territory
Cooperative Agreements is to improve
state and territory response to 988
contacts (including calls, chats, and
texts) originating in the state/territory.
The information collection instruments
include State/Territory: Monthly Key
Metrics, State/Territory: Quarterly
Report Template, State/Territory:
Programmatic QI Plan (Annual
Collection), State/Territory: Monthly
Meeting Call Agenda, State/Territory:
Chat and Text Report (Annual
Collection), State/Territory:
Communications Plan (Annual
Collection), State/Territory:
Sustainability Plan (Annual Collection),
State/Territory: Mobile Crisis and 988-
911 reports (Annual Collection).

The purpose of the 988 Crisis Center
Follow Up Cooperative Agreements is to
provide a crisis center response that
ensures the systematic follow-up of
suicidal persons who contact a 988
Suicide and Crisis Lifeline (988 Lifeline)
Crisis Center; provides enhanced
coordination of crisis stabilization,
crisis respite, mobile crisis outreach
(MCO) response services and other
services on the crisis continuum of care;
reduces unnecessary police engagement
and; improves connections for high-risk
populations. The information collection
instruments include Crisis Center Data
Reporting Elements and Crisis Center
Monthly Agenda Template.