

**FOR FURTHER INFORMATION CONTACT:**

Inquiries related to this license opportunity should be directed to: Diptadip Dattaroy, Ph.D., Technology Transfer Manager, NCI, Technology Transfer Center, Email: [diptadip.dattaroy@nih.gov](mailto:diptadip.dattaroy@nih.gov) or Phone: 240-276-7092.

**SUPPLEMENTARY INFORMATION:** There is currently no approved vaccine to prevent human T-cell leukemia virus type I (HTLV-1) infection, a highly oncogenic virus linked to serious diseases like adult T-cell leukemia/lymphoma (ATLL) and Tropical Spastic paraparesis/HTLV-1-Associated Myelopathy (HAM/TSP). Existing interventions are limited to behavioral prevention, leaving millions at risk, especially in underserved global regions. A safe and effective vaccine is urgently needed to fill this critical public health gap.

This invention is a nucleic acid-based vaccine that generates virus-like particles (VLPs) in the body using HTLV-1 Env and gag proteins to trigger a protective immune response against HTLV-1 infection. With no approved vaccines available and millions at risk, particularly in underserved regions, this first-of-its-kind solution addresses a critical public health need. It offers broad protection across HTLV-1 subtypes and is currently being tested in non-human primates, with strong potential for future clinical development and commercial interest.

“This Notice is in accordance with 37 CFR 404.4 Authority to grant licenses.”

*NIH Reference Number:* E-126-2022.

*Related Technologies:* N/A.

*Product Type:* Therapeutic.

*Therapeutic Area(s):* Oncology | Infectious Disease | Immunology.

*Development Stage:* Preclinical (*in vivo* validation).

**Publications**

- Franchini G, et al. *HTLV-1 and HTLV-2: Pathogenesis and role of viral proteins*. *Viruses*. 2022;14(10):2084. <https://doi.org/10.3390/v14102084>.  
*Patents:* National Stage Filings.

**Potential Commercial Applications**

- HTLV-1 Infection.
- ATLL.
- Tropical Spastic paraparesis/HTLV-1-Associated HAM/TSP.

**Competitive Advantages**

- No approved HTLV-1 vaccines.
- Preventative vaccine to reduce healthcare costs and economic burden of treating people developing related diseases.

*Collaboration Opportunity:* The NCI seeks research co-development partners

and/or licensees for development of a nucleic acid-based vaccine for use as a preventative to human T-lymphotrophic virus-1 (HTLV-1) infection.

Dated: June 30, 2026.

**Richard U. Rodriguez,**

*Associate Director, Technology Transfer Center, National Cancer Institute.*

[FR Doc. 2026-13479 Filed 7-1-26; 8:45 am]

**BILLING CODE 4167-05-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****National Institutes of Health****Government Owned Invention****Available for License: A Conserved Viral Peptide for Use in Cancer Immunotherapy**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** The National Cancer Institute (NCI) seeks research co-development partners and/or licensees for viral peptide (CE1)-based therapeutics for HCC prevention and treatment.

**FOR FURTHER INFORMATION CONTACT:**

Inquiries related to this license opportunity should be directed to: Kevin Chang, Ph.D., Technology Transfer Manager, NCI, Technology Transfer Center, Email: [changke@mail.nih.gov](mailto:changke@mail.nih.gov) or Phone: 240-276-6910.

**SUPPLEMENTARY INFORMATION:**

Hepatocellular carcinoma (HCC) is a common and aggressive primary liver cancer. It develops mainly from at-risk individuals with underlying chronic liver diseases, such as hepatitis and cirrhosis. HCC is a leading cause of cancer-related death worldwide, and its global incidence and mortality rate continues to rise. The current methods for early detection, surveillance and treatment are suboptimal due to complex etiologies and intricate tumor biology.

Through serological profiling across three independent cohorts, researchers at the NCI have identified a common epitope (CE1) shared among protective viral antigens enriched in healthy individuals compared to HCC patients. A synthetic CE1 peptide was demonstrated to have utility in eliciting a T cell response to HCC cells and can be developed as an immunotherapy for HCC, such as a CE1-based HCC vaccine. Currently, as there are limited therapeutic options for HCC patients, novel treatments would offer tremendous commercial and public health benefits.

“This Notice is in accordance with 37 CFR 404.4 Authority to grant licenses.”  
*NIH Reference Number:* E-023-2024.  
*Related Technologies:* E-171-2022, E-174-2019.

*Product Type:* Therapeutic.

*Therapeutic Area(s):* Oncology.

*Development Stage:* Discovery.

**Publications**

- Ma L, et al. Beneficial infections of the enterovirus genus in patients with liver cancer. (PMID: 40345802).  
*Patents:* PCT/US2025/059785, filed December 16, 2025.

**Potential Commercial Applications**

- HCC prevention and treatment.
- Predictive biomarker for HCC risk.
  - Serological response test.
  - Patient stratification for CE1-based therapy.
- Monitoring the efficacy of the CE1-based vaccine.

**Competitive Advantages**

- VirScan data support that this peptide correlates with better outcomes in HCC and breast cancer.
- CE1 peptide shows an immunomodulatory effect; immunomodulators are a promising approach to cancer treatment.
- CE1 peptide is biologically active in inducing T cell cytolytic activity.
- HCC cell killing in an HLA-specific manner.

*Collaboration Opportunity:*

Researchers at the NCI seek licensing and/or co-development research collaborations for viral peptide CE1-based therapeutics for HCC prevention and treatment.

Dated: June 30, 2026.

**Richard U. Rodriguez,**

*Associate Director, Technology Transfer Center, National Cancer Institute.*

[FR Doc. 2026-13480 Filed 7-1-26; 8:45 am]

**BILLING CODE 4167-05-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) provides notice

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 the laboratories currently certified to meet the standards of the Mandatory Guidelines using Oral Fluid.

**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:**

The Department of Health and Human Services (HHS) publishes a notice listing all HHS-certified laboratories and Instrumented Initial Testing Facilities (IITFs) in the **Federal Register** monthly, in accordance with Section 9.19 of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and Section 9.17 of the Mandatory Guidelines using Oral Fluid. 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/drug-testing-resources/certified-lab-list>.

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); January 23, 2017 (82 FR 7920); and on October 12, 2023 (88 FR 70768).

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, and subsequently revised in the **Federal Register** on October 12, 2023 (88 FR 70814).

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-Certified Laboratories Approved To Conduct Oral Fluid Drug Testing**

In accordance with the Mandatory Guidelines using Oral Fluid effective October 10, 2023 (88 FR 70814), 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 effective February 1, 2024 (88 FR 70768), 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)

**Note:** DOT does not allow IITFs to test DOT-regulated specimens.

**HHS-Certified Laboratories Approved To Conduct Urine Drug Testing**

In accordance with the Mandatory Guidelines using Urine effective February 1, 2024 (88 FR 70768), 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.)

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 Holdings, 7207 N Gessner Road, Houston, TX 77040, 713–856–8288/800–800–2387

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)

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

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

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 following laboratories are voluntarily withdrawing from the National Laboratory Certification Program effective June 30, 2026.

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, 1120 Main Street, Southaven, MS 38671, 866-827-8042/800-233-6339, (Formerly: LabCorp Occupational Testing Services, Inc.; MedExpress/National Laboratory Center)

**Carlos Castillo,**

*Public Health Analyst.*

[FR Doc. 2026-13402 Filed 7-1-26; 8:45 am]

BILLING CODE 4160-20-P

## DEPARTMENT OF HOMELAND SECURITY

### Office of the Secretary

#### Determination Pursuant to Section 102 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, as Amended

**AGENCY:** Office of the Secretary, Department of Homeland Security.

**ACTION:** Notice of determination.

**SUMMARY:** The Secretary of Homeland Security has determined, pursuant to law, that it is necessary to waive certain laws, regulations, and other legal requirements in order to ensure the expeditious construction of barriers and roads in the vicinity of the international land border in the state of Texas. The notice of determination was published in the **Federal Register** on February 17, 2026. This document amends the February 17, 2026, notice of determination by including additional legal requirements that are being waived.

**DATES:** This determination takes effect on July 2, 2026.

**SUPPLEMENTARY INFORMATION:** Important mission requirements of the Department of Homeland Security (“DHS”) include border security and the detection and prevention of illegal entry into the United States. Border security is critical to the nation’s national security. Recognizing the critical importance of border security, Congress has mandated DHS to achieve and maintain operational control of the international land border. Secure Fence Act of 2006, Public Law 109-367, section 2, 120 Stat. 2638 (Oct. 26, 2006) (8 U.S.C. 1701 note). Congress defined “operational

control” as the prevention of all unlawful entries into the United States, including entries by terrorists, other unlawful aliens, instruments of terrorism, narcotics, and other contraband. *Id.* Consistent with that mandate, the President’s Executive Order on Securing Our Borders directs that I take all appropriate action to deploy and construct physical barriers to ensure complete operational control of the southern border of the United States. Executive Order 14165, section 3 (Jan. 20, 2025).

Congress has provided the Secretary of Homeland Security a number of authorities necessary to carry out DHS’s border security mission. One of those authorities is found at section 102 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, as amended (“IIRIRA”). Public Law 104-208, Div. C, 110 Stat. 3009-546, 3009-554 (Sept. 30, 1996) (8 U.S.C 1103 note), as amended by the REAL ID Act of 2005, Public Law 109-13, Div. B, 119 Stat. 231, 302, 306 (May 11, 2005) (8 U.S.C. 1103 note), as amended by the Secure Fence Act of 2006, Public Law 109-367, section 3, 120 Stat. 2638 (Oct. 26, 2006) (8 U.S.C. 1103 note), as amended by the Department of Homeland Security Appropriations Act, 2008, Public Law 110-161, Div. E, Title V, section 564, 121 Stat. 2090 (Dec. 26, 2007). In section 102(a) of IIRIRA, Congress provided that the Secretary of Homeland Security shall take such actions as may be necessary to install additional physical barriers and roads (including the removal of obstacles to detection of illegal entrants) in the vicinity of the United States border to deter illegal crossings in areas of high illegal entry into the United States. In section 102(b) of IIRIRA, Congress mandated that in carrying out the authority of section 102(a), I provide for the installation of additional fencing, barriers, roads, lighting, cameras, and sensors to achieve and maintain operational control of the border. Finally, in section 102(c) of IIRIRA, Congress granted to the Secretary of Homeland Security the authority to waive all legal requirements that I, in my sole discretion, determine necessary to ensure the expeditious construction of barriers and roads authorized by section 102 of IIRIRA.

#### Determination and Waiver

##### Section 1

The United States Border Patrol Big Bend Sector is an area of high illegal entry. Between fiscal year 2021 and fiscal year 2025, Border Patrol apprehended over 89,000 illegal aliens

attempting to enter the United States between border crossings in the Big Bend Sector. In that same time period Border Patrol seized over 87,574 pounds of marijuana, over 867 pounds of cocaine, over 1,156 pounds of methamphetamine, over 12 pounds of heroin, and over 94 pounds of fentanyl.

Since the President took office, DHS has delivered the most secure border in history. More can and must be done, however. As the statistics cited above demonstrate, the Big Bend Sector is an area of high illegal entry where illegal aliens regularly attempt to enter the United States and smuggle illicit drugs, and given my mandate to achieve and maintain operational control of the border, I must use my authority under section 102 of IIRIRA to install additional barriers and roads in the Big Bend Sector. Therefore, DHS will take immediate action to construct additional barriers and roads in a segment of the border in the Big Bend Sector. The segment where such construction will occur is referred to herein as the “project area,” which is more specifically described in Section 2 below.

##### Section 2

I determine that the following area in the vicinity of the United States border, located in the state of Texas within the U. S. Border Patrol Big Bend Sector, is an area of high illegal entry (the “project area”): Starting at approximately GPS point 31.037623, -105.579877 and extending south and east to approximately GPS point 29.325866, -104.046466.

There is presently an acute and immediate need to construct additional physical barriers and roads in the vicinity of the border of the United States in order to prevent unlawful entries into the United States in the project area pursuant to section 102(a) and 102(b) of IIRIRA. In order to ensure the expeditious construction of additional physical barriers and roads in the project area, I have determined that it is necessary that I exercise the authority that is vested in me by section 102(c) of IIRIRA.

Accordingly, pursuant to section 102(c) of IIRIRA, I hereby waive in their entirety, with respect to the construction of physical barriers and roads (including, but not limited to, accessing the project areas, creating and using staging areas, the conduct of earthwork, excavation, fill, and site preparation, and installation and upkeep of physical barriers, roads, supporting elements, drainage, erosion controls, safety features, lighting, cameras, and sensors) in the project