

Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”

(OMB#: 0925-0740 Exp Date: 05/2019)

TITLE OF INFORMATION COLLECTION:

5th NCI Pancreatic Cancer Symposium

PURPOSE:

The purpose of the 5th NCI Pancreatic Cancer Symposium is to provide an opportunity to bring together the leaders and young investigators including basic researchers and clinical scientists in the field from NCI/NIH and extramural community to exchange information and understand the latest advances in tumor biology, epidemiology, early detection and treatment of pancreatic cancer. The meeting will provide a forum to foster collaborations and address future challenges in improving disease outcomes in patients with pancreatic cancer.

Registration will be completed through an online conference registration form. A subset of registrants will also include an abstract which will be included in a poster session.

DESCRIPTION OF RESPONDENTS:

Scientists, Researchers, PIs, academia, postdocs

TYPE OF COLLECTION: (Check *all that applies*)

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: Lin Grove & Julia Lam

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
Individuals (Registration)	100	1	5/60	8
Individuals (Abstract)	15	1	5/60	1
Totals	100	100		9

Form Name	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	9	\$45.64	\$410.85
Totals			\$410.85

* The mean hourly was calculated based upon Occupation Code for Medical Scientist (19-1040) in Bureau of Labor and Statistics https://www.bls.gov/oes/2017/May/oes_nat.htm

FEDERAL COST: The estimated annual cost to the Federal government is \$2,298.69

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	14/5	\$129,869	1%		\$1,298.69
Contractor Cost					\$1,000
Travel					\$0
Other Cost					\$0
Total					\$2,298.69

** <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx>

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?

[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?

This meeting is advertised through NIH/NCI and NCI Frederick listservs, individual labs, and committee members.

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.