In collaboration with the ICCVAM Endocrine Disruptor Working Group (EDWG), NICEATM organized an independent technical evaluation of the four types of in vitro endocrine disruptor test methods on May 20–21, 2002 in Research Triangle Park, NC [**Federal Register**. 66 FR 57: 16278–16279, March 23, 2001 and 67 **Federal Register** 66: 16415–16416, April 5, 2002). This meeting was open to the public with time set aside for public comment.

A 24-member scientific expert panel reviewed the information and recommendations provided in the four draft BRDs and developed its own conclusions and recommendations for each type of test method on the following:

- Specific test methods that should undergo further evaluation in validation studies and their relative priority for evaluation;
- The adequacy of the proposed minimum procedural standards;
- The adequacy of protocols for specific test methods recommended for validation; and
- The adequacy and appropriateness of substances proposed for validation studies.

The expert panel presented its evaluations, conclusions, and recommendations at the meeting. Following the meeting, the expert panel's written evaluations and consensus recommendations were consolidated into an independent report (*http://iccvam.niehs.nih.gov/methods/endocrine.htm*).

In October 2002 (67 FR 204: 64902–64903, October 22, 2002), the NICEATM made available for public comment the expert panels' final report. This report contains the expert panel's evaluations and consensus recommendations for the four types of assays and a revised list of proposed substances for validation of in vitro ER and AR binding and TA test methods. Following review of this report and the public comments, ICCVAM finalized its recommendations and developed recommended minimum procedural standards and the list of proposed substances that should be used to standardize and validate in vitro ER and AR binding and TA assays. The final expert panel report, public comments, and other relevant documents are appended to the ICCVAM report. The ICCVAM report, whose availability is announced in this notice (see above), will be forwarded to Federal agencies for their consideration and information.

The minimum procedural standards and the list of recommended substances for validation should facilitate standardization and validation of in vitro endocrine disruptor assays. Data from validation studies on test methods that incorporate the recommended minimum procedural standards will serve as the basis for developing minimum performance standards for acceptable in vitro ER-or AR-based test methods. The EDSP will use data generated from validated in vitro and in vivo Tier 1 screening test methods to reach weight-of-evidence decisions on whether to conduct large multi-generational in vivo studies. It is also anticipated that data obtained during the validation of the four different types of in vitro ER- and AR-based test methods will help characterize the extent to which individual or batteries of in vitro endocrine disruptor test methods might be used to prioritize chemicals for Tier 1 screening and Tier 2 testing. Finally, implementation of the recommendations in this report is expected to decrease and perhaps eventually eliminate the need to use male and female animals as a source of AR and ER, respectively, for in vitro screening assays.

Test method developers are encouraged to submit in vitro test methods for evaluation by ICCVAM that adhere to the minimum procedural standards outlined in this report and that have undergone validation using the recommended substances. Following adequate validation of in vitro endocrine disruptor test methods, ICCVAM and NICEATM will coordinate their scientific peer review. Formal ICCVAM test recommendations will then be forwarded to Federal agencies as required by the ICCVAM Authorization Act of 2000 (Pub. L. 106–545).

Dated: May 28, 2003.

Kenneth Olden,

Director, National Institute of Environmental Health Sciences.

[FR Doc. 03–13839 Filed 6–2–03; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance 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 (SAMHSA) 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 SAMHSA Reports Clearance Officer on (301) 443–7978.

Evaluation of the Buprenorphine Waiver: Addiction Physician Survey—New—The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Division of Pharmacologic Therapies (DPT), is evaluating a program that permits office-based physicians to obtain Waivers from the requirements of the Narcotic Addict Treatment Act of 1974 (21 U.S.C. 823 (g)). Under the Drug Addiction Treatment Act of 2000 (21 U.S.C 823 (g)(2)), the Waiver Program permits qualifying physicians to prescribe and dispense buprenorphine, a schedule III narcotic drug recently approved by the FDA for the treatment of opiate addiction. Furthermore, the Drug Abuse Treatment Act specifies that the Secretary of the Department of Health and Human Services make a determination of whether: (1) Treatments provided under the Waiver Program have been effective forms of maintenance treatment and detoxification treatment in clinical settings; (2) the Waiver Program has significantly increased (relative to the beginning of such period) the availability of maintenance treatment and detoxification treatment; and, (3) the Waiver Program has adverse consequences for the public health. In addition to the objectives above, the Evaluation of the Buprenorphine Waiver Program will examine other related objectives, including: (1) Describing the impact of the Waiver-based treatment on the existing treatment system; (2) providing information useful to guide and refine the processing/monitoring system being developed and maintained by CSAT/DPT; and (3) providing baseline data to inform future research and policy concerning the medicalization and mainstreaming of addiction treatment.

The evaluation by DPT of the Buprenorphine Waiver Program will be accomplished using three survey efforts. The first of these is a mail survey of addiction physicians from the American Society of Addiction Medicine (ASAM) and/or the American Academy of Addiction Psychiatry (AAAP). Some of these specialists will be prescribing and distributing buprenorphine, while others not prescribing buprenorphine may or may not provide referrals or ancillary services to patients receiving buprenorphine treatment. The survey will provide early data about the availability, effectiveness, and public health consequences associated with the Waiver Program. Specifically, the survey will assess early perceptions of

physicians specializing in addiction medicine of whether buprenorphine as prescribed and distributed under the Waiver Program is a useful tool in the treatment of substance abuse, and whether there are any negative consequences associated with it. The survey will also assess whether there are early indications of limitations to the availability of the medication, related to factors such as geographic location, type of medical practice, patient population, or ability to pay. Physicians who do not respond after two mailings will receive a brief postcard to complete.

Results from this survey will influence the focus and content of two additional proposed surveys to be fielded later in 2003. A second survey will focus on the clinical practice and perceived effectiveness of buprenorphine among physicians who are actively prescribing the medication. A third survey of patients who have received buprenorphine will assess its effectiveness and availability from the patients' point of view. A separate **Federal Register** notice will be published for each of these surveys. The estimated response burden for the first survey of physicians is summarized below.

Addiction physicians	Number of respondents	Responses/ respondent	Hours per response	Total hour burden
Physician Survey	957	1	.33	316
Followup Postcard	335	1	.017	6
Total	957			322

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Allison Herron Eydt, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; because of mail delays, it is recommended that comments be sent by fax to: (202) 395–6974.

Dated: May 27, 2003.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 03–13789 Filed 6–2–03; 8:45 am]

BILLING CODE 4162–20–P

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 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 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 Guidelines.

If any laboratory has withdrawn from the National Laboratory Certification Program 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 the following Web sites: *http://workplace.samhsa.gov* and *http://www.drugfreeworkplace.gov.*

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersh or Dr. Walter Vogl, Division of Workplace Programs, 5600 Fishers Lane, Rockwall 2 Building, Room 815, Rockville, Maryland 20857; Tel.: (301) 443–6014, Fax: (301) 443–3031.

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/(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.

Alliance Laboratory Services, 3200 Burnet Ave., Cincinnati, OH 45229, (513) 585–6870, (Formerly: Jewish Hospital of Cincinnati, Inc.).

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).

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

Doctors Laboratory, Inc., PO Box 2658, 2906 Julia Dr., Valdosta, GA 31602, (912) 244–4468.

DrugProof, Division of Dynacare/ Laboratory of Pathology, LLC, 1229 Madison St., Suite 500, Nordstrom Medical Tower, Seattle, WA 98104, (206) 386–2661 / (800) 898–0180, (Formerly: Laboratory of Pathology of Seattle, Inc., DrugProof, Division of Laboratory of Pathology of Seattle, Inc.).

DrugScan, Inc., PO Box 2969, 1119 Mearns Rd., Warminster, PA 18974, (215) 674–9310.