

submitted under § 606.171. CBER estimates that 5 percent of the total BPD reports submitted to CBER under § 606.171 would need additional information submitted in the addendum. CBER further estimates that it would take between 10 and 20 minutes to complete the addendum. For calculation purposes, CBER is using 15 minutes.

Activities such as investigating, changing standard operating procedures or processes, and follow-up are currently required under 21 CFR parts 211 (approved under OMB control number 0910-0139), 606 (approved under OMB control number 0910-0116), 820 (approved under OMB control number 0910-0073), and 1271 (approved under OMB control number 0910-0543) and, therefore, are not

included in the burden calculation for the separate requirement of submitting a deviation report to FDA.

In the **Federal Register** of November 18, 2009 (74 FR 59556), FDA published a 60-day notice requesting public comment on the proposed collection of information. No comments were received on the information collection.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN¹

21 CFR Section	FDA Form No.	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
600.14	3486	51	7.78	397	2.0	794
606.171	3486	1,533	28.78	44,120	2.0	88,240
1271.350(b)	3486	84	2.64	222	2.0	444
	3486A ²	77	28.65	2,206	0.25	551.5
Total						90,029.5

¹ There are no capital costs or operating and maintenance costs associated with this collection of information.

² Five percent of the number of respondents (1,533 x 0.05 = 77) and total annual responses to CBER (44,125 x 0.05 = 2,206).

Dated: May 10, 2010.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2010-11541 Filed 5-13-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Public Health Services Act; Delegation of Authority

Notice is hereby given that I have delegated to the Director, Office of Public Health Preparedness and Response (OPHPR), with authority to redelegate, the authority to:

- Release small quantities of any material from the Strategic National Stockpile (SNS) to provide intervention for specific individual conditions and the coordination of transportation assets to meet required deadlines.

- Release small quantities of any material from the SNS for testing and evaluation or to support government-required programs of vaccinations for persons at risk for specific conditions as a result of government job requirements.

- Advance deploy any material from the SNS to remain under CDC control without release to other government or non-government organizations in order to prepare for possible response needs
- Release any material from the SNS to comply with requirements as set forth by Homeland Security Presidential

Directive 21 to share stockpiled assets with other federal government organizations when the material will be replaced by the receiving organization.

This delegation became effective upon date of signature. I hereby affirm and ratify any actions taken by the Director, OPHPR, which involve the exercise of these authorities prior to the effective date of this delegation.

Dated: April 26, 2010.

Thomas Frieden,

Director, CDC.

[FR Doc. 2010-11406 Filed 5-13-10; 8:45 am]

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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://www.workplace.samhsa.gov> and <http://www.drugfreeworkplace.gov>.

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersh, Division of Workplace Programs, SAMHSA/CSAP, Room 2-1042, One 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 Pub. L. 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