

Comments were solicited on the parameters of the program, including performance measures, funding priorities, and review criteria. The comment period closed on May 5, 1999, and we have considered the comments that were submitted as we developed the final guidance.

Guidance for submitting applications for funding under the "Extramural Support Program: Model Interventions to Increase Organ and Tissue Donation," sponsored by HRSA, can be obtained by calling the HRSA Grants Application Center, at 1-888-333-4772, or by assessing the following three web sites: www.hrsa.gov, www.organdonor.gov, and www.hrsa.gov/osp/dot. Submission of the applications should be in accordance with the provisions of the Guidance.

Dated: May 25, 1999.

Claude Earl Fox,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Request for Comments for Scholarships for Disadvantaged Students

The Health Resources and Services Administration (HRSA) announces that applications for fiscal year (FY) 1999 for the Scholarships for Disadvantaged Students (SDS) program are being accepted under the authority of section 737 of the Public Health Service Act (the Act), Title VII, Part B, as amended by the Health Professions Education Partnerships Act of 1998, Pub. L. 105-392, dated November 13, 1998. This notice requesting comments on proposed eligibility criteria, preferences and priorities includes updates to information provided in the January 6, 1999 program announcement.

Purpose

The SDS program provides funds to health professions and nursing schools for the purpose of assisting such schools in providing scholarships to individuals from disadvantaged backgrounds who are enrolled (or accepted for enrollment) as full-time students in the schools.

For purposes of the SDS program in FY 1999, an "individual from a disadvantaged background" is defined in 42 CFR 57.1804, subpart S, as one who:

(1) Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions or nursing school, or from a program providing education or training in allied health professions; or

(2) Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions and nursing programs. The Secretary will periodically publish these low income levels in the **Federal Register**.

The following income figures determine what constitutes a low-income family for purposes of the SDS program for FY 1999.

Size of parents' family ¹	Income level ²
1	\$10,900
2	14,100
3	16,800
4	21,500
5	25,400
6 or more	28,500

¹ Includes only dependents listed on Federal income tax forms.

² Adjusted gross income for calendar year 1998, rounded to nearest \$100.

Under the FY 1999 appropriations bill, \$38.1 million has been appropriated for this program. Of the funds available for FY 1999, 16 percent shall be made available to schools agreeing to expend the funds only for nursing scholarships. The balance will support scholarships for eligible health professions students. An estimated 490 awards will be made to institutions participating in this program. The period of fund availability will be for one academic year.

Use of Funds

Funds awarded to a school under this program may be used as follows:

(1) To award scholarships to former recipients of scholarships under the Exceptional Financial Need (EFN) Scholarship program and the Financial Assistance for Disadvantaged Health Professions Students (FADHPS) program (sections 736 and 740(d)(2)(B) of the Public Health Service Act, as such sections existed prior to the enactment of Pub. L. 105-392), at levels comparable to what these students would have received prior to phase out of the EFN and FADHPS programs, and with service agreements that are consistent with those the students entered into to receive EFN and

FADHPS funds in FY 1998. The Secretary has notified those schools with former EFN and FADHPS recipients (who are enrolled in allopathic medical, osteopathic medical, or dental schools only) regarding the procedures for receiving funding for these students.

(2) To award scholarships to eligible students enrolled in the school, to be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses (as defined by the school for all students attending the school) incurred while enrolled in a school as a full-time student. The amount of the scholarship may not, for any year of attendance, exceed the total amount required for the year for the expenses specified above, and may not exceed the student's financial need, as determined in accordance with a need analysis procedure approved by the Department of Education.

Any school receiving SDS funds must maintain separate accountability for these funds.

School Eligibility

An entity that is eligible to receive funds under this program is:

(1) As defined in section 799B of the Act, a school of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, or allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants; or, as defined in section 801 of the Act, is a school of nursing. Each school or program must be accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, and by a specialized accrediting body approved for the health discipline applying for program participation; and

(2) Carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minorities.

Proposed School or Program Eligibility Criteria

The Senate Report accompanying Pub. L. 105-392 states that the committee expects the Secretary to apply appropriate standards in determining which schools or programs from all eligible disciplines have complied with the requirement to be carrying out a program for recruiting and retaining students from disadvantaged backgrounds, using

outcome-based measures that provide an indication of the success of the program. The report further states that the existence of a recruitment and retention program for students from disadvantaged backgrounds should not, in itself, result in the eligibility of a school or program if the school or program is unable to demonstrate that the recruitment and retention program has achieved success, based on the number and/or percentage of disadvantaged students who graduate from the school (p. 20, Senate Report 105-220). Accordingly, the Secretary is proposing to establish the following outcome-based measures with which a school or program must comply to be eligible to receive SDS funds in FY 1999:

(1) Individuals from disadvantaged backgrounds must comprise at least 5 percent of the total enrollment in the school or program for which funds are requested, based on enrollment data for academic year 1997-98;

(2) Individuals from disadvantaged backgrounds must comprise at least 5 percent of the total graduates from the school or program for which funds are requested, based on graduates for academic year 1997-98; and

(3) The ratio of individuals from disadvantaged backgrounds who graduated, compared with the individuals from disadvantaged backgrounds who are enrolled, must be at least 15 percent for 5-year programs, 20 percent for 4-year programs, 25 percent for 3-year programs, and 40 percent for 2-year programs.

Since the use of outcome measures to determine eligibility would be a new requirement in FY 1999, and since the timing of the enactment of the new statute has provided very little lead time to notify schools or programs of the new outcome measures, the Secretary has established very low measures for FY 1999. It is the Secretary's view that any school or program that cannot meet the 5 percent thresholds and the retention ratio described above cannot reasonably be considered to have a strong commitment to the recruitment and retention of individuals from disadvantaged backgrounds. However, recognizing that these initial levels are very low, and that many schools and programs have indicated since the SDS program began that they have activities in place to support the education of individuals from disadvantaged backgrounds, the Secretary is proposing that the outcome-based measures with which a school or program must comply to be eligible to receive SDS funds be increased, for FY 2000, to the following levels:

(1) Individuals from disadvantaged backgrounds must comprise at least 10 percent of the total enrollment in the school or program for which funds are requested, based on enrollment data for academic year 1998-99;

(2) Individuals from disadvantaged backgrounds must comprise at least 10 percent of the total graduates from the school or program for which funds are requested, based on graduates for academic year 1998-99; and

(3) The ratio of individuals from disadvantaged backgrounds who graduated, compared with the individuals from disadvantaged backgrounds who are enrolled, must be at least 15 percent for 5-year programs, 20 percent for 4-year programs, 25 percent for 3-year programs, and 40 percent for 2-year programs.

The Secretary intends that the proposed threshold levels for determining a school or program's eligibility will continue to increase gradually each year until they reach an optimal level for assuring that disadvantaged students are represented in the health care workforce at levels that best address the HRSA goals of improved diversity and distribution.

Evaluation Criteria for Fiscal Year 1999

For FY 1999, the Secretary is proposing that applications will be evaluated based on the degree to which a school or program meets the requirements listed above under "School Eligibility." Guidance for presenting the information will be provided in the FY 1999 application materials. Due to the new eligibility requirements, all applicant schools and programs, including schools and programs that received funds for academic year 1998-99, must submit an application to be considered for funding in FY 1999.

Student Eligibility

To qualify for the SDS program, a student would be required to:

(1) Be a resident of the U.S. and either be a U.S. citizen, a U.S. national, an alien lawfully admitted for permanent residence in the U.S., a citizen of the Commonwealth of the Northern Mariana Islands, a citizen of the Commonwealth of Puerto Rico, or a citizen of the Republic of Palau, or a citizen of the Marshall Islands, or a citizen of the Federated States of Micronesia;

(2) Meet the definition of an "individual from a disadvantaged background" as defined above; and

(3) Have a financial need for a scholarship, in accordance with a need analysis procedure approved by the Department of Education (Pub. L. 105-

244, Part F, The Higher Education Act of 1965 as amended). In addition, any student who is enrolled (or accepted for enrollment) in a health profession school or program must provide information on his or her parents' financial situation, regardless of the tax status of the student; and

(4) Be enrolled (or accepted for enrollment) at an eligible school for enrollment as a full-time student in a program leading to a degree in a health profession or nursing.

Student Preferences

The law requires that in providing SDS scholarships, the school or program give preference to students for whom the cost of attending an SDS school or program would constitute a severe financial hardship. Severe financial hardship is to be determined by the school or program in accordance with standard need analysis procedures prescribed by the Department of Education for its Federal student aid programs. The school or program has discretion in deciding how to determine which students have "severe financial hardship," as long as the standard is applied consistently to all eligible students.

The law also requires that schools give preference to former recipients of scholarships under sections 736 (EFN Scholarships) and 740(d)(2)(B) (FADHPS Scholarships), as such sections existed on November 12, 1998. The Secretary is implementing this preference by making a separate allocation of funds for these students, based on information provided by schools (allopathic medical, osteopathic medical, and dental schools with former EFN and FADHPS recipients only), prior to allocating the remaining SDS money for all other eligible students.

Proposed Student Preference

The Secretary is also proposing that, beginning in academic year 2000-2001, schools or programs give preference in the awarding of SDS funds to students who have participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program (HCOP), authorized by section 739 of the Act. This preference is intended to help assure that students who have participated in HCOP programs are not deterred from enrolling in a health professions school or program due to a lack of financial aid. Under this preference, it would be the school's or program's responsibility to identify HCOP students to assure that they receive preference in the awarding of SDS funds. For example, the school or

program could ask, as part of the financial aid application, whether the student participated in an academic enrichment program funded by HCOP, or could work with the admissions office to determine which students have been involved in HCOP programs. The Secretary intends that schools and programs implement this preference without a significant additional burden. Under this preference, the school or program would continue to have discretion in determining the amount of funds to award to HCOP students, but would be required to identify and fund HCOP students (provided they have financial need) before funding other eligible students who do not meet a student preference.

Schools and programs that currently have access to information on which students have participated in HCOP programs are encouraged to implement this preference beginning in academic year 1999–2000. However, since some schools and programs may not currently have access to this information, the Secretary would not require schools and programs to implement the preference for HCOP students until academic year 2000–2001.

Definitions

Black or African American means a person having origins in any of the black racial groups of Africa.

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Definitions listed above are contained in Directive No. 15 of Office of Management and Budget Circular No. A–46, as revised.

Native American as defined in Pub. L. 101–527, means American Indian, Alaska Native, Aleut, or Native Hawaiian.

Graduate program in behavioral health and mental health practice means a graduate program in clinical psychology, clinical social work, professional counseling, or marriage and family therapy as defined in section 799B(1)(D) of the Act.

Graduate program in clinical social work means an accredited graduate program in a public or nonprofit private institution in a State that provides training in a concentration in health or mental health care leading to a graduate degree in social work as defined in section 799B(1)(C) of the Act.

Graduate program in marriage and family therapy means an accredited graduate program in a public or nonprofit private institution in a State that provides training in a concentration leading to a graduate degree in marriage and family therapy as defined in section 799B(1)(C) of the Act.

Graduate program in professional counseling means an accredited graduate program in a public or nonprofit private institution in a State that provides training in a concentration leading to a graduate degree in gerontological counseling, mental health counseling, or rehabilitation counseling.

Medically underserved community means any geographic area and/or population served by any of the following practice sites—

- (1) Community Health Centers (section 330 of the Act);
- (2) Migrant Health Centers (section 329 of the Act);
- (3) Health Care for the Homeless Grantees (section 340 of the Act);
- (4) Public Housing Primary Care Grantees (section 340A of the Act);
- (5) Rural Health Clinics, federally designated (section 1861(aa)(2) of the Social Security Act);
- (6) National Health Service Corps sites, freestanding (section 333 of the Act);
- (7) Indian Health Service sites (Pub. L. 93–638 for tribally operated sites and Pub. L. 94–437 for Indian Health Service operated sites);
- (8) Federally Qualified Health Centers (section 1905(a) and (1) of the Social Security Act);
- (9) Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas (HPSAs) (designated under section 332 of the Act);
- (10) State or Local Health Departments as defined and published in the **Federal Register** Notice of April 4, 1994 (59 FR 15741–44); or
- (11) Ambulatory practice sites designated by State Governors as serving medically underserved communities as defined and published in the **Federal Register** Notice of April 4, 1994 (59 FR 15741–44).

Proposed Institutional Preferences

The Senate Report accompanying Pub. L. 105–392 directs the Secretary to restrict eligibility, for purposes of “allied health,” to the following baccalaureate or graduate degree allied health professions schools or programs: Dental hygiene, medical laboratory technology, occupational therapy, physical therapy, radiologic technology, speech pathology, audiology, and registered dietitians (Senate Report 105–220, p. 20). Accordingly, for fiscal

year 1999 and beyond, among allied health schools or programs, the Secretary proposes to give preference to the allied health schools or programs listed above.

Proposed Institutional Funding Priorities

In accordance with section 737(c) of the Act, the Secretary shall give priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities. Any eligible school or program that qualifies for one or more funding priorities will receive extra weighting in the allocation formula.

Primary Care Funding Priority

For purposes of determining which schools and programs receive priority based on the proportion of graduating students going into primary care, the Secretary proposes to define primary care to include:

- (1) Allopathic and osteopathic medical students that enter family medicine, general internal medicine, general pediatrics, and preventive medicine, and general osteopathic medicine. This is consistent with the statutory definition of primary care for the Primary Care Loan (PCL) program, authorized under section 723 of the Act;
- (2) General dentistry, which has been included as primary care for purposes of the Exceptional Financial Need (EFN) Scholarship program and the Financial Assistance for Disadvantaged Health Professions Students (FADHPS) program;
- (3) Nurse practitioners and nurse midwives who are practicing primary care; and
- (4) Physician assistants who are practicing primary care.

For purposes of the SDS program, the Secretary is defining “primary care” to include the above disciplines because, with the exception of general dentistry, they are involved in the provision of comprehensive and continuous care and provide an entry to the health care system. The Secretary has included general dentistry because it acts as the entry to the health care system for a particular type of care which is not covered by the other disciplines.

For the above disciplines, a school or program may qualify for the primary care priority if at least 50 percent of its graduates from the specified year are practicing primary care. For allopathic and osteopathic medical schools, the determination of which schools are eligible for the funding priority would

be based on the same data used to determine compliance with the PCL school requirements. Thus, for the FY 1999 award process, priority would be based on the activities, during academic year 1997–98, of Post Graduate Year (PGY)–3 graduates (i.e., those who graduated during academic year 1994–95), but for FY 2000, priority would be based on the activities, during academic year 1998–99, of PGY–4 graduates (i.e., those who graduated during academic year 1994–95). This would allow allopathic and osteopathic medical schools to submit, for the SDS program, the same data submitted for the PCL program if they are PCL participants. For the remaining primary care disciplines, the determination of compliance would be based on the activities, during academic year 1997–98, of students who graduated during academic year 1996–97.

Underrepresented Minority Funding Priority

For purposes of granting priority based on the proportion of underrepresented minority students in FY 1999, the Secretary proposes to give priority to any school or program that has an underrepresented minority enrollment that is above the national average for the discipline. It is the Secretary's intention to gradually increase this percentage in future years until it is equal to the underrepresented minority enrollment needed to reach parity in the health care workforce.

Medically Underserved Community Funding Priority

For purposes of granting priority based on the proportion of graduates working in medically underserved communities, the Secretary proposes to give priority to any school or program for which at least 10 percent of the graduates from the specified year are practicing in medically underserved communities. It is the Secretary's intention to gradually increase this percentage in future years until it is representative of a level that has a meaningful impact on the elimination of medically underserved communities. For allopathic and osteopathic medical schools, the determination of which schools are eligible for the funding priority would be based on the same population of graduates used to determine compliance with the primary care funding priority. Thus, for the FY 1999 awards, priority would be based on the activities, during academic year 1997–98, of allopathic and osteopathic medical students who graduated 3 years earlier (academic year 1994–95), but for FY 2000, priority would be based on the

activities, during academic year 1998–99, of allopathic and osteopathic medical students who graduated 4 years earlier (academic year 1994–95). For other schools and programs, priority would be based on the activities of students during 1997–98 who graduated in 1996–97. Schools and programs that do not have data on the percentage of their graduates who are practicing in medically underserved communities may still apply for SDS funds, but would not be considered for this funding priority.

Proposed Procedures for Calculating Awards

Awards to eligible schools and programs would be calculated by comparing the weighted number of eligible students in each eligible school and program with the total weighted number of eligible students in all eligible schools and programs. For FY 1999 and beyond, the number of "eligible students" for each school or program would be the lesser of:

- (1) The number of disadvantaged graduates for academic year 1997–98 multiplied times the number of years required to complete the program (based on a 9-month academic year); or
- (2) The total disadvantaged enrollment during academic year 1997–98. For example, if a 4-year program had 100 disadvantaged graduates and a disadvantaged enrollment of 500, its award would be based on 400 eligible students (100 graduates times 4). If another 4-year program had 100 disadvantaged graduates and a disadvantaged enrollment of 300, its award would be based on 300 eligible students (the total disadvantaged enrollment).

After determining the number of eligible students at each school or program, this number would be adjusted to reflect the extra weighting associated with any funding priorities. Depending upon the number of schools and programs that qualify for one or more funding priorities, it is possible that some eligible schools and programs may not receive funding.

National Health Objectives for the Year 2000

The Public Health Service is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The Scholarships for Disadvantaged Students program is related to the priority area of Academic and Community Partnership Programs. Potential applicants may obtain a copy of Healthy People 2000 (Full Report;

Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report; Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–0325; telephone (202) 783–3238.

Education and Service Linkage

As part of its long-range planning, HRSA will be targeting its efforts to strengthening linkages between Department education programs and programs which provide comprehensive primary care services to the underserved.

Smoke-Free Workplace

The Department strongly encourages all award recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Pub. L. 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Interested persons are invited to comment on the proposed eligibility criteria and preferences for participating institutions, institutional funding priorities and preferences, nonstatutory preference of awarding funds to prior HCOP recipients, and procedures for calculating scholarship awards. The comment period will close on July 2, 1999.

All comments received before the deadline date will be considered before final acceptability of the eligibility criteria for participating institutions, institutional funding priorities and preferences, nonstatutory preference of awarding funds to prior HCOP recipients, and procedures for calculating scholarship awards for the FY 2000 will be applied.

Written comments should be addressed to: Capt. Bruce C. Baggett, Director, Division of Student Assistance; Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, room 8–48, 5600 Fishers lane, Rockville, Maryland 20857; telephone (301) 443–5395.

Application Availability

Applications are required from all schools and programs which are interested in applying for funding in FY 1999. The SDS application for FY 1999 must be filed via the Internet. Schools may access the SDS application at www.hrsa.gov/bhpr/dsa/sds. All applications and fiscal reports will be required to be filed electronically. However, if assistance is required,

please contact the Scholarship Team at the above address.

The deadline for submitting application materials is July 2, 1999. The materials for this program have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0915-0061.

The Catalog of Federal Domestic Assistance Number for the Scholarships for Disadvantaged Students program is 93.925. This program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100).

This program is not subject to the Public Health Systems Reporting Requirements.

Dated: May 25, 1999.

Claude Earl Fox,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of Laboratories Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies, and Laboratories That Have Withdrawn From the Program

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

ACTION: Notice.

SUMMARY: The Department of Health and Human Services notifies Federal agencies of the laboratories currently certified to meet standards of subpart C of Mandatory Guidelines for Federal Workplace Drug Testing Programs (59 FR 29916, 29925). A similar notice listing all currently certified laboratories will be published during the first week of each month, and updated to include laboratories which subsequently apply for and complete the certification process. If any listed laboratory's certification is totally suspended or revoked, the laboratory will be omitted from updated lists until such time as it is restored to full certification under the Guidelines.

If any laboratory has withdrawn from the National Laboratory Certification Program during the past month, it will be identified as such at the end of the current list of certified laboratories, and will be omitted from the monthly listing thereafter.

This Notice is now available on the internet at the following website: <http://www.health.org/workpl.htm>

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersch or Dr. Walter Vogl, Division of Workplace Programs, 5600 Fishers Lane, Rockwall 2 Building, Room 815, Rockville, Maryland 20857; Tel.: (301) 443-6014.

SPECIAL NOTE: Please use the above address for all surface mail and correspondence. For all overnight mail service use the following address: Division of Workplace Programs, 5515 Security Lane, Room 815, Rockville, Maryland 20852.

SUPPLEMENTARY INFORMATION: Mandatory Guidelines for Federal Workplace Drug Testing were developed in accordance with Executive Order 12564 and section 503 of Pub. L. 100-71. Subpart C of the Guidelines, "Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies," sets strict standards which laboratories must meet in order to conduct urine drug testing for Federal agencies. To become certified an applicant laboratory must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification a laboratory must participate in a quarterly performance testing program plus periodic, on-site inspections.

Laboratories which claim to be in the applicant stage of certification are not to be considered as meeting the minimum requirements expressed in the HHS Guidelines. A laboratory must have its letter of certification from SAMHSA, HHS (formerly: HHS/NIDA) which attests that it has met minimum standards.

In accordance with Subpart C of the Guidelines, the following laboratories meet the minimum standards set forth in the Guidelines:

ACL Laboratories, 8901 W. Lincoln Ave., West Allis, WI 53227, 414-328-7840 (formerly: Bayshore Clinical Laboratory)
Advanced Toxicology Network, 15201 East I-10 Freeway, Suite 125, Channelview, TX 77530, 713-457-3784/800-888-4063 (formerly: Drug Labs of Texas, Premier Analytical Laboratories)
Advanced Toxicology Network, 3560 Air Center Cove, Suite 101, Memphis, TN 38118, 901-794-5770/888-290-1150
Aegis Analytical Laboratories, Inc., 345 Hill Ave., Nashville, TN 37210, 615-255-2400
Alabama Reference Laboratories, Inc., 543 South Hull St., Montgomery, AL 36103, 800-541-4931/334-263-5745
Alliance Laboratory Services, 3200 Burnet Ave., Cincinnati, OH 45229, 513-585-9000 (formerly: Jewish Hospital of Cincinnati, Inc.)

American Medical Laboratories, Inc., 14225 Newbrook Dr., Chantilly, VA 20151, 703-802-6900

Associated Pathologists Laboratories, Inc., 4230 South Burnham Ave., Suite 250, Las Vegas, NV 89119-5412, 702-733-7866/800-433-2750

Associated Regional and University Pathologists, Inc. (ARUP), 500 Chipeta Way, Salt Lake City, UT 84108, 801-583-2787/800-242-2787

Baptist Medical Center—Toxicology Laboratory, 9601 I-630, Exit 7, Little Rock, AR 72205-7299, 501-202-2783 (formerly: Forensic Toxicology Laboratory Baptist Medical Center)

Clinical Reference Lab, 8433 Quivira Rd., Lenexa, KS 66215-2802, 800-445-6917

Cox Health Systems, Department of Toxicology, 1423 North Jefferson Ave., Springfield, MO 65802, 800-876-3652/417-269-3093 (formerly: Cox Medical Centers)

Dept. of the Navy, Navy Drug Screening Laboratory, Great Lakes, IL, P. O. Box 88-6819, Great Lakes, IL 60088-6819, 847-688-2045/847-688-4171

Diagnostic Services Inc., dba DSI, 12700 Westlinks Drive, Fort Myers, FL 33913, 941-561-8200/800-735-5416

Doctors Laboratory, Inc., P.O. Box 2658, 2906 Julia Dr., Valdosta, GA 31604, 912-244-4468

DrugProof, Division of Dynacare/Laboratory of Pathology, LLC, 1229 Madison St., Suite 500, Nordstrom Medical Tower, Seattle, WA 98104, 206-386-2672/800-898-0180 (formerly: Laboratory of Pathology of Seattle, Inc., DrugProof, Division of Laboratory of Pathology of Seattle, Inc.)

DrugScan, Inc., P.O. Box 2969, 1119 Mearns Rd., Warminster, PA 18974, 215-674-9310
Dynacare Kasper Medical Laboratories *, 14940-123 Ave., Edmonton, Alberta, Canada T5V 1B4, 780-451-3702/800-661-9876

ElSohly Laboratories, Inc., 5 Industrial Park Dr., Oxford, MS 38655, 601-236-2609

Gamma-Dynacare Medical Laboratories *, A Division of the Gamma-Dynacare Laboratory Partnership, 245 Pall Mall St., London, ON, Canada N6A 1P4, 519-679-1630

General Medical Laboratories, 36 South Brooks St., Madison, WI 53715, 608-267-6267

Hartford Hospital Toxicology Laboratory, 80 Seymour St., Hartford, CT 06102-5037, 860-545-6023

Info-Meth, 112 Crescent Ave., Peoria, IL 61636, 309-671-5199/800-752-1835 (formerly: Methodist Medical Center Toxicology Laboratory)

Integrated Regional Laboratories, 1400 Northwest 12th Ave., Miami, FL 33136, 305-325-5784 (formerly: Cedars Medical Center, Department of Pathology)

LabCorp Occupational Testing Services, Inc., 1904 Alexander Drive, Research Triangle Park, NC 27709, 919-672-6900/800-833-3984 (formerly: CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)