from the professional and scientific societies, academia, patient communities, pharmaceutical and biotechnology sectors, diagnostic development community, foundations, NIH, FDA, Biomedical Advanced Research and Development Authority (BARDA), and the general public.

The meeting agenda can be accessed at http://osp.od.nih.gov/officebiotechnology-activities/event/2014-07-30-120000-2014-07-31-170000/ development-new-antibacterialproducts-charting-course-future.

You are encouraged to pre-register for the meeting due to space limitations at *http://palladianpartners.cvent.com/ AMRWorkshopJuly2014*, and the deadline for registration is July 14, 2014. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed above in advance of the meeting.

Dated: June 25, 2014.

Lawrence A. Tabak,

Principal Deputy Director, National Institutes of Health.

[FR Doc. 2014–15436 Filed 6–30–14; 8:45 am] BILLING CODE 4140–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## National Institutes of Health

# Eunice Kennedy Shriver National Institute of Child Health & Human Development; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Child Health and Human Development Special Emphasis Panel.

*Date:* July 24, 2014.

*Time:* 1:00 p.m. to 4:00 p.m.

Agenda: To review and evaluate grant

applications. *Place:* National Institutes of Health, 6120 Executive Blvd., Rockville, MD 20852, (Telephone Conference Call). Contact Person: Michele C. Hindi-Alexander, Ph.D., Scientific Review Branc, National Institutes of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development, 1600 Executive Boulevard, Rm. 5B01, Bethesda, MD 20892, (301) 435–8382, hindialm@ mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment Program, National Institutes of Health, HHS).

Dated: June 25, 2014.

#### Michelle Trout,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2014–15294 Filed 6–30–14; 8:45 am] BILLING CODE 4140–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### National Institutes of Health

## National Institute of Mental Health; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Mental Health Special Emphasis Panel; BrainSpan RNA-seq Browser (R24).

*Date:* July 22, 2014.

*Time:* 12:00 p.m. to 1:00 p.m. *Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852, (Telephone Conference Call).

Contact Person: David W. Miller, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Institute of Mental Health, NIH, Neuroscience Center, 6001 Executive Blvd., Room 6140, MSC 9608, Bethesda, MD 20892–9608, 301–443–9734, millerda@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program No. 93.242, Mental Health Research Grants, National Institutes of Health, HHS). Dated: June 25, 2014. **Carolyn A. Baum,**  *Program Analyst, Office of Federal Advisory Committee Policy.* [FR Doc. 2014–15298 Filed 6–30–14; 8:45 am] **BILLING CODE 4140–01–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 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 HHScertified 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.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 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 November 25, 2008 (73 FR 71858), the following HHScertified laboratories and IITFs meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

HHS-Certified Instrumented Initial Testing Facilities:

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

- HHS-Certified Laboratories: ACM Medical Laboratory, Inc., 160 Elmgrove Park, Rochester, NY 14624, 585–429–2264
  - Aegis Analytical Laboratories, Inc., 345 Hill Ave., Nashville, TN 37210, 615–255–2400, (Formerly: Aegis Sciences Corporation, Aegis Analytical Laboratories, Inc., Aegis Analytical Laboratories)
  - 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
- 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 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, 3700650 Westwind Blvd., Santa Rosa, CA 95403, 800–255–2159
- 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
- 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 HHScertified 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. 2014–15350 Filed 6–30–14; 8:45 am] BILLING CODE 4162–20–P

## DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS-2014-033]

## Agency Information Collection Activities: Regional Equipment and Capabilities Exchange, DHS Form 10090 and DHS Form 10089

**AGENCY:** Domestic Nuclear Detection Office, DHS.

**ACTION:** 60-day notice and request for comments; New Collection, 1601–NEW.

**SUMMARY:** The Department of Homeland Security, Domestic Nuclear Dectection Office, will submit the following Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995.

**DATES:** Comments are encouraged and will be accepted until September 2, 2014.

**ADDRESSES:** You may submit comments, identified by docket number DHS–2014–0033, by one of the following methods:

• Federal eRulemaking Portal: http:// www.regulations.gov. Please follow the instructions for submitting comments.

• Email: jillian.mears@

*associates.hq.dhs.gov.* Please include docket number DHS–2014–0033 in the subject line of the message.

**SUPPLEMENTARY INFORMATION:** The Joint Analysis Center (JAC), of the Operation Support Division, is responsible for providing awareness of the Global Nuclear Detection Architecture (GNDA), and functions as a central point of the GNDA providing awareness of nuclear threats to the Domestic Nuclear Detection Office (DNDO). The JAC plans to implement a Regional Equipment and Capabilities Exchange (RECE) to identify and compare existing information referencing the domestic nuclear radiological detection capabilities of all participating stakeholders.

The circumstances that make the RECE necessary is the need for a database that accurately reflects the current R/N detection capabilities federal, state, tribal, territorial, and local (FSTTL) stakeholders.

The RECE will recognize a standard process and procedure that the JAC facilitates to ensure a collaborative and coordinated data collection methodology is followed for fidelity of information. The successful implementation of the RECE will aid DNDO in achieving specific objectives mandated in National Security Presidential Directive (NSPD)-43/ Homeland Security Presidential Directive (HSPD)-14, and codified in Title 6, United States Code (U.S.C.) 592. Attached is the HSPD14/NSPD43, please reference the following sections within NSPD-43/HSPD-14:

Subject: Domestic Nuclear Detection

(1) (b) Continue to enhance the effective integration of nuclear and radiological detection capabilities across Federal, State, local, and tribal governments and the private sector for a managed, coordinated response;

(2) (b) Enhance and coordinate the nuclear detection efforts of Federal, State, local, and tribal governments and the private sector to ensure a managed, coordinated response;

(2) (f) Support and enhance the effective sharing and use of appropriate information generated by the intelligence community, law enforcement agencies, counterterrorism community, other government agencies, and foreign governments, as well as provide appropriate information to these entities; and

DNDO needs the information to be collected by the RECE to enhance and coordinate the rad/nuc detection efforts of Federal, State, local and tribal governments, and to effectively share the resources information with all interested entities.

Although not legal justification to collect information, the 2010 GNDA Strategic Plan goals are provided as additional information that serves as examples for how this collection effort supports internal DNDO initiatives. The RECE directly relates to the following specific goals within the 2010 GNDA Strategic Plan:

• Goal 3: Communicate—Exchange relevant data, by receiving information from and disseminating information to relevant authorities and the general public, as appropriate.

• Goal 4: Coordinate—Ensure that stakeholders with GNDA functions minimize gaps and unintended overlaps in roles and responsibilities, including through collaboration and cooperation.

Additionally, the RECE helps DNDO meet DHS' lead and supporting roles in the following 2010 GNDA Strategic Plan Objectives:

• Objective 4: Assist state, local, and tribal governments in detecting and reporting on any unauthorized nuclear and radiological materials within their jurisdictions.

• Objective 5: Develop or enhance the federal interior detection architectures and strategies.

• Objective 7: Receive information from, and disseminate information to relevant authorities and the general public.

• Objective 8: Ensure that Stakeholders with GNDA functions minimize gaps and unnecessary overlaps in roles, responsibilities, and activities.

• Objective 9: Ensure that the GNDA can adapt and react in response to changes in technology, protocols, and adversary capabilities.

Information collected is the type used in the ordinary course of business (official business Points of Contact; names, addresses, emails, office phone number to call.) The purpose of the RECE form (DHS Form 10089) is to collect and warehouse relevant data for federal, state, tribal, territorial, and local (FSTTL) authorities to minimize gaps and unintended overlaps in roles and responsibilities for radiological or nuclear (R/N) detection capabilities. The primary purpose of the RECE Questionnaire form is to collect data on current stakeholder (primarily directed at state and local) radiological or nuclear (R/N) detection equipment inventories and resources to streamline access to a real-time depiction of R/N detection capabilities and serve as a warehouse for the data. Data collected will be available via the Joint Analysis Center Collaborative Information System (JACCIS). The Adobe Active "fillable" form focuses on the specific information regarding the respective R/N detection program plans, assets, and status of equipment. As part of the overall mission of the JAC, the RECE presents an opportunity to extend access to stakeholders with a RND