The patent rights in these inventions have been assigned to the Government of the United States of America. The prospective exclusive patent license territory may be worldwide and in a field of use limited to catheter-based intramyocardial ablation, for treating ventricular arrhythmia in a human.

This patent license covers two patent estates as shown above, namely the invention described in the E–017–2024 estate, and the invention described in the E–061–2022 estate. ''Intramural substrates'' are the crux of the clinical challenge addressed by the subject patent estates and the proposed field of use. Specifically, these intramural substrates are the electrically conducting and hard-to-reach arrhythmogenic tissue located within the depth of the myocardial wall—the mid-myocardium—rather than on the endocardial (inner) or epicardial (outer) surfaces. The inventions being exclusively licensed herein provide a catheter-based system and method to access these intramyocardium tissues, and a synchronous circumferential intramyocardial resynchronization and pacing (SCIRP) system intended to improve cardiac resynchronization therapy. Both of these inventions together provide a new and improved device, system and method to enable electrophysiologists to access and treat arrhythmogenic intramural substrates located within the ventricular myocardial wall, which currently is not systematized.

The invention described in E–017–2024, for which we have 3 provisional applications, 3 PCT applications, a pending U.S. national stage application and a pending European national stage application, covers a catheter-based system and method for performing ablation directly within the intramyocardium and particularly targeting ventricular tachycardia that is otherwise difficult to reach using existing ablation devices and methods. The system, referred to as VINTAGE (Ventricular Intramyocardial Navigation for Tachycardia Ablation Guided by Electrograms), principally uses a small flexible ablation microcatheter that tracks coaxially over a steerable, electrically insulated guidewire. Proximal to the catheter tip are mapping electrodes and a conductive ablation electrodes with perforations that can elute irrigants directly into the surrounding myocardial tissue. The physician navigates to the desired deep target using fluoroscopy, ultrasound, electroanatomic mapping and/or electrogram-based depth navigation (EDEN); once the ablation electrode reaches the target, irrigant is delivered through its openings and radiofrequency energy applied while irrigation continues, producing a controlled lesion in the abnormal tissue responsible for the arrhythmia. The irrigant may be an electrolyte acting to alter the electrical and/or physicochemical characteristics of the target myocardial substrate (such as increasing ionic conductivity), act as a thermo-conductive ''virtual ablation electrode'', or may alternatively be a caustic agent intended to effect adjunctive chemoablation.

The invention described in E–061–2022, for which we have a PCT application, a pending U.S. national stage application, a pending Isreali national stage application and a pending European application, covers a synchronous circumferential intramyocardial resynchronization and pacing (SCIRP) system intended to improve cardiac resynchronization therapy by placing a flexible, multi-electrode pacing lead inside the ventricular myocardium rather than on an endocardial or epicardial surface. The lead contains multiple small ring electrodes and is implanted along a curved trajectory that can extend at least 180 degrees—and potentially substantially around the circumference—of the left ventricle, including through the interventricular septum near the His bundle or left bundle branch. Of particular import is the ability to introduce these electrodes into the ventricular intramural spaces through a navigated guidewire introduced through the myocardium using electrograms or pace mapping, and leaving the electrode-bearing lead embedded in the heart muscle. A multichannel pulse generator then energizes selected myocardium implanted electrodes in unipolar or bipolar configurations directly stimulate ventricular muscle and, where appropriately positioned, the native His/LBB conduction system. In essence, instead of trying to resynchronize the ventricle from a few conventional surface pacing sites, the invention creates an intramyocardial array of pacing sites distributed around the ventricle, intended to re homogenize synchronization.

This notice is made in accordance with 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive patent license will be royalty bearing and may be granted unless within thirty (30) days from the date of this published notice, the NHLBI 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 part 404.

Complete applications for a license in the prospective field of use that are timely filed in response to this notice will be treated as objections to the grant of the contemplated exclusive patent 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: October 28, 2026.

Michael Shmilovich,

Acting Director, National Heart, Lung, and Blood Institute, Office of Technology Transfer and Development, National Institutes of Health.

[FR Doc. 2026–22339 Filed 10–30–26; 8:45 am]

BILLING CODE 4167–05–P

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 and Oral Fluid 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) provides notice of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and the laboratories currently certified to meet the standards of the Mandatory Guidelines using Oral Fluid.

FOR FURTHER INFORMATION CONTACT: Anastasia Flanagan, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N06B, Rockville, Maryland 20857; 240–276–2600 (voice); *Anastasia.Flanagan@samhsa.hhs.gov* (email).

SUPPLEMENTARY INFORMATION: The Department of Health and Human Services (HHS) publishes a notice listing all HHS-certified laboratories and Instrumented Initial Testing Facilities (IITFs) in the **Federal Register** monthly, in accordance with Section 9.19 of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and Section 9.17 of the Mandatory Guidelines using Oral Fluid. 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 *https://www.samhsa.gov/workplace/drug-testing-resources/certified-lab-list.*

The Mandatory Guidelines using Urine 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 19644); November 25, 2008 (73 FR 71858); December 10, 2008 (73 FR 75122); April 30, 2010 (75 FR 22809); January 23, 2017 (82 FR 7920); and on October 12, 2023 (88 FR 70768).

The Mandatory Guidelines using Oral Fluid were first published in the **Federal Register** on October 25, 2019 (84 FR 57554) with an effective date of January 1, 2020, and subsequently revised in the **Federal Register** on October 12, 2023 (88 FR 70814).

The Mandatory Guidelines were initially developed in accordance with Executive Order 12564 and section 503 of Public Law 100–71 and allowed urine drug testing only. The Mandatory Guidelines using Urine have since been revised, and new Mandatory Guidelines allowing for oral fluid drug testing have been published. The Mandatory Guidelines require strict standards that laboratories and IITFs must meet in order to conduct drug and specimen validity tests on specimens for Federal agencies. HHS does not allow IITFs to conduct oral fluid testing.

To become certified, an applicant laboratory or IITF must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification, a laboratory or IITF must participate in a quarterly performance testing program plus undergo periodic, on-site inspections.

Laboratories and IITFs in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines using Urine and/or Oral Fluid. An HHS-certified laboratory or IITF must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA), which attests that the test facility has met minimum standards.

HHS-Certified Laboratories Approved To Conduct Oral Fluid Drug Testing

In accordance with the Mandatory Guidelines using Oral Fluid effective October 10, 2023 (88 FR 70814), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on oral fluid specimens:

At this time, there are no laboratories certified to conduct drug and specimen validity tests on oral fluid specimens.

HHS-Certified Instrumented Initial Testing Facilities Approved To Conduct Urine Drug Testing

In accordance with the Mandatory Guidelines using Urine effective February 1, 2024 (88 FR 70768), the following HHS-certified IITFs meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

Dynacare, 6628 50th Street NW, Edmonton, AB Canada T6B 2N7, 780–784–1190, (Formerly: Gamma-Dynacare Medical Laboratories), *Note: DOT does not allow IITFs to test DOT-regulated specimens.*

HHS-Certified Laboratories Approved To Conduct Urine Drug Testing

In accordance with the Mandatory Guidelines using Urine effective February 1, 2024 (88 FR 70768), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

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

Clinical Reference Laboratory, Inc., 8433 Quivira Road, Lenexa, KS 66215–2802, 800–445–6917

Desert Tox, LLC, 5425 E Bell Rd, Suite 125, Scottsdale, AZ, 85254, 602–457–5411/623–748–5045

DrugScan, Inc., 200 Precision Road, Suite 200, Horsham, PA 19044, 800–235–4890

Dynacare, 245 Pall Mall Street, London, ONT, Canada N6A 1P4, 519–679–1630, (Formerly: Gamma-Dynacare Medical Laboratories)

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

LabOne, Inc. d/b/a Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS 66219, 913–888–3927/800–873–8845, (Formerly: Quest Diagnostics Incorporated; LabOne, Inc.; Center for Laboratory Services, a Division of LabOne, Inc.)

Laboratory Corporation of America Holdings, 7207 N Gessner Road, Houston, TX 77040, 713–856–8288/800–800–2387

Laboratory Corporation of America Holdings, 1904 TW 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)

MedTox Laboratories, Inc., 402 W County Road D, St. Paul, MN 55112, 651–636–7466/800–832–3244

Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, MN 55417, 612–725–2088, Testing for Veterans Affairs (VA) Employees Only

Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800–328–6942, (Formerly: Centinela Hospital Airport Toxicology Laboratory)

Phamatech, Inc., 15175 Innovation Drive, San Diego, CA 92128, 888–635–5840

US Army Forensic Toxicology Drug Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755–5235, 301–677–7085, Testing for Department of Defense (DoD) Employees Only

Carlos Castillo,

Public Health Analyst, OAS.

[FR Doc. 2026–22321 Filed 10–30–26; 8:45 am]

BILLING CODE 4160–20–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Citizenship and Immigration Services

[OMB Control Number 1615–0120]

Agency Information Collection Activities; Extension, Without Change, of a Currently Approved Collection: Application for Free Training for Civics and Citizenship Teachers of Adults; Civics and Citizenship Toolkit

AGENCY: U.S. Citizenship and Immigration Services, Department of Homeland Security.

ACTION: 30-Day notice.

SUMMARY: The Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS) will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and clearance in accordance