**Liability and Indemnification**: By participating in this Challenge, each Solver agrees to assume any and all risks and waive claims against the federal government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from participation in this Challenge, whether the injury, death, damage, or loss arises through negligence or otherwise. By participating in this Challenge, each Solver agrees to indemnify the federal government against third party claims for damages arising from or related to Challenge activities.

**Insurance**: Based on the subject matter of the Challenge, the type of work that it will possibly require, as well as an analysis of the likelihood of any claims for death, bodily injury, or property damage, or loss potentially resulting from competition participation. Solvers are not required to obtain liability insurance or demonstrate financial responsibility in order to participate in this Challenge.

**Privacy, Data Security, Ethics, and Compliance**: Solvers are required to identify and address privacy and security issues in their proposed projects and describe specific solutions for meeting them. In addition to complying with appropriate policies, procedures, and protections for data that ensures all privacy requirements and institutional policies are met, use of data should not allow the identification of the individual from whom the data was collected. Solvers are responsible for compliance with all applicable federal, state, local, and institutional laws, regulations, and policies. These may include, but are not limited to, Health Information Portability and Accountability Act (HIPAA) protections.

**National Institutes of Health**

**Submission for OMB Review; 30-Day Comment Request; The Genetic Testing Registry**

**SUMMARY**: Under the provisions of Section 3507(a)(1)(D) of 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. This proposed information collection was previously published in the Federal Register on November 25, 2014, page 70194 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 Office of the Director (OD), National Institutes of Health, 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 OMB control number.

**Direct Comments to OMB**: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to: Office of Management and Budget, Office of Regulatory Affairs, OIRA_submission@omb.eop.gov or by fax to 202–395–6974, Attention: NIH Desk Officer.

**Comment Due Date**: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

**FOR FURTHER INFORMATION CONTACT**: To obtain a copy of the data collection plans and instruments or request more information on the proposed project contact: Ms. Sarah Carr, Acting Director, Office of Clinical Research and Bioethics Policy, Office of Science and Technology Policy, NIH, 6705 Rockledge Dr., Suite 750, Bethesda, MD 20892, or call non-toll-free number (301) 496–9838, or Email your request, including your address to: OCRBP-OSP@od.nih.gov. Formal requests for additional plans and instruments must be requested in writing.

**Proposed Collection**: The Genetic Testing Registry, 0925–0651, EXTENSION—Office of the Director (OD), National Institutes of Health (NIH).

**Need and Use of Information Collection**: Clinical laboratory tests are available for more than 5,000 genetic conditions. The Genetic Testing Registry (GTR) provides a centralized, online location for test developers, manufacturers, and researchers to voluntarily submit detailed information about the availability and scientific basis of their genetic tests. The GTR is of value to clinicians by providing information about the accuracy, validity, and usefulness of genetic tests. The GTR also highlights evidence gaps where additional research is needed.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 5,536.
DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Cancer Institute Board of Scientific Advisors, March 11, 2015, 9:00 a.m. to March 11, 2015, 5:00 p.m., National Institutes of Health, Building 31, 31 Center Drive, Bethesda, MD 20892 which was published in the Federal Register on February 19, 2015, 80FR8889.

This Notice is being amended to change the start time of the meeting from 9:00 a.m. to 8:30 a.m. The meeting is open to the public.

Dated: February 24, 2015.

Melanie J. Gray,
Program Analyst, Office of Federal Advisory Committee Policy.

FOR FURTHER INFORMATION CONTACT: Carolyn Baum, Program Analyst, Office of Federal Advisory Committee Policy.

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 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 (IITF) currently certified to meet the standards 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); September 30, 1997 (62 FR 51118); April 13, 2004 (69 FR 6144); November 25, 2008 (73 FR 71858); December 10, 2008 (73 FR 75122); and on April 30, 2010 (75 FR 22809).

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 from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory or IITF 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://beta.samhsa.gov/workplace.

FOR FURTHER INFORMATION CONTACT: Giselle Hersh, Division of Workplace Programs, SAMHSA/CSAP, Room 7–1051, One Choke Cherry Road.

---

**ESTIMATED ANNUALIZED BURDEN HOURS**

<table>
<thead>
<tr>
<th>Type of respondent</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
<th>Total annual burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Personnel Using Bulk Submission</td>
<td>Minimal Fields</td>
<td>190</td>
<td>29</td>
<td>18/60</td>
<td>1,653</td>
</tr>
<tr>
<td>Laboratory Personnel Using Bulk Submission</td>
<td>Optional Fields</td>
<td>159</td>
<td>29</td>
<td>14/60</td>
<td>1,076</td>
</tr>
<tr>
<td>Laboratory Personnel Not Using Bulk Submission</td>
<td>Minimal Fields</td>
<td>116</td>
<td>29</td>
<td>30/60</td>
<td>1,682</td>
</tr>
<tr>
<td>Laboratory Personnel Not Using Bulk Submission</td>
<td>Optional Fields</td>
<td>97</td>
<td>29</td>
<td>24/60</td>
<td>1,125</td>
</tr>
</tbody>
</table>


Lawrence A. Tabak,
Deputy Director, National Institutes of Health.

[FR Doc. 2015–04170 Filed 2–27–15; 8:45 am]

BILLING CODE 4140–01–P