3. Referral to Treatment (Yes/No)
   10. [For grantee] Did this client get screened and referred to treatment for an opioid use disorder or an alcohol use disorder? Yes/No
   a. If yes, did they receive an FDA-approved medication for the treatment of opioid use disorder or alcohol use disorder? Yes/No
      i. If yes, specify the FDA-approved medication (methadone, buprenorphine, naltrexone, extended-release naltrexone) for opioid use disorder.
      ii. If yes, specify the FDA-approved medication (naltrexone, extended-release naltrexone, disulfiram, acamprosate) for alcohol use disorder.

11. [For client] Did the program provide the following: (Asked of client at follow up)
   a. HIV test—Yes/No
      i. If yes, the result was—Positive/Negative/Indeterminate/Don’t know
      ii. If the result was Positive were you connected to treatment services—Yes/No
   b. Hepatitis B (HBV) test—Yes/No
      i. If yes, the result was—Positive/Negative/Indeterminate/Don’t know
      ii. If the result was Positive were you connected to treatment services—Yes/No
   c. Hepatitis C (HCV) test—Yes/No
      i. If yes, the result was—Positive/Negative/Indeterminate/Don’t know
      ii. If the result was Positive were you connected to treatment services—Yes/No

   a. The use of technology accessed through (insert grantee or program name) helped me
      i. Communicate with my provider
      ii. Reduce my substance use
      iii. Manage my mental health symptoms
      iv. Support my recovery

13. [For client] To what extent has this program improved your quality of life? (To a Great Extent, Somewhat, Very Little, Not at All)

### Table 1—Estimates of Annual Hour Burden

<table>
<thead>
<tr>
<th>SAMHSA tool</th>
<th>Number of respondents</th>
<th>Responses per respondent</th>
<th>Total number of responses</th>
<th>Burden hours per response</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Interview Includes SBIRT Brief TX, Referral to TX, and Program-specific questions</td>
<td>179,668</td>
<td>1</td>
<td>179,668</td>
<td>0.60</td>
<td>107,801</td>
</tr>
<tr>
<td>Follow-Up Interview with Program-specific questions</td>
<td>143,734</td>
<td>1</td>
<td>143,734</td>
<td>0.60</td>
<td>86,240</td>
</tr>
<tr>
<td>Discharge Interview with Program-specific questions</td>
<td>93,427</td>
<td>1</td>
<td>93,427</td>
<td>0.60</td>
<td>56,056</td>
</tr>
<tr>
<td>SBIRT Program—Screening Only</td>
<td>594,192</td>
<td>1</td>
<td>594,192</td>
<td>0.13</td>
<td>77,245</td>
</tr>
<tr>
<td>SBIRT Program—Brief Intervention Only Baseline</td>
<td>111,411</td>
<td>1</td>
<td>111,411</td>
<td>0.20</td>
<td>22,282</td>
</tr>
<tr>
<td>SBIRT Program—Brief Intervention Only Follow-Up</td>
<td>89,129</td>
<td>1</td>
<td>89,129</td>
<td>0.20</td>
<td>17,826</td>
</tr>
<tr>
<td>SBIRT Program—Brief Intervention Only Discharge</td>
<td>57,934</td>
<td>1</td>
<td>57,934</td>
<td>0.20</td>
<td>11,587</td>
</tr>
<tr>
<td>CSAT Total</td>
<td>885,271</td>
<td></td>
<td>1,269,495</td>
<td></td>
<td>379,037</td>
</tr>
</tbody>
</table>

Note: Numbers may not add to the totals due to rounding and some individual participants completing more than one form.

1. It is estimated that 80% of baseline clients will complete this interview.
2. It is estimated that 52% of baseline clients will complete this interview.

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–B, Rockville, Maryland 20857, or email a copy to summer.king@samhsa.hhs.gov. Written comments should be received by July 2, 2018.

**SUMMARY:** The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITF) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (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 [http://www.samhsa.gov/workplace](http://www.samhsa.gov/workplace).

**FOR FURTHER INFORMATION CONTACT:**
Giselle Hersh, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N03A, Rockville, Maryland 20857; 240–276–2600 (voice).

**SUPPLEMENTARY INFORMATION:** The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITF) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines). The Mandatory Guidelines were initially developed in accordance with Executive Order 12564 and section 503 of Public Law 100–71. The Mandatory Guidelines for Federal Workplace Drug
Testing Programs,’’ as amended in the revisions listed above, requires strict standards that laboratories and IITFs must meet in order to conduct drug and specimen validity tests on urine specimens for federal agencies.

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. A HHS-certified laboratory or IITF must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA), which attests that it has met minimum standards.

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

**HHS-Certified Instrumented Initial Testing Facilities**

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

**HHS-Certified Laboratories**


Alere Toxicology Services, 1111 Newton St., Gretna, LA 70053, 504–361–8989/800–433–3823, (Formerly: Kroll Laboratory Specialists, Inc., Laboratory Specialists, Inc.).


Baptist Medical Center-Toxicology Laboratory, 11401 I–30, Little Rock, AR 72209–7056, 501–202–2783, (Formerly: Forensic Toxicology Laboratory Baptist Medical Center).


DrugScan, Inc., 200 Precision Road, Suite 200, Horsham, PA 19044, 800–235–4890.


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.).


LabOne, Inc. d/b/a Quest Diagnostics, 10101 Remner 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.).


Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, MN 55417, 612–725–2088, Testing for Veterans Affairs (VA) Employees Only.


One Source Toxicology Laboratory, Inc., 1213 Genoa-Red Bluff, Pasadena, TX 77505, 888–747–3774, (Formerly: University of Texas Medical Branch, Clinical Chemistry Division; UTMB Pathology-Toxicology Laboratory).

Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800–326–6942, (Formerly: Centinela Hospital Airport Toxicology Laboratory).


Redwood Toxicology Laboratory, 3700 Westwind Blvd., Santa Rosa, CA 95403, 800–255–2159.

STERLING Reference Laboratories, 2617 East L Street, Tacoma, Washington 98421, 800–442–0438.


* 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 (Federal Register, 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.

Dated: April 26, 2018.

Carlos Castillo,
Committee Management Officer, SAMHSA.
[FR Doc. 2018–09178 Filed 4–30–18; 8:45 am]