an NDMC to enrollees upon denial, in whole or in part, of an enrollee's coverage request. This denial may be subject to a series of administrative review levels, involving defined steps and timeframes. The NDMC was developed to ensure Medicare enrollees have access to information needed to navigate the Medicare beneficiary appeals process. The NDMC meets requirements for both Medicare's standard and expedited appeals processes.

Medicare health plans provide an NDP to enrollees upon denial, in whole or in part, of payment for a service or item that the enrollee received. This denial may be subject to a series of administrative review levels, involving defined steps and timeframes. The NDP was developed to ensure Medicare enrollees have access to information needed to navigate the Medicare beneficiary appeals process. The NDP meets requirements for Medicare's standard appeals process. Form Number: CMS-10003 (OMB#: 0938-0829); Frequency: Yearly; Affected Public: Business or other for-profits and Not-for-profit institutions; Number of Respondents: 740; Total Annual Responses: 1,168,368; Total Annual *Hours:* 194,728. (For policy questions regarding this collection contact Stephanie Simons at 206-615-2420. For all other issues call 410–786–1326.)

3. Type of Information Collection *Request:* Extension of a currently approved collection; Title of Information Collection: Federal Qualification Application (42 CFR 417.140) and Medicare Health Care Prepayment Plan Application (42 CFR 417.800); Use: The application is the collection form used to obtain information to determine if an applicant meets the regulatory requirements to enter into a contract with CMS as a Federal Qualified health maintenance organization (HMO) or to provide health benefits to Medicare beneficiaries as a Medicare Health Care Prepayment Plan contractor. Form Number: CMS-901A & 901D (OMB#: 0938-0470); Frequency: Once; Affected Public: Business or other for-profits and Not-for-profit institutions; Number of Respondents: 20; Total Annual Responses: 20; Total Annual Hours: 800. (For policy questions regarding this collection

contact Heidi Arndt at 410–786–1607. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at *http://www.cms.hhs.gov/ PaperworkReductionActof1995*, or email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*, or call the Reports Clearance Office on (410) 786– 1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *August 16, 2010.*

OMB, Office of Information and Regulatory Affairs, *Attention:* CMS Desk Officer, *Fax Number:* (202) 395– 6974, *E-mail: OIRA_submission* @omb.eop.gov.

Dated: July 9, 2010.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2010–17181 Filed 7–15–10; 8:45 am] BILLING CODE 4120–01–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 (240) 276–1243.

Project: Mandatory Guidelines for Federal Workplace Drug Testing Programs (OMB No. 0930–0158)— Revision

SAMHSA's Mandatory Guidelines for Federal Workplace Drug Testing Programs will request OMB approval for the Federal Drug Testing Custody and Control Form for Federal agency and federally regulated drug testing programs which must comply with the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs (73 FR 71858) dated November 25, 2008, and for the information provided by laboratories for the National Laboratory Certification Program (NLCP).

The Federal Drug Testing Custody and Control Form (Federal CCF) is used by all Federal agencies and employers regulated by the Department of Transportation to document the collection and chain of custody of urine specimens at the collection site, for laboratories to report results, and for Medical Review Officers to make a determination. The current Federal CCF approved by OMB has a November 30, 2011 expiration date. SAMHSA has resubmitted the Federal CCF with revisions to the form for OMB approval.

• The first change is to add a new item in Step 1 of Copy 1, which lists the acronyms for the Federal testing authorities under which the specimen is collected. The new Step 1 (d) would read as follows: "D. Specify Testing Authority: HHS, NRC, DOT—Specify DOT Agency: FMCSA, FAA, FRA, FTA, PHMSA, USCG" with a checkbox beside each agency name.

• The second change is to revise the Federal CCF Copy 1 to permit use by Instrumented Initial Test Facility (IITF), in addition to laboratories.

• The third change is to add the new drug analytes required by the revised Guidelines to the Primary Specimen Report section in Step 5(a) on Copy 1. The new drug analytes are methylenedioxymethamphetamine (MDMA), commonly known as "ecstasy"; methyleneamphetamine (MDA), and

methylenedioxyethylamphetamine (MDEA). MDA and MDEA are both close chemical analogues of MDMA.

• The fourth change is to revise the Medical Review Officer (MRO) reporting sections on Copy 2 for primary specimens (Step 6) and for split specimens (Step 7) to facilitate reporting in accordance with the Guidelines.

Below is a copy of the revised Federal CCF:

BILLING CODE 4162-20-P

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPEC	CIMEN ID NO. 00000	01				
TEP 1: COMPLETED BY COLLECTOR OR E	MPLOYER REPRESENTATIVE		ACCESSIC	NN NO.		
L Employer Name, Address, I.D. No.		B. MRO Name, Addre	iss, Phone No. and F	ax No.		
C. Donor SSN or Employee I.D. No D. Specify Testing Authority HHS NR E. Reason for Test: Pre-employment Rendo F. Drug Tests to be Performed: THC, CO G. Collection Site Address:	m 🔲 Reesonable Suspicion/Cause 🔲	Post Accident	to Duty Follow-up r (specify)	Cther (specify)		
		Co	llector Phone No			
		Co	Nector Fax No			
TEP 2: COMPLETED BY COLLECTOR (make						
	No, Enter Remark Collection:] Split 🔲 Single [None Provided, Enter	Romank [Observed, E	inter Aarnark
EMARKS						
TEP 3: Collector affixes bottle seal(s) to bot TEP 4: CHAIN OF CUSTODY - INITIATED BY contrly that the specimen given b me by the donor Netced labeled scaled and released b the Delivery	COLLECTOR AND CONPLETED identified in the contilication section on	BY TEST FACILITY Copy 2 of this form was	SPECINI	EP 5 on Copy EN BOTTLE(S) RE	•	•••
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LSign	ature of Collector	AM				
(PRINT) Collector's Hame First, M. Last	Date MoDer/Yrt	Phi Time of Collection				
ECEIVED AT LAB OR ITTE:		I may of Collection	Primary Specimen	Name of Delivery Se SPECIMEN BC		FASED TO-
<u> </u>			Bottle Seal Inlact			
Signat	ure of Accessioner		YES NO			
PRINT) Accessioner's Nam	- (Pi 149 (Date (Mo.Day/Yr)	If NO, Enter remark in Step 5A.			
TEP 5A: PRIMARY SPECIMEN REPORT - CO		Date (moverale st)	ві знір зи.	L		
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Facility (if different from above) : certify that the specimen identified on this form was ever		custody procedures, analy	zed, and reported in acco	ordance with applic	abio Federal <i>i</i>	oquiromonts.
Signature of Cartifying Technician/Sci	entist (PIBA	T) Certifying Technician/Sc	ientist's Name (First, M, L	.a¢l)	bate (Mo	Day/Yr)
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Laboratory Name		e Federal requirements.	u span nacepa, nananou u Centilying Boientist's Name		 Date (Mo./	Ĺ

0000001 SPECIMEN ID NO.	PLACE OVER CAP	0000001 SPECIMEN BOTTLE SEAL	Date (Mc/Dey/Yr)
B 00000001 (SPLIT) SPECIMEN ID NO.	PLACE OVER CAP	0000001 SPECIMEN BOTTLE SEAL	Dete (McDey/Yr) Donor's kritials

COPY 1 - TEST FACILITY COPY

Back of Copy 1 - 4

Public Burden Statement

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average 5 minutes/donor, 4 minutes/collector, 3 minutes/test facility, and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland 20857.

A Employee Name, Address, LD No. B MBO Name, Address, Phone No. and Fex No. A Employee Name, Address, LD No. B MBO Name, Address, Phone No. and Fex No. C. Donor SSN or Employee ID, No. B MBO Name, Address, Phone No. and Fex No. D Specify Tealing Authority. HKS MKG DOT - Specify DOT Agency: FMCSA FAA FAA FAA FAA DMKGA USCG B. Reason for Teal: HKS MKG MKG DOT - Specify DOT Agency: FMCSA DAT FAA FAA DMKGA USCG B. Reason for Teal: HKC, COC, PCR, OP, AMP THC & COC ON Other (specify) Collector Phone No. Collector Phone No. C. Obecton Site Address: Collector Phone No. Collector Phone No. Collector Phone No. S. Collector Site Address: Collector Phone No. Collector Phone No. Collector Phone No. STEP 2: COMPLETED BY COLLECTOR (malio remarks when appropriate) Collector reads specify more transmit within A minutes. Ware Marked State State Dother seal(a) to bother(s); Collector Address eat(a). Donor completes STEP 5 on Copy 2 (MRO Copy) STEP 3: Collector affires bother seal(a) collector Address eat(a). Donor completes STEP 5 on Copy 2 (MRO Copy) STEP 4: Collector fittine bother seal(a) to bother(s); Collector Address eat(a) collector Address eat(a) collector eat(a) collector eat(a) collector. STEP 3: Collector fittine bother seal(a) to bother(s); Collector Address eat(a) collector eat(a) collector. STEP 4: Collector fittine bother seat(a) to bother(s); Collector fit i haw or deat(a) collect	SPECIMEN ID NO.	0000001	
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Daytime Phone No. [x		Date (Mo/Der//ri
After the Medical Review Officer receives the test results for the spocimen identified by this form, he/she may contact you to ask about proscriptions and over the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT INCESSARY, if you choose to make a list, do so so ether on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU. STEP & COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN is according with applicable Federal requirements, my verification is: NEGATIVEPOSITIVE for;	-		Date of Birth /
h accordance with applicable Federal requirements, my verification is: DILUTE NEGATIVE POSITIVE for: SUBSTITUTED SUBSTITUTED OTHER: REMARKS: X Signature of Madical Review Officer (PRINT) Madical Review Officer's Name (Final, Mi, Last) Signature of Madical Review Officer (PRINT) Madical Review Officer's Name (Final, Mi, Last) Date (MoDe/YT) Accordance with applicable Federal requirements, my verification for the split spectmen (if tested) is: FAILED TO RECONFIRM for: REMARKS: X X X X X X X X X X X X X	over-the-counter medications you may have taken. Therefi NECESSARY. If you choose to make a list, do so either or INFORMATION ON THE BACK OF ANY OTHER COPY C	ore, you may want to make a list of those medications for y n a separate piece of paper or on the back of your copy (DF THE FORM, TAKE COPY 5 WITH YOU.	t you to ask about prescriptions and our own records. THIS LIST IS NOT
NEGATIVE POSITIVE for:			
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STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:		· · · · · · · · · · · · · · · · · · ·	
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X // Signature of Medical Review Officer (PRINT) Medical Review Officer's Name /First, Ms. Lasth Date (Michael Science)			TERMINAL PROPERTY AND A DESCRIPTION OF THE DESCRIPT
	Signature of Medical Review Officer	(Pfill(T) Medical Review Officer's Name (Elect 1st 1 -	Date (Mo/Day/Yr)

COPY 2 - MEDICAL REVIEW OFFICER COPY

SPECIMEN ID NO.	0000001		
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPR	ESENTATIVE	ACCESSIC	DN NO.
A. Employer Name, Address, I.D. No.		e, Address, Phone No. and F	'ax No.
C. Donor SSN or Employee I.D. No. D. Specify Testing Authority: HHS NRC DCT – E. Reason for Test: Pre-employment Random Reasonable S F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMF G. Collection Site Address:	uspicion/Cause 🗌 Post Accident		FTA PHMSA USCG Other (specify)
		Collector Phone No.	
		Collector Fax No.	
STEP 2 COMPLETED BY COLLECTOR (make remarks when			
Temperature between \$0° and 100° F? 🗌 Yes 🛄 No, Enter Remark	Collection: Split 🗌 1	iingle 🗌 None Provided, Enter	Pemark 🔲 Observed, Enter Remark
REMARKS			
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector	datas assi/a). Donor initiala :	aal/a) Dapar somelates 67	ED 5 on Come 2 (UBO Come)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR A	ND COMPLETED BY TEST F/	callity	EP 5 on Copy 2 (MHC Copy)
I certify that the specimen given to me by the donor identified in the o labeled, sealed and released to the Delivery Service noted in accord	pertification section on Copy 2 of	this form was collected,	SPECIMEN BOTTLE(S) RELEASED TO:
X Signature of C	onector		
	1 1	PN	1
(PRINT) Collector's Name (First, MI, Last)	Date (MccDayY)	Time of Collection	Hame of Delivery Service
STEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector; that I have	a most and addition makened it im more another		
my presence; and that the information provided on this form and on t	he label affixed to each specime	n bottle is correct.	
A Signature of Donor	(PRINT) Do	vor's Name (First, MI, Lasi)	Date (Mo/Dey/Yr)
Daytime Phone No. () Ex	ening Phone No. ()		Date of Birth / /
After the Medical Review Officer receives the test results for over-the-counter medications you may have taken. Therefore NECESSARY. If you choose to make a list, do so either on a INFORMATION ON THE BACK OF ANY OTHER COPY OF	, you may want to make a lis separate piece of paper or	t of those medications for y on the back of your copy (our own records. THIS LIST IS NOT
STEP & COMPLETED BY MEDICAL REVIEW OFFICER - PRIM		· · · · · · · · · · · · · · · · · · ·	
In accordance with applicable Federal requirements, my verification	5.		
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REFUSAL TO TEST because – check reason(s) below: ADULTERATED (adultorant/reason): SUBSTITUTED OTHER;			TEST CANCELLED
REMARKS:			
Y			
Signature of Madicsi Review Officer	(PRINT) Modical I	www.omcer's Name (First, ML, Las	0 Date (Mo/Day/Yr)
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLI			
In accordance with applicable Federal requirements, my ventication	lor the split specimen (if lested)	S.	
RECONFIRMED for:		0	TEST CANCELLED
FAILED TO RECONFIRM for:			
REMARKS:			
	,		
X Stonature of Medical Review Officer		awlew Officer's Name (First, MI, Las	Date (Mo/Daw/Yr)
SHERE AND A A A A A A A A A A A A A A A A A A	(PPURE) (MHERCALF	warmen vermer a radistik (* 1931, aff, 1.38	V DATE (MONDAWYT)

COPY 3 - COLLECTOR COPY

	SPECIMEN ID NO.	0000001		
TEP 1: COMPLETED BY COLLECTO		SENTATIVE	ACCESSION	NO.
4. Employer Name, Address, I.D. No.		B, MRO Name, Ad	dress, Phone No. and Fa	x No.
C. Donor SSN or Employee I.D. No D. Specify Testing Authority: HHS E. Reason for Test: Pre-employment		Specify DOT Agency: 📄 FMCSA		
	THC, COC, PCP, OPI, AMP		ther (specify)	
			Collector Phone No	
			Collector Fax No.	
STEP 2: COMPLETED BY COLLECTO Temperature between 90° and 100° F?		ppropriate) Collector reads speci Collector: Split Single	men temperature within	
REMARKS				
STEP 3: Collector affixes bottle seal(<u>STEP 4: CHAIN OF CUSTODY - INITIA</u> <i>I certify that the specimen given to me by</i> labeled, sealed and released to the Deliv	TED BY COLLECTOR ANI	D COMPLETED BY TEST FACILIT inflication section on Copy 2 of this t	Y Imm was collected	SPECIMEN BOTTLE(S) RELEASED TO:
X	Signature of Col	Nector	AM	
(Phile 1) Collector's	Name (First, MI, Last)	Date (No/DeyYn	PM Time of Collection	Name of Delivery Service
X Signature of Oorie		(PRINT) Donor's He	rne (First, M, Last)	
Daytime Phone No. ()	Ever	ning Phone No. ()	D	ate of Birth (Mc/Dav/7r)
After the Medical Review Officer rec over-the-counter medications you m NECESSARY, If you choose to make INFORMATION ON THE BACK OF STEP 6: COMPLETED BY MEDICAL F	ay have taken. Therefore, e a list, do so either on a s ANY OTHER COPY OF T REVIEW OFFICER - PRIMA	you may want to make a list of th separate piece of paper or on th HE FORM. TAKE COPY 5 WITH ARY SPECIMEN	ose medications for you e back of your copy (Ce	you to ask about prescriptions and ur own records. THIS LIST IS NOT
In accordance with applicable Federal re-	· · ·	:		
OILUTE OILUTE REFUSAL TO TEST because – cher ADULTERATED (adulterant)	ck reason(s) below:			EST CANCELLED
REMARKS:				
Signature of Medical Re		(PRNT) Modical Asyles	Officer's Name (First, Mi, Last)	Data (MoDay/Yr)
STEP 7: COMPLETED BY MEDICAL I In accordance with applicable Federal ne				
				EST CANCELLED
FAILED TO RECONFIRM for: _ REMARKS:			041104149990000000000000000000000000000	
X Signature of Medical Ro	wiew Officer	(PRINT) Medical Review	Officer's Name (First, M. Last)	Date (Mc/Day/Yr)

COPY 4 - EMPLOYER COPY

	0000001		
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRE	SENTATIVE	ACCESSI	ON NO.
A. Employer Name, Address, I.D. No.	B.MRO Name	, Address, Phone No. and	Fax No.
E. Reason for Test: Pre-employment Random Reasonable Su	spicion/Cause Post Accident	Return to Duty EFollow-up	FTA PHMSA USCG Other (specify)
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP G. Collection Site Address:	THC & COC Only] Other (specify)	именинан он то то то <u>то и и и и и и и и и и и и и и и и и и и</u>
		Collector Phone No	
		Collector Fax No.	
STEP 2: COMPLETED BY COLLECTOR (make remarks when a Temperature between 90° and 100° F? 🔛 Yes 🗔 No, Enter Remark	Collection: Split Si		
REMARKS	and the second		
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector da STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AN			TEP 5 on Copy 2 (MRO Copy)
l certify that the specimen given to me by the donor identified in the ce labeled, sealed and released to the Delivery Service noted in accorda.	artification section on Copy 2 of #	his form was collected,	SPECIMEN BOTTLE(S) RELEASED TO:
X Signature of Col	lector	Al	-
-		PI	м
(PRINT) Collector's Name (First, Mi, Last) STEP 5: COMPLETED BY DONOR	Date (Mo/DayYr)	Time of Collection	Name of Delivery Service
X Signature of Ocner		e & Manne (First, SM, Last)	Dete (No/Day/Yr)
Daytime Phone No. () Ever After the Medical Review Officer receives the test results for th over-the-counter medications you may have taken. Therefore, NECESSARY, if you choose to make a list, do so either on a t NFORMATION ON THE BACK OF ANY OTHER COPY OF T	you may want to make a list soparate piece of paper or o	form, he/she may conta of those medications for in the back of your copy	your own records. THIS LIST IS NOT
STEP & COMPLETED BY MEDICAL REVIEW OFFICER - PRIMA			
In accordance with applicable Federal requirements, my verification is:	:		
NEGATIVE POSITIVE for: DILUTE			
REFUSAL TO TEST because - check reason(s) below:			TEST CANCELLED
ADULTERATED (adultorant/reason): SUBSTITUTED OTHER:			
SUBSTITUTED			
SUBSTITUTED			i 1
SUBSTITUTED OTHER:	(PRINT) Medical Re SPECIMEN	riov Officer's Name (First, 58, Las	n) Date (Mc/Day/Yr)
SUBSTITUTED OTHER: SIgnature of Medical Review Officer Step 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT In accordance with applicable Federal requirements, my verification for	(PRINT) Medical Re SPECIMEN	riow Officer's Name (First, 58, Las	in)
	(PRINT) Medical Re- SPECIMEN The split spectmen (if tested) is:	riow Officer's Name (First, 58, Las	
SUBSTITUTED OTHER: OTHER: Signature of Medical Review Officer STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT In accordance with applicable Federal requirements, my verification fo RECONFIRMED for:	(PRINT) Medical Re SPECIMEN If the split specimen (if lested) is:	riow Officer's Name (First, 58, Las	
SUBSTITUTED OTHER: OTHER: REMARKS: Signature of Medical Review Officer STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT In accordance with applicable Federal requirements, my verification fo RECONFIRMED for: FAILED TO RECONFIRM for:	(PRINT) Medical Re SPECIMEN If the split specimen (if lested) is:	riow Officer's Name (First, 58, Las	

COPY 5 - DONOR COPY

Back of Copy 5

Instructions for Completing the Federal Drug Testing Custody and Control Form

When making entries use black or blue ink pen and press firmly

Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory are on the top of the Federal CCF and the Specimen identification (I.D.) number on the top of the Federal CCF matches the Specimen I.D. number on the label(s)/seal(s).

STEP 1:

- Collector ensures that the required information is in STEP 1. Collector enters a remark in STEP 2 if Donor refuses to provide his/her SSN or Employee I.D. number.
- Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the remarks line STEP 2. If the Donor's conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the remarks line in STEP 2 and takes action as required.

STEP 2:

- Collector checks specimen temperature within 4 minutes after receiving the specimen from Donor and marks the appropriate temperature box in STEP 2. If the temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the remarks line in STEP 2 and takes action as required. Any specimen with unusual physical characteristics (e.g., unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing, as required.
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency, Collector takes action as required and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the *None Provided* box, enters a remark in STEP 2, discards Copy 1, and distributes remaining copies as required.
- Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label(s)/seal(s) on the specimen bottle(s).
- Collector dates the specimen bottle label(s) after placement on the specimen bottle(s).
- Donor initials the specimen bottle label(s) after placement on the specimen bottle(s).
- Collector turns to Copy 2 (Medical Review Officer Copy) and instructs the Donor to read and complete the certification statement in STEP 5 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

STEP 4:

 Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service), places the sealed specimen bottle(s) and Copy 1 in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

Privacy Act Statement: (For Federal Employees Only)

Submission of the requested information on the attached form is voluntary. However, incomplete submission of the requested information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the urine specimen provided for testing for the presence of illegal drugs. If you refuse to indicate your SSN, a substitute number or other

identifier will be assigned, as required, to process the specimen.

Public Burden Statement

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average 5 minutes/donor, 4 minutes/collector, 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland 20857.

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Prior to an inspection, a laboratory is required to submit specific information regarding its laboratory procedures. Collecting this information prior to an inspection allows the inspectors to thoroughly review and understand the laboratory's testing procedures before arriving at the laboratory.

The annual total burden estimates for the Federal Drug Testing Custody and

Control Form, the NLCP application, the NLCP inspection checklist, and NLCP recordkeeping requirements are shown in the following table.

Form/respondent	Burden/ response (hrs.)	Number of responses	Total annual burden (hrs.)
Custody and Control Form:			
Donor	.08	7,096,000	567,680
Collector	.07	7,096,000	496,720
Laboratory	.05	7,096,000	354,800
Medical Review Officer	.05	7,096,000	354,800
Laboratory Application	3.00	3	9
Laboratory Inspection Checklist	3.00	100	300
Laboratory Recordkeeping	250.00	50	12,500
Total			1,786,809

Written comments and recommendations concerning the proposed information collection should be sent by August 16, 2010 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: July 12, 2010.

Dennis O. Romero,

Deputy Director, Office of Program Services. [FR Doc. 2010–17400 Filed 7–15–10; 8:45 am]

BILLING CODE 4162-20-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 (240) 276–1243.

Project: Pretesting of Substance Abuse Prevention and Treatment and Mental Health Services Communication Messages—(OMB No. 0930–0196)— Extension

As the Federal agency responsible for developing and disseminating authoritative knowledge about substance abuse prevention, addiction treatment, and mental health services and for mobilizing consumer support and increasing public understanding to overcome the stigma attached to addiction and mental illness, the Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for development and dissemination of a wide range of education and information materials for