Boulevard, Rockville, MD 20852 (Virtual Meeting).

Contact Person: Aileen Schulte, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Institute of Mental Health, National Institutes of Health, Neuroscience Center, 6001 Executive Blvd., Room 6136, MSC 9606, Bethesda, MD 20852, 301–443–1225, *aschulte@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program No. 93.242, Mental Health Research Grants, National Institutes of Health, HHS)

Dated: August 29, 2022.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022–18955 Filed 8–31–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request Cancer Therapy Evaluation Program (CTEP) Branch and Support Contracts Forms and Surveys (National Cancer Institute)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

DATES: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Michael Montello, Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, National Cancer Institute, 9609 Medical Center Drive, Bethesda, Maryland 20892 or call non-toll-free number (240) 276–6080 or email your request, including your address to: *montellom@mail.nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

SUPPLEMENTARY INFORMATION: This proposed information collection was published in the **Federal Register** on May 31, 2022 (Vol. 87, No. 104, P. 32427) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Cancer Institute (NCI), National Institutes of Health (NIH), may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid Office of Management and Budget (OMB) control number.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, NIH has submitted to OMB a request for review and approval of the information collection listed below.

Proposed Collection: Cancer Therapy Evaluation Program (CTEP) Support Contracts Forms and Survey (NCI) (0925–0753), Expiration Date 05/31/2024, REVISION, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: This revision removes one form, adds one new form, revises three forms, and includes an updated Privacy Impact Assessment. The National Cancer Institute (NCI) Cancer Therapy Evaluation Program (CTEP) and the Division of Cancer Prevention (DCP) fund an extensive national program of cancer research, sponsoring clinical trials in cancer prevention, symptom management, and treatment for qualified clinical investigators. As part of this effort, CTEP implements programs to register clinical site investigators and clinical site staff and to oversee the conduct of research at the clinical sites. CTEP and DCP also oversee two support programs, the NCI Central Institutional Review Board (CIRB) and the Cancer Trial Support Unit (CTSU). The combined systems and processes for initiating and managing clinical trials are termed the Clinical Oncology Research Enterprise (CORE) and represents an integrated set of information systems and processes which support investigator registration, trial oversight, patient enrollment, and clinical data collection. The information collected is required to ensure compliance with applicable federal regulations governing the conduct of human subjects research (45 CFR 46 and 21 CRF 50), and when CTEP acts as the Investigational New Drug (IND) holder (Food and Drug Administration (FDA) regulations pertaining to the sponsor of clinical trials and the selection of qualified investigators (21 CRF 312.53). Survey collections assess satisfaction and provide feedback to guide improvements with processes and technology. OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden is 151,769 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
CTSU IRB/Regulatory Approval Transmittal Form (Attachment A01).	Health Care Practitioner ..	2,444	12	2/60	978
CTSU IRB Certification Form (Attachment A02)	Health Care Practitioner ..	2,444	12	10/60	4,888
Withdrawal from Protocol Participation Form (Attachment A03).	Health Care Practitioner ..	279	1	10/60	47
Site Addition Form (Attachment A04)	Health Care Practitioner ..	80	12	10/60	160
CTSU Request for Clinical Brochure (Attachment A06).	Health Care Practitioner ..	360	1	10/60	60
CTSU Supply Request Form (Attachment A07)	Health Care Practitioner ..	90	12	10/60	180
RTOG 0834 CTSU Data Transmittal Form (Attachment A10).	Health Care Practitioner ..	12	76	10/60	152

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
CTSU Patient Enrollment Transmittal Form (Attachment A15).	Health Care Practitioner ..	12	12	10/60	24
CTSU Transfer Form (Attachment A16)	Health Care Practitioner ..	360	2	10/60	120
CTSU OPEN Rave Request Form (Attachment A18)	Health Care Practitioner ..	30	21	10/60	105
CTSU LPO Form Creation (Attachment A19)	Health Care Practitioner ..	5	2	120/60	20
CTSU Site Form Creation (Attachment A20)	Health Care Practitioner ..	400	10	30/60	2,000
CTSU Electronic Signature Form (Attachment A21)	Health Care Practitioner ..	400	10	10/60	667
CTSU CLASS Course Setup Form (Attachment A22).	Health Care Practitioner ..	10	2	20/60	7
NCI CIRB AA & DOR between the NCI CIRB and Signatory Institution (Attachment B01).	Participants	50	1	15/60	13
NCI CIRB Signatory Enrollment Form (Attachment B02).	Participants	50	1	15/60	13
CIRB Board Member Application (Attachment B03)	Board Member	100	1	30/60	50
CIRB Member COI Screening Worksheet (Attachment B08).	Board Members	100	1	15/60	25
CIRB COI Screening for CIRB meetings (Attachment B09).	Board Members	72	1	15/60	18
CIRB IR Application (Attachment B10)	Health Care Practitioner ..	80	1	60/60	80
CIRB IR Application for Exempt Studies (Attachment B11).	Health Care Practitioner ..	4	1	30/60	2
CIRB Amendment Review Application (Attachment B12).	Health Care Practitioner ..	400	1	15/60	100
CIRB Ancillary Studies Application (Attachment B13)	Health Care Practitioner ..	1	1	60/60	1
CIRB Continuing Review Application (Attachment B14).	Health Care Practitioner ..	400	1	15/60	100
Adult IR of Cooperative Group Protocol (Attachment B15).	Board Members	65	1	180/60	195
Pediatric IR of Cooperative Group Protocol (Attachment B16).	Board Members	15	1	180/60	45
Adult Continuing Review of Cooperative Group Protocol (Attachment B17).	Board Members	275	1	60/60	275
Adult Amendment of Cooperative Group Protocol (Attachment B19).	Board Members	40	1	120/60	80
Pediatric Amendment of Cooperative Group Protocol (Attachment B20).	Board Members	25	1	120/60	50
Pharmacist's Review of a Cooperative Group Study (Attachment B21).	Board Members	50	1	120/60	100
Adult Expedited Amendment Review (Attachment B23).	Board Members	348	1	30/60	174
Pediatric Expedited Amendment Review (Attachment B24).	Board Members	140	1	30/60	70
Adult Expedited Continuing Review (Attachment B25).	Board Members	140	1	30/60	70
Pediatric Expedited Continuing Review (Attachment B26).	Board Members	36	1	30/60	18
Adult Cooperative Group Response to CIRB Review (Attachment B27).	Health Care Practitioner ..	30	1	60/60	30
Pediatric Cooperative Group Response to CIRB Review (Attachment B28).	Health Care Practitioner ..	5	1	60/60	5
Adult Expedited Study Chair Response to Required Modifications (Attachment B29).	Board Members	40	1	30/60	20
Reviewer Worksheet—Determination of UP or SCN (Attachment B31).	Board Members	400	1	10/60	67
Reviewer Worksheet—CIRB Statistical Reviewer Form (Attachment B32).	Board Members	100	1	15/60	25
CIRB Application for Translated Documents (Attachment B33).	Health Care Practitioner ..	100	1	30/60	50
Reviewer Worksheet of Translated Documents (Attachment B34).	Board Members	100	1	15/60	25
Reviewer Worksheet of Recruitment Material (Attachment B35).	Board Members	20	1	15/60	5
Reviewer Worksheet Expedited Study Closure Review (Attachment B36).	Board Members	20	1	15/60	5
Reviewer Worksheet of Expedited IR (Attachment B38).	Board Members	5	1	30/60	3
Annual Signatory Institution Worksheet About Local Context (Attachment B40).	Health Care Practitioner ..	400	1	40/60	267

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Annual Principal Investigator Worksheet About Local Context (Attachment B41).	Health Care Practitioner ..	1,800	1	20/60	600
Study-Specific Worksheet About Local Context (Attachment B42).	Health Care Practitioner ..	4,800	1	15/60	1,200
Study Closure or Transfer of Study Review Responsibility (Attachment B43).	Health Care Practitioner ..	1,680	1	15/60	420
Unanticipated Problem or Serious or Continuing Noncompliance Reporting Form (Attachment B44).	Health Care Practitioner ..	360	1	20/60	120
Change of Signatory Institution PI Form (Attachment B45).	Health Care Practitioner ..	120	1	20/60	40
Request Waiver of Assent Form (Attachment B46) ..	Health Care Practitioner ..	35	1	20/60	12
CIRB Waiver of Consent Request Supplemental Form (Attachment B47).	Health Care Practitioner ..	20	1	15/60	5
Review Worksheet CIRB Review for Inclusion of Incarcerated Participants (Attachment B48).	Board Members	20	1	60/60	20
Notification of Incarcerated Participant Form (Attachment B49).	Health Care Practitioner ..	20	1	20/60	7
CTSU OPEN Survey (Attachment C03)	Health Care Practitioner ..	10	1	15/60	3
CIRB Customer Satisfaction Survey (Attachment C04).	Participants	600	1	15/60	150
Follow-up Survey (Communication Audit) (Attachment C05).	Participants/ ..... Board Members	300	1	15/60	75
CIRB Board Member Annual Assessment Survey (Attachment C07).	Board Members	60	1	15/60	15
PIO Customer Satisfaction Survey (Attachment C08)	Health Care Practitioner ..	60	1	5/60	5
Audit Scheduling Form (Attachment D01)	Health Care Practitioner ..	152	5	21/60	266
Preliminary Audit Finding Form (Attachment D02)	Health Care Practitioner ..	152	5	10/60	127
Audit Maintenance Form (Attachment D03)	Health Care Practitioner ..	152	5	9/60	114
Final Audit finding Report Form (Attachment D04) ...	Health Care Practitioner ..	75	11	1,098/60	15,098
Follow-up Form (Attachment D05)	Health Care Practitioner ..	75	7	27/60	236
Roster Maintenance Form (Attachment D06)	Health Care Practitioner ..	5	1	18/60	2
Final Report and CAPA Request Form (Attachment D07).	Health Care Practitioner ..	12	9	1,800/60	3,240
NCI/DCTD/CTEP FDA Form 1572 for Annual Submission (Attachment E01).	Physician	26,500	1	15/60	6,625
NCI/DCTD/CTE Biosketch (Attachment E02)	Physician; Health Care Practitioner.	48,000	1	120/60	96,000
NCI/DCTD/CTEP Financial Disclosure Form (Attachment E03).	Physician; Health Care Practitioner.	48,000	1	15/60	12,000
NCI/DCTD/CTEP Agent Shipment Form (ASF) (Attachment E04).	Physician	24,000	1	10/60	4,000
Totals	.....	167,545	235,510	.....	151,769

Dated: August 26, 2022.

Diane Kreinbrink,

Project Clearance Liaison, National Cancer Institute, National Institutes of Health.

[FR Doc. 2022–18853 Filed 8–31–22; 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 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) notifies federal agencies 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 using Urine or Oral Fluid (Mandatory Guidelines).

FOR FURTHER INFORMATION CONTACT: Anastasia Donovan, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N06B, Rockville, Maryland 20857; 240–276–2600 (voice); *Anastasia.Donovan@samhsa.hhs.gov* (email).

SUPPLEMENTARY INFORMATION: In accordance with Section 9.19 of the Mandatory Guidelines, a notice listing all currently HHS-certified 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