

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1027)**

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**TITLE OF INFORMATION COLLECTION:** – Customer Service Satisfaction Assessment of TB Laboratory Site Visits conducted by CDC Laboratory Consultants-**Online Survey**

**PURPOSE:** To assess customer satisfaction following site visits to Tuberculosis (TB) Public Health Laboratories (PHL) by CDC Laboratory Capacity Team (LCT) Consultants. Stakeholders consist of state, city, and local TB laboratory supervisors or their designees, who are supported, in part, by CDC TB Elimination and Laboratory Cooperative Agreement. Analysis of data and incorporation of suggestions by stakeholders will guide changes to improve the site visit process by allowing LCT Consultants to ask more relevant questions, suggest useful recommendations, and provide better targeted resources.

A web-based questionnaire will be designed and administered by the LCT using SurveyMonkey software. The questionnaire contains 13 multiple choice or fill in the blank questions (**appendices 1&2**). The questionnaire link will be emailed to TB laboratory supervisors or their designees within five working days following a site visit by a LCT consultant. Responses will be automatically compiled by SurveyMonkey and then exported to Excel and SPSS for detailed analysis.

Data will be analyzed by CDC project officer and/or CDC project team members and discussed internally within Laboratory Branch and DTBE.

**DESCRIPTION OF RESPONDENTS:** CDC will field its customer service survey to a total of 58 state, city, and local TB laboratory supervisors or their designees who are supported, in part, by CDC TB Elimination and Laboratory Cooperative Agreement.

**TYPE OF COLLECTION:** (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey - Online |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                           |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other:__   |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

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To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected?  Yes  No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
- 3. If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

No honorarium will be provided for participants of the online survey.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
PHL	58	10/60	9.7
<b>Totals</b>	<b>58</b>	<b>10/60</b>	<b>9.7</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$17,000.

This estimate is based on the number of hours for instrument development, pilot testing, OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation by a Microbiologist (GS 13).

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

- 1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  Yes  No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The respondent universe includes all 58 state, local, and territorial public health laboratory TB supervisors or their designees who are supported, in part, by CDC TB Elimination and Laboratory Cooperative Agreement.

**Administration of the Instrument**

- 1. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain
- 2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**