

**Request for Approval under the “United States and Global Human Influenza Surveillance in at-risk Settings” (OMB#: 0925-XXX Exp Date: XX/XXX)**  
**TITLE OF INFORMATION COLLECTION:**

**PURPOSE:**

**DESCRIPTION OF RESPONDENTS:**

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

- Patient Survey/Questionnaire                       Chart Abstraction – Laboratory Information  
 Chart Abstraction – Demographic                       Chart Abstraction – Clinical Visit Data  
 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.

Name: \_\_\_\_\_

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

**Gifts or Payments:**

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

Amount: \_\_\_\_\_

Explanation for incentive: (include number of visits, etc.)

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
<b>Totals</b>				

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
<b>Totals</b>			

\*Cite source per bls.gov if applicable

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_\_

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
<b>Contractor Cost</b>					
Travel					
Other Cost					

**The selection of 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?

### **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
- Survey form
- Chart Abstraction
- Other, Explain

2. Will interviewers, facilitators, or research coordinators be used?  Yes  No

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

## **Instructions for completing Request for Approval under the “United States and Global Human Influenza Surveillance in at-risk Settings”**

**PLEASE DO NOT SUBMIT INSTRUCTIONS WITH FINALREQUEST**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS and COSTS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector ( for profit or not-for-profit); (3) State, local, or tribal governments; or (4) Federal Government. **Only one type of respondent can be selected per row.**

**No. of Respondents:** Provide an estimate of the number of respondents.

**Average Burden per Response:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group). Describe the amount in fractions if the time is less than an hour (e.g., 5 minutes would be 5/60)

**Total Burden Hours:** Provide the number of burden hours by multiplying the # of responses x the # of responses per respondent x the average burden per response.

**Burden Cost:** Multiply Total Burden Hours x Wage Rate to get the Total Burden Cost.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government. Fill out table to itemize the Federal cost of the collection. At a minimum there should be Federal cost.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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