Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0923-0047)

TITLE OF INFORMATION COLLECTION: 2018 Customer Satisfaction Survey for CDC NCEH NSMBB Laboratory Accredited to ISO 17043 (Proficiency Testing)

PURPOSE: To collect customer satisfaction information about the quality of proficiency testing (PT) services provided CDC Newborn Screening and Molecular Biology Branch (NCEH/DLS).

External customers will be asked to rate the services they received in terms of (i) convenience, (ii) ease of use of request for participation form, (iii) timeliness, (iv) ease of using the PT reports, (v) accessibility of CDC subject matter experts to assist with interpreting reports, and (vi) overall impression of PT services. Customers will also have the opportunity to provide (vii) open-ended comments.

Findings will be used to identify areas for improvement and to improve customer satisfaction. The lab is currently accredited according to the International Organization for Standardization (ISO, sic) 17043 standard, "Conformity Assessment-General Requirements for Proficiency Testing." ISO accreditation requirements include communication with customers as one element of an overall quality management plan. The customer satisfaction survey is designed to meet this requirement.

DESCRIPTION OF RESPONDENTS:

Some of these individuals will be laboratorians of state or local public health laboratories. In most cases international participants who receive PT materials and submit results to CDC laboratories would also receive the survey.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form	[X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software	[ ] Small Discussion Group
[] Focus Group	[ ] 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.

Name: _____

John Bernstein, Quality Manager, CDC/NCEH/DLS/NSMBB

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
   Participants will have the option of voluntarily providing their position, city/state, and email address in their official capacity as public health laboratorians.
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 [X] No

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
Laboratorian who submits PT results to NSMBB	3,500	10/60	583 hrs
Totals	**3,500**	**10/60**	**583 hrs**

FEDERAL COST: The estimated annual cost to the Federal government is nominal. Survey responses will be collected and analyzed by CDC employees in conjunction with their normal duties.

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?
   [X] 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 survey will be sent at the end of proficiency testing events when notifying participants that PT reports are ready. An invitation to complete a customer satisfaction survey will be sent to all entities that utilize services for ISO 17043 PT. Emails to participants (Attachment A1) will contain the following notice: "Customer Survey: As part of our continual improvement program, we solicit customer feedback. We would like to invite you to complete our customer survey at https://www.surveymonkey.com/r/Lab_Sat. Participants may also receive paper notification of the survey and would take part by entering the web address from the notice into their internet

browser (Attachment A2). For electronic responses, the notice contains a direct link to the survey in SurveyMonkey (Attachment B1 – Online).

Based on CDC review of the last 12 months of PT participation, we estimate receipt of up to 3,500 surveys in this round of PT service. The majority of respondents (health departments) will send multiple samples to CDC for testing. Each report of findings will include a separate invitation to complete the customer satisfaction survey. This will allow us to conduct independent assessments of each type of service. Although we will know the entities that are in the respondent pool (i.e., which entities submitted result to CDC and received PT reports), we will not necessarily be able to associate respondents with specific responses. Respondents will have the option of voluntarily providing their position, city/state, and email address with their comments.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   [X] Web-based or other forms of Social Media
   [ ] Telephone
   [ ] In-person
   [ ] Mail (hardcopy)
   [ ] Other

2. Will interviewers or facilitators be used? [ ] Yes [X] No

List of Attachments

Attachment A1. Email Solicitation
Attachment A2. Hardcopy Solicitation
Attachment B1. Survey (online)
Attachment B2. Survey (hardcopy in Word)
Attachment C. Research Determination

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

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

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:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.
No. of Respondents: Provide an estimate of the Number of respondents.
Participation Time: 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)
Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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.