

**GENERIC SUB-STUDY SUBMISSION – 0925-XXXX, Expiration Date xx/xx/20xx**

**DATE OF REQUEST:** Date

**SUB AGENCY (I/C):** NIH/NCI/Division

**TITLE OF SUB-STUDY:** Title

**GENERIC CLEARANCE UNDER OMB #0925-xxxx-xx**

**EXP. DATE:** xx/xx/20xx

**TOTAL ANNUAL BURDEN APPROVED:**

**BURDEN APPROVED TO DATE:**

**BURDEN FOR THIS REQUEST:**

X hours

X hours

X hours

**ABSTRACT:**

Briefly describe the information collection including background, purpose, why it is needed, use to which it will be put, type of participants, methodology and research instrument or form.

This form should be 1 page.

<b>IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?</b> ____ YES ____ NO ____ N/A	<b>IS PERSONALLY IDENTIFIABLE INFORMATION (PII) BEING COLLECTED?</b> ____ YES ____ NO ____ N/A
<b>OBLIGATION TO RESPOND:</b> ____ VOLUNTARY ____ REQUIRED TO OBTAIN OR RETAIN BENEFITS ____ MANDATORY	<b>TYPE OF COLLECTION/RESEARCH (Check one or more)?</b> ____ CUSTOMER SATISFACTION ____ USABILITY TESTING ____ FOCUS GROUPS ____ PRETESTING ____ FORMATIVE RESEARCH ____ QUESTIONNAIRE DEVELOPMENT ____ PERFORMANCE MEASUREMENT ____ PROGRAM MONITORING ____ OTHER: _____
<b>HOW WILL THIS SURVEY BE OFFERED?</b> ____ WEB SITE ____ TELEPHONE INTERVIEW ____ MAIL RESPONSE ____ IN PERSON INTERVIEW ____ OTHER: _____	
<b>CONTACT INFORMATION:</b> NAME: Name TELEPHONE NUMBER: ? EMAIL ADDRESS: ?	