

**GENERIC SUB-STUDY SUBMISSION – 0925-0046, Expiration Date 5/31/2016**

**DATE OF REQUEST:** 3/14/2014

**SUB AGENCY (I/C):** NIH/NCI/Division of Cancer Biology (DCB)

**TITLE OF SUB-STUDY:** Customer Feedback of the National Cancer Institute’s Mouse Models of Human Cancers Consortium (NCI-MMHCC) Program

**GENERIC CLEARANCE UNDER OMB #0925-0046-06**

**EXP. DATE:** 5/31/2016

<b>TOTAL BURDEN APPROVED:</b>	6,600 hours
<b>BURDEN APPROVED TO DATE:</b>	713 hours
<b>BURDEN FOR THIS REQUEST:</b>	292 hours

**ABSTRACT:**

In 2014, The National Cancer Institute’s Mouse Models of Human Cancer Consortium (NCI-MMHCC) program, under the Division of Cancer Biology, will end. With the program ending there will no longer be a central focus for the mouse modeling program. DCB wants to explore establishing a new program that would evolve and maintain an open Oncology Models Forum that addresses mouse model issues for all cancer research communities. The in-depth interviews would provide information that informs how the NCI formulates a new program and delivers services, resources, educational products, and opportunities for cross-community collaborations (connecting mouse oncology modeling experts with members of other oncology communities). This fits under the scope of NCI’s Generic Submission for Formative Research, Pretesting and Customer Satisfaction to “determine the level of customer satisfaction with products that help NCI identify strategies for improving the accessibility of materials/programs, their user-friendliness, and their relevance to the needs of ...health care professionals.”

<b>IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?</b> ____ YES <input checked="" type="checkbox"/> NO _____ N/A	<b>IS PERSONALLY IDENTIFIABLE INFORMATION (PII) BEING COLLECTED?</b> ____ YES <input checked="" type="checkbox"/> NO _____ N/A
<b>OBLIGATION TO RESPOND:</b> <input checked="" type="checkbox"/> VOLUNTARY ____ REQUIRED TO OBTAIN OR RETAIN BENEFITS ____ MANDATORY	<b>TYPE OF COLLECTION/RESEARCH (Check one or more)?</b> <input checked="" type="checkbox"/> CUSTOMER SATISFACTION ____ USABILITY TESTING ____ FOCUS GROUPS <input checked="" type="checkbox"/> PRETESTING ____ FORMATIVE RESEARCH
<b>HOW WILL THIS SURVEY BE OFFERED?</b> ____ WEB SITE <input checked="" type="checkbox"/> TELEPHONE INTERVIEW ____ MAIL RESPONSE ____ IN PERSON INTERVIEW ____ OTHER: _____	
<b>CONTACT INFORMATION:</b> NAME: Cheryl Marks TELEPHONE NUMBER: 240-276-6217 EMAIL ADDRESS: Cheryl_Marks@NIH.gov	