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 Nebraska St., Omaha, NE 68114, 402–446–2387 (Formerly: Labcorp Employees Only)
- 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
- Laboratory Corporation of America Holdings, 7207 N. Gessner Road, Houston, TX 77040, 713–856–8288/800–23878,
- 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, 919–572–6900/800–433–3984 (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, 662–827–8042/800–233–6339 (Formerly: LabCorp Occupational Testing Services, Inc.; MedExpress/National Laboratory Center)
- 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.)
- Legacy Laboratory Services Toxicology, 1225 NE 2nd Ave., Portland, OR 97232, 503–413–5295/800–950–5295
- Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, MN 55417, 612–725–2088, Testing for Veterans Affairs (VA) Employees Only
- Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800–328–6942 (Formerly: Centinela Hospital Airport Toxicology Laboratory)
- Phamatech, Inc., 15175 Innovation Street, San Diego, CA 92128, 888–635–5840
- Quest Diagnostics Incorporated, 400 Egypt Road, Norristown, PA 19403, 610–631–4600/677–642–2216 (Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Biotechnology Laboratories)
- Redwood Toxicology Laboratory, 3700 Westwind Blvd., Santa Rosa, CA 95403, 800–255–2159
- 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 (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.

Anastasia Marie Donovan,
Policy Analyst, Division of Workplace Programs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276–0361.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Government Performance and Results Act (GPRA) Client/Participant Outcomes Measure—(OMB No. 0930–0208)—Revision

SAMHSA is requesting approval to modify its existing CSAT Client-level GPRA instrument by removing 40 questions and adding 41 questions to its existing CSAT Client-level GPRA instrument resulting in a net addition of 1 question. Currently, the information collected from this instrument is
entered and stored in SAMSHA’s Performance Accountability and Reporting System, which is a real-time, performance management system that captures information on the substance abuse treatment and mental health services delivered in the United States. Continued approval of this information collection will allow SAMSHA to continue to meet Government Performance and Results Modernization Act of 2010 reporting requirements that quantify the effects and accomplishments of its discretionary grant programs, which are consistent with OMB guidance.

SAMSHA will use the data for annual reporting required by GPRA and comparing baseline with discharge and follow-up data. GPRA requires that SAMSHA’s fiscal year report include actual results of performance monitoring for the three preceding fiscal years. The additional information collected through this process will allow SAMSHA to: (1) Report results of these performance outcomes; (2) maintain consistency with SAMSHA-specific performance domains, and (3) assess the accountability and performance of its discretionary grant programs including a focus on health equity.

In revising the CSAT–GPRA tool, CSAT sought to improve functionality while also eliciting programmatic information that demonstrates impact at the client level. In this way, data from the revised GPRA tool can be used to assess resource allocation and to delineate who we serve, how we serve them, and how the program impacts clients from entry to discharge. The tool reflects CSAT’s desire to elicit pertinent client and program level data that can be used to not only guide future programs and practice, but to also respond to stakeholder, congressional and agency enquiries.

### Table 1—Estimates of Annualized 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>
<th>Hourly wage</th>
<th>Total hour cost</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>0.6</td>
<td>107,801</td>
<td>$24.78</td>
<td>$2,671,309</td>
</tr>
<tr>
<td>Follow-Up Interview with Program-specific questions</td>
<td>143,734</td>
<td>1</td>
<td>143,734</td>
<td>0.6</td>
<td>86,240</td>
<td>24.78</td>
<td>2,137,027</td>
</tr>
<tr>
<td>Discharge Interview with Program-specific questions</td>
<td>93,427</td>
<td>1</td>
<td>93,427</td>
<td>0.6</td>
<td>56,056</td>
<td>24.78</td>
<td>1,389,068</td>
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<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>
<td>24.78</td>
<td>1,914,131</td>
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<tr>
<td>SBIRT Program—Brief Intervention Only Baseline</td>
<td>111,411</td>
<td>1</td>
<td>111,411</td>
<td>0.2</td>
<td>22,828</td>
<td>24.78</td>
<td>552,148</td>
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<tr>
<td>SBIRT Program—Brief Intervention Only Follow-Up</td>
<td>89,129</td>
<td>1</td>
<td>89,129</td>
<td>0.2</td>
<td>17,826</td>
<td>24.78</td>
<td>441,728</td>
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<tr>
<td>SBIRT Program—Brief Intervention Only Discharge</td>
<td>57,934</td>
<td>1</td>
<td>57,934</td>
<td>0.2</td>
<td>11,587</td>
<td>24.78</td>
<td>287,126</td>
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<tr>
<td>CSAT Total</td>
<td>1,269,495</td>
<td>1</td>
<td>1,269,495</td>
<td>0.6</td>
<td>379,037</td>
<td>24.78</td>
<td>9,392,537</td>
</tr>
</tbody>
</table>


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

3 It is estimated that 52% of baseline clients will complete this interview.

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