

prevented them from being impartial and that these members might have swayed the group to recommend the retirement of most chimpanzees. Others who expressed knowledge of the Council Working Group's activities commented that the members failed to seek diverse input on a range of matters, including certain scientific issues and U.S. laboratory facilities. These commenters stated that the group should have included NIH-funded experts in chimpanzee behavior and chimpanzee research in general. Some commenters believed that the NIH should appoint a new committee to consider the use of chimpanzees in research.

**Response:** The agency believes that the composition of the Council Working Group and consultants was appropriately balanced to provide advice to the Council on NIH-supported research involving chimpanzees and implementing the IOM Committee's recommendations. Members and consultants included experts in behavioral sciences; infectious diseases, including hepatitis; use of alternative models; neuroscience; cognition; colony management; and veterinary medicine. The Council Working Group was charged with providing recommendations on how to implement the IOM Committee's recommendations. The NIH had already accepted the IOM recommendation that most current use of chimpanzees in research is unnecessary.

#### 6. Additional Comments

**Comments:** A few commenters expressed confusion about the number of chimpanzees currently used in NIH-supported and other research. Some had difficulty aligning the number of chimpanzees in NIH-supported research with the census data on NIH-owned or -supported research chimpanzees. Others commented on captive chimpanzee conservation and captive chimpanzees' status as a threatened species. A number of commenters disliked the length of the request for comments form and would have preferred a different format, such as checkboxes to indicate agreement or disagreement with the Council recommendations.

**Response:** The census of chimpanzees on page 32 of the Council Working Group report includes only the chimpanzees that the NIH owns or supports. This table is not a census of all chimpanzees available for research in the United States. According to the IOM Committee's report ([http://iom.edu/Reports/2011/Chimpanzees-in-Biomedical-and-Behavioral-Research-](http://iom.edu/Reports/2011/Chimpanzees-in-Biomedical-and-Behavioral-Research-Assessing-the-Necessity.aspx)

[Assessing-the-Necessity.aspx](http://iom.edu/Reports/2011/Chimpanzees-in-Biomedical-and-Behavioral-Research-Assessing-the-Necessity.aspx)), approximately 300 additional chimpanzees available for research are privately owned and housed in research facilities not supported by the NIH. The research projects that the Council Working Group reviewed involved chimpanzees owned or supported by the NIH and chimpanzees that are privately owned and not supported by the agency.

The NIH recognizes that on June 12, 2013 the U.S. Fish and Wildlife Service proposed a rule that would list captive chimpanzees as endangered rather than threatened (<http://www.fws.gov/policy/library/2013/2013-14007.pdf>). The NIH will prepare for a potential final rule that lists captive chimpanzees as endangered and intends to adapt its policies on research projects using chimpanzees to comply with the guidelines that the U.S. Fish & Wildlife Service will establish in its final rule. In addition, we acknowledge concerns about the length of the request for comments form and appreciate the suggestions for easing comment entry in the future.

#### Conclusion

The NIH expresses its appreciation for the comments it received on the Council recommendations on the use of chimpanzees in NIH-supported research. The agency used these comments to inform its decisions about these recommendations and explained its rationale in its responses to the comments in this notice. The NIH recognizes the Council Working Group for its diligence in responding to its charge to advise the NIH on implementing the IOM Committee's recommendations. The NIH intends to prepare procedural guidance and technical assistance for researchers, facility staff, and agency staff to ensure proper implementation of these decisions. Investigators should continue to follow existing guidance (see NOT-OD-12-025 at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-025.html>) regarding the submission of applications, proposals, or protocols for research involving chimpanzees until the NIH announces the procedural guidance.

Dated: June 26, 2013.

**Francis S. Collins,**

*Director, National Institutes of Health.*

[FR Doc. 2013-15791 Filed 7-1-13; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Current List of Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine 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 (IITF) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines). The Mandatory Guidelines 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); and on April 30, 2010 (75 FR 22809).

A notice listing all currently certified Laboratories and Instrumented Initial Testing Facilities (IITF) is published in the **Federal Register** during the first week of each month. If any Laboratory/IITF's certification is suspended or revoked, the Laboratory/IITF will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any Laboratory/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.workplace.samhsa.gov>.

#### FOR FURTHER INFORMATION CONTACT:

Giselle Hersh, Division of Workplace Programs, SAMHSA/CSAP, Room 7-1051, One Choke Cherry Road, Rockville, Maryland 20857; 240-276-2600 (voice), 240-276-2610 (fax).

**SUPPLEMENTARY INFORMATION:** 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 Instrumented Initial Testing Facilities

(IITF) must meet in order to conduct drug and specimen validity tests on urine specimens for Federal agencies.

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

Laboratories and Instrumented Initial Testing Facilities (IITF) in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines. A Laboratory/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 November 25, 2008 (73 FR 71858), the following Laboratories and Instrumented Initial Testing Facilities (IITF) meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

#### **Instrumented Initial Testing Facilities (IITF)**

None

#### **Laboratories**

ACL Laboratories, 8901 W. Lincoln Ave., West Allis, WI 53227, 414-328-7840/800-877-7016, (Formerly: Bayshore Clinical Laboratory)

ACM Medical Laboratory, Inc., 160 Elmgrove Park, Rochester, NY 14624, 585-429-2264,

Aegis Analytical Laboratories, 345 Hill Ave., Nashville, TN 37210, 615-255-2400, (Formerly: Aegis Sciences Corporation, Aegis Analytical Laboratories, Inc.)

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.)

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

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

Doctors Laboratory, Inc., 2906 Julia Drive, Valdosta, GA 31602, 229-671-2281,

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

ElSohly Laboratories, Inc., 5 Industrial Park Drive, Oxford, MS 38655, 662-236-2609,

Fortes Laboratories, Inc., 25749 SW Canyon Creek Road, Suite 600, Wilsonville, OR 97070, 503-486-1023,

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

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 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)

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.)

MedTox Laboratories, Inc., 402 W. County Road D, St. Paul, MN 55112, 651-636-7466/800-832-3244

MetroLab-Legacy Laboratory Services, 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

National Toxicology Laboratories, Inc., 1100 California Ave., Bakersfield, CA 93304, 661-322-4250/800-350-3515

One Source Toxicology Laboratory, Inc., 1213 Genoa-Red Bluff, Pasadena, TX

77504, 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, 800-328-6942, (Formerly: Centinela Hospital Airport Toxicology Laboratory)

Pathology Associates Medical Laboratories, 110 West Cliff Dr., Spokane, WA 99204, 509-755-8991/800-541-7891x7

Phamatech, Inc., 10151 Barnes Canyon Road, San Diego, CA 92121, 858-643-5555

Quest Diagnostics Clinical Laboratories d/b/a Advanced Toxicology Network, 3560 Air Center Cove, Suite 101, Memphis, TN 38118, 901-794-5770/888-290-1150, (Formerly: Advanced Toxicology Network)

Quest Diagnostics Incorporated, 1777 Montreal Circle, Tucker, GA 30084, 800-729-6432, (Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Bio-Science Laboratories)

Quest Diagnostics Incorporated, 400 Egypt Road, Norristown, PA 19403, 610-631-4600/877-642-2216, (Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Bio-Science Laboratories)

Quest Diagnostics Incorporated, 8401 Fallbrook Ave., West Hills, CA 91304, 818-737-6370, (Formerly: SmithKline Beecham Clinical Laboratories)

Redwood Toxicology Laboratory, 3650 Westwind Blvd., Santa Rosa, CA 95403, 707-570-4434

South Bend Medical Foundation, Inc., 530 N. Lafayette Blvd., South Bend, IN 46601, 574-234-4176 x1276

Southwest Laboratories, 4625 E. Cotton Center Boulevard, Suite 177, Phoenix, AZ 85040, 602-438-8507/800-279-0027

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

Toxicology & Drug Monitoring Laboratory, University of Missouri Hospital & Clinics, 301 Business Loop 70 West, Suite 208, Columbia, MO 65203, 573-882-1273

US Army Forensic Toxicology Drug Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755-5235, 301-677-7085

\*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 April 30, 2010 (75 FR 22809). 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.

**Janine Denis Cook,**

*Chemist, Division of Workplace Programs,  
Center for Substance Abuse Prevention,  
SAMHSA.*

[FR Doc. 2013-15735 Filed 7-1-13; 8:45 am]

**BILLING CODE 4160-20-P**

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5630-N-05]

### Rental Assistance Demonstration: Final Program Notice

**AGENCY:** Office of the Assistant Secretary for Public and Indian Housing and Office of the Assistant Secretary for Housing-Federal Housing Commissioner, HUD.

**ACTION:** Notice.

**SUMMARY:** On July 26, 2012, HUD announced through notice in the **Federal Register** the final implementation of the statutorily authorized Rental Assistance Demonstration (RAD), which has two conversion components. RAD provides the opportunity to test the conversion of public housing and other HUD-assisted properties to long-term, project-based Section 8 rental assistance to achieve certain goals, including the preservation and improvement of these properties through access by public housing agencies (PHAs) and owners to private debt and equity to address immediate and long-term capital needs. RAD is also designed to test the extent to which residents have increased housing choices after the conversion, and the

overall impact on the subject properties. The July 26, 2012 notice provided for full implementation of RAD, and the posting of the Final Program Notice (Final Program Notice, PIH-2012-32) on HUD's RAD Web site on. This **Federal Register** notice published today announces revisions to the Demonstration and solicits public comment on eligibility and selection criteria. It also announces the posting of the Revised Final Program Notice (Revised Final program Notice, PIH-2012-32, REV-1). As provided by the RAD statute, this notice addresses the requirement that the demonstration may proceed after publication of notice of its terms in the **Federal Register**. This Notice summarizes the key changes made to the Program Notice (PIH 2012-32) issued on July 26, 2012. This notice also meets the RAD statutory requirement to publish waivers and alternative requirements authorized by the statute at least 10 days before they may take effect, which does not prevent the demonstration from proceeding immediately.

**DATES:** *Comment Due Date:* August 1, 2013. Interested persons are invited to submit comments electronically to [rad@hud.gov](mailto:rad@hud.gov) no later than the comment due date.

*Effective Dates:* Sections I-IV of this notice, and section II of the appendix to this notice, are effective July 2, 2013, for the exception of those items listed as subject to Notice and Comment, which shall be subject to a 30-day comment period that commences upon publication of this notice. Unless HUD receives comment that would lead to the reconsideration of any of the indicated changes in eligibility and selection criteria, those changes subject to notice and comment shall become immediately effective upon August 1, 2013. If HUD receives adverse comment that leads to reconsideration, HUD shall notify the public in a new revision immediately upon the expiration of the comment period.

The Final Program Notice, PIH-2012-32, REV-1, except for new statutory and regulatory waivers specified in section I of the appendix to this notice, is effective July 2, 2013.

The new statutory and regulatory waivers in section I of the appendix to this notice are effective July 12, 2013.

The conversion of Rent Supp and RAP properties under Section III of the Program Notice, which is updated by PIH-2012-32, REV-1, was effective on March 8, 2012.

**FOR FURTHER INFORMATION CONTACT:** To assure a timely response, please electronically direct requests for further

information to this email address: [rad@hud.gov](mailto:rad@hud.gov). Written requests may also be directed to the following address: Office of Public and Indian Housing—RAD Program, Department of Housing and Urban Development, 451 7th Street SW., Room 2000; Washington, DC 20410.

### SUPPLEMENTARY INFORMATION:

#### I. Background

RAD, authorized by the Consolidated and Further Continuing Appropriations Act, 2012, (Pub. L. 112-55, signed November 18, 2011) (2012 Appropriations Act) allows for the conversion of assistance under the public housing, Rent Supplement (Rent Supp), Rental Assistance (RAP), and Moderate Rehabilitation (Mod Rehab) programs (collectively, "covered programs") to long-term, renewable assistance under Section 8. As provided in the **Federal Register** notice that HUD published on March 8, 2012, at 77 FR 14029, RAD has two separate components:

*First Component.* The first or competitive component of RAD allows projects funded under the public housing and Mod Rehab programs to convert to long-term Section 8 rental assistance contracts. Under this component of RAD, which is covered under Sections I and II of the Final Program Notice, PHAs and Mod Rehab owners may apply to HUD to convert to one of two forms of Section 8 Housing Assistance Payment (HAP) contracts: project-based vouchers (PBVs) or project-based rental assistance (PBRA). No additional or incremental funds were authorized for this component of RAD. Therefore, PHAs and Mod Rehab owners will be required to convert assistance for projects at current subsidy levels. The 2012 Appropriations Act authorizes up to 60,000 units to convert assistance under this component, to be selected competitively. The 2012 Appropriations Act further specifies that HUD shall provide an opportunity for public comment on draft eligibility and selection criteria and on the procedures that will apply to the selection of properties that will participate in this component of the demonstration. This opportunity for comment was provided by the March 8, 2012, notice.

The First Component became effective July 26, 2012. The initial application period for this component opened on September 24, 2012. The ongoing application period for this component opened on October 24, 2012 and is currently open.