***SUBMISSION OF INFORMATION COLLECTION***

***UNDER GENERIC CLEARANCES***

***DATE OF REQUEST:*** 04/20/2009

***SUB AGENCY (I/C):*** National Library of Medicine (Lister Hill National Center for Biomedical Communications)

***TITLE:*** Current Needs in the NIH Roadmap Molecular Libraries and Imaging Initiative – Survey of MICAD (Molecular Imaging and Contrast Agent Database) Users

***GENERIC CLEARANCE UNDER OMB#*** ­ 0925-0476 -011 ***EXP. DATE:*** 07/31/2009

# ***ABSTRACT:***

The NIH Roadmap Molecular Libraries and Imaging Initiative Working Group is requesting input from the scientific community to help identify crucial needs, gaps and roadblocks to the field of chemical genomics and related research. The questions are intended to assess satisfaction levels with various components of the Initiative, and the responses are expected to reveal gaps and highlight opportunities for enhancement. The information collected will increase our understanding of the levels of community satisfaction with each ML component, which will aid in identifying specific, achievable goals to enhance the Initiative and ultimately advance and transform the chemical genomics field. Stakeholder input is vital to address unique challenges for the Initiative that no other entity is likely to be able to successfully conduct. The proposed questions will generate knowledge to move the field forward. NIH wants to broadly advance the field, and in keeping with the missions of the individual institutes and the NIH and DHHS as a whole, to benefit and improve the health of the nation.

***TOTAL ANNUAL BURDEN APPROVED:*** 2680 hours

***BURDEN USED TO DATE:*** 1070.25

***BURDEN THIS REQUEST:*** 17.75

***IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?***

\_\_\_\_\_\_YES \_\_\_\_\_\_NO\_\_X\_\_N/A

***OBLIGATION TO RESPOND:***

\_\_X\_\_ VOLUNTARY

\_\_\_\_\_\_ REQUIRED TO OBTAIN OR RETAIN BENEFITS

\_\_\_\_\_\_ MANDATORY

***HOW WILL THIS SURVEY BE OFFERED?***

\_\_X\_\_ WEB SITE

\_\_\_\_\_ TELEPHONE INTERVIEW

\_\_\_\_\_ MAIL RESPONSE

\_\_\_\_\_ IN PERSON INTERVIEW

\_\_\_\_\_ OTHER: Email, fax

***CONTACT INFORMATION:***

NAME: \_\_Mary Ellen Perry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_301-435-5082\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_perryma@mail.nih.gov\_\_\_\_\_\_\_\_\_\_\_