and other materials relating to the contemplated exclusive license should be directed to: Adaku Nwachukwu, J.D., Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 435–5560; Facsimile: (301) 402–0220; E-mail: *madua@mail.nih.gov.*

SUPPLEMENTARY INFORMATION: The technology relates to an effective way to monitor food quality and freshness in real time. The major factor for food spoilage is the release of volatile bases due to the action of enzymes contained within the food or produced by microorganisms, such as bacteria, yeasts and molds growing in the food. The rate of release of such bases depends on food's storage history. In this technology, a reactive dye locked in a water-repellent material reacts with the bases released during food decomposition, and changes color. Thus a rapid and informed decision can be made about quality of food and its shelf life under the storage conditions used. Since the detection is based on biological processes that are the root cause for food spoilage, these indicators are much more reliable.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless within sixty (60) days from the date of this published notice, the NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Applications for a license in the field of use filed in response to this notice will be treated as objections to the grant of the contemplated exclusive license. Comments and objections submitted to this notice will not be made available for public inspection and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: May 21, 2007.

Steven M. Ferguson,

Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. E7–10963 Filed 6–6–07; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substances Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMSHA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMSHA Reports Clearance Officer on (240) 276–1243.

Project: Community Mental Health Services Block Grant Application Guidance and Instruction, FY 2008–2010 (OMB No. 0930–0168)—Revisions

Sections 1911 through 1920 of the Public Health Service Act (42 U.S.C. 300x through 300x–9) provide for annual allotments to assist States to establish or expand an organized, community-based system of care for adults with serious mental illnesses and children with serious emotional disturbances. Under these provision of the law, States may receive allotments only after an application is submitted and approved by the Secretary of the Department of Health and Human Services.

For the FY 2008–2010 Community Mental Health Services Block Grant application cycle, SAMSHA will provide States guidance and instructions to guide development of comprehensive State applications/plans and implementation reports. Proposed revisions to the guidance include:

(1) The integration of mental health transformation as a guiding principle in the development of State mental health plans. State plans for FY 2008–2010 will describe State mental health transformation efforts and activities within the context of the five (5) legislative criteria, identify mental health transformation activities funded by the MHBG and other State funding sources, identify activities of the State mental health planning council that contribute to and support State transformation efforts, include one State transformation performance indicator in the plan, and include a description of the services provided to older adults under criterion 4 of the State's plan.

(2) The introduction of the Web Block Grant Application System (WebBGAS). WebBGAS enables States to submit applications/plans, and implementation reports electronically thus reducing the burden of paperwork required for submission, revision, and reporting purposes. In FY 2008, all States and Territories will be encouraged to submit State plans using WebBGAS. Other advantages to using WebBGAS include:

- Eliminating redundancy in data entry by pre-populating the States' previous year data in the current year's plans and implementation reports.
- Standardizing Mental Health Block Grant data for reporting and quantitative analysis.
- Allowing the States' mental health planning councils to have access to state plans and implementation reports throughout the FY as a means to enable councils to meet their Federal mandate of reviewing the plans and providing recommendations to the State.
- Adhering to the Federal Government's e-governments and e-grants initiatives, where applicable.

(3) A requirement for States to report nine CMHS National Outcome Measures (NOMS) for mental health. All nine measures are derived from tables in the Uniform Reporting System (URS) which was developed in collaboration with the States. Four (4) of the nine measures were established, in concert with OMB PART, to support the long-term goals of the Mental Health Block Grant program and SAMSHA's Government Results and Performance Act (GPRA) measures. The nine CMHS measures are:

- Increased access to services
- Reduced utilization of psychiatric inpatient beds for 30 and 180 days
- Number of evidenced-based practices and number of persons served in these programs
- Client perception of care
- Increased/retained employment or returned to/stayed in school
- Decreased criminal justice involvement
- Increased stability in housing
- Increased social supports and social connectedness, and
- Improved level of functioning.

Two of the NOMS, Increased Social Supports and Social Connectedness, and Improved Functioning, are currently under development at SAMSHA. States that are unable to report data on these or other indicators will be required to describe their current reporting capacity and efforts underway to make collection of the data possible.

(4) Revisions to tables in the Uniform Reporting System (URS). Since FY 2001, States have reported annual data on the public mental health system to the MHBG Program through 21 tables in the URS. For the past three years, CMHS worked collaboratively with States, using the Data Infrastructure Grant (DIG) process, to refine the data and make

reporting more meaningful to both States and CMHS. This effort resulted in a list of revisions to the basic and development tables in the FY 2005–2007 MHBG guidance. The revisions to the URS tables are described below:

REVISIONS TO TABLES IN THE UNIFORM REPORTING SYSTEM

Table description			
Table No.	Table name	Change	Proposed change
Table 1	Profile of State Population by Diagnosis	No Change	
Table 2	Total Unduplicated Served by Age, Gender & Race.	Minor	Combine Age 0–3 with Age 4–12.
Table 3	Total Served by Setting, by Age & Gender	No Change	
Table 4	Employment	Minor	Add Optional Table 4a. Reporting of Employment Status by 5 Diagnostic Groupings.
Table 5	Medicaid Status	No Change	
Table 6	Profile of Client Flow and Turnover	Minor	Add Column for Length of Stay for clients in facility more than 1 year.
Table 7	State MH Expenditures and Revenues	No Change	
Table 8	Profile of Community MHBG Expenditures	No Change	
Table 9	Public Mental Health Service System Inventory List (Deleted in 2005).	Major	New table added, ''Social Connectedness and Improved Functioning'' for SAMHSA's newest NOMS.
Table 10	Profile of Agencies receiving MHBG Funds	No Change	
Table 11	Consumer Evaluation of Care*	Minor	Add revisions to table and questions to clarify the survey instrument and methodology used to collect data for this domain if the recommended survey was not used.
Table 12	State Mental Health Agency Profile	No Change	
Table 13	Untreated Prevalence of Mental Illness	No Change	Continue as developmental until refined by DIG Workgroup.
Table 14	Adults with SMI & SED served by Age, gender, Race, & Ethnicity.	Minor	Combine Age 0–3 with Age 4–12.
Table 15	Living Situation Profile	No Change	
Table 16	EBPs	Minor	Add two questions at the end of each EBP: (1) Did the State use the SAMHSA Toolkit to guide implementation? (2) Has staff been specifically trained to implement the EBP?
Table 17	EBPs	Minor	Add two questions at the end of each EBP: (1) Did the State use the SAMHSA Toolkit to guide implementation? (2) Has staff been specifically trained to implement the EBP?
Table 18	Use of New Generation Atypical Antipsychotics	No Change	
Table 19	Outcomes: Criminal Justice & School Attendance	Minor	Add new questions for two CMHS NOMS: Arrests, and School Attendance.
Table 20	30 and 180 day state hospital readmissions	Minor	Combine Age 0–3 with Age 4–12.
Table 21	30 and 180 day readmission to any psych bed	Minor	Combine Age 0–3 with Age 4–12.

The future of the SAMHSA/CMHS State mental data reporting program continues to evolve with a related plan to implement a State Client level Initiative project with a few States to test the feasibility of implementing client level reporting in the States. Activities of this pilot in the next three years will include: (1) Identifying and documenting the States' most promising approaches to the collection of client-level data; (2) developing recommendations for expanding client-level data collection systems to incorporate the NOMs; and (3) pilot testing the most promising approaches with other interested States to determine their feasibility. SAMHSA expects that the results of this effort will improve the ability of States to report unduplicated client-level outcomes comparing Time 2 to Time 1. These data are expected to support the CMHS Block Grant in future PART reviews.

The following table summarizes the annual burden for the revised application.

Application	Number of respondents	Responses/ respondent	Burden response (hrs)	Total burden hours
Plan:				
1 year	44	1	180	7,920
2 year	6	1	150	900
3 year	9	1	110	990
Implementation Report	59	1	75	4,425
URS Tables	59	1	40	2,360
Total	59	.....	.....	16,595

Written comments and recommendations concerning the proposed information collection should be sent by July 9, 2007 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–6974.

Dated: June 1, 2007.

Elaine Parry,

Acting Director, Office of Program Services.

[FR Doc. 07–2851 Filed 6–6–07; 8:45 am]

BILLING CODE 4162–20–M

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

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 currently certified to meet the standards of Subpart C 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), on September 30, 1997 (62 FR 51118), and on April 13, 2004 (69 FR 19644).

A notice listing all currently certified laboratories is published in the **Federal Register** during the first week of each month. If any laboratory's certification is suspended or revoked, the laboratory will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory 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://workplace.samhsa.gov* and *http://www.drugfreeworkplace.gov.*

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersh or Dr. Walter Vogl, Division of Workplace Programs, SAMHSA/CSAP, Room 2–1035, 1 Choke Cherry Road, Rockville, Maryland 20857; 240–276–2600 (voice), 240–276–2610 (fax).

SUPPLEMENTARY INFORMATION: The Mandatory Guidelines were developed in accordance with Executive Order 12564 and section 503 of Public Law 100–71. Subpart C of the Mandatory Guidelines, ''Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies,'' sets strict standards that laboratories must meet in order to conduct drug and specimen validity tests on urine specimens 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 undergo 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 described in the HHS Mandatory Guidelines. A laboratory must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA) which attests that it has met minimum standards.

In accordance with Subpart C of the Mandatory Guidelines dated April 13, 2004 (69 FR 19644), the following laboratories meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

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.

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.

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 Road, Lenexa, KS 66215–2802, 800–445–6917.

Diagnostic Services, Inc., dba DSI, 12700 Westlinks Drive, Fort Myers, FL 33913, 239–561–8200/800–735–5416.

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

DrugScan, Inc., P.O. Box 2969, 1119 Mearns Road, Warminster, PA 18974, 215–674–9310.

Dynacare Kasper Medical Laboratories*, 10150–102 St., Suite 200, Edmonton, Alberta, Canada T5J 5E2, 780–451–3702/800–661–9876.

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

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

Kroll Laboratory Specialists, Inc., 1111 Newton St., Gretna, LA 70053, 504–361–8989/800–433–3823, (Formerly: Laboratory Specialists, Inc.).

Kroll Laboratory Specialists, Inc., 450 Southlake Blvd., Richmond, VA 23236, 804–378–9130, (Formerly: Scientific Testing Laboratories, Inc.; Kroll Scientific Testing Laboratories, Inc.).

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, 13112 Evening Creek Drive, Suite 100, San Diego, CA 92128, 858–668–3710/800–882–7272, (Formerly: Poisonlab, Inc.).

Laboratory Corporation of America Holdings, 550 17th Ave., Suite 300, Seattle, WA 98122, 206–923–7020/800–898–0180 (Formerly: DrugProof, Division of Dynacare/Laboratory of Pathology, LLC; Laboratory of Pathology of Seattle, Inc.; DrugProof, Division of Laboratory of Pathology of Seattle, 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).

LabOne, Inc. d/b/a Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS