

**Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”**  
**(OMB#: 0925-0740 Exp Date: 05/31/2019)**

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**TITLE OF INFORMATION COLLECTION:**

Registration and Abstract Submission for Poster Session for Metabolomics Meeting

**PURPOSE:**

The purpose of this information collection is to collect general registrant information (e.g., name, affiliation, and contact information) and research abstracts from investigators attending the second Consortium of METabolomics Studies (COMETS) Scientific Meeting. The goal of the meeting is for investigators to discuss emerging science, current projects and progress, and establish collaborations with investigators leading initiatives outside of COMETS. Investigators submitting the registration form will also be invited to submit an abstract for inclusion in the poster session.

An email will be sent to registrants that will include the abstract submission form as well as the registration link. Prospective applicants will be asked register electronically at <https://www.eventbrite.com/e/establishing-collaborations-for-a-new-era-of-population-based-metabolomics-research-tickets-45593484339>.

**DESCRIPTION OF RESPONDENTS:**

The respondents are health researchers from varied disciplines.

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

Abstract

Application

Registration Form

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: Krista Zanetti, Program Director, PhD., MPH, RD

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:   n/a  

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
Individuals without Abstracts	65	1	5/60	5
Individuals with Abstracts	30	1	20/60	10
<b>Totals</b>	<b>95</b>	<b>95</b>		<b>15</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	15	\$33.49	\$502.35
<b>Totals</b>	<b>15</b>		<b>\$502.35</b>

\* The total annualized cost to all respondents is \$502.35. This cost was calculated using a wage rate of \$33.49 per hour, which was obtained from the May 2017 Bureau of Labor Statistics website (<https://www.bls.gov/oes/current/oes191041.htm>), for the title “Epidemiologists,” occupation code 19-1041.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,841.00.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director [oversight]	GS 14/5	\$129,869	1.0		\$1299
CRTA Fellow [Receiving, organizing, and responding to applications]	-----	\$54,200	1.0		\$542
<b>Contractor Cost</b>					<b>\$0</b>
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$1841</b>

### **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?

Registrants will be invited to submit an abstract for inclusion in the meeting schedule.

### **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.**