

**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:**

Workshop Registration and Abstract for Collaborations in Metabolomics Event

**PURPOSE:**

The goal of *Building International Collaborations in Metabolomics: An Epidemiological Perspective* is to provide an opportunity where both COMETS and BBMRI-NL investigators who have common interests and face similar challenges in the field can: 1) share general knowledge about the initiatives; 2) exchange best practices for metabolomics studies with an epidemiology study design; and 3) establish new research collaborations.

This is a one-day event that will include scientific sessions highlighting both consortia, a poster session, and a facilitated discussion to identify future collaborations between the two groups. The information being collected will be:

- Name and cohort affiliation
- Registration confirmation
- Proposed abstract for the meeting Poster Session

Prospective applicants will be asked to submit their materials electronically by emailing them to the programmatic staff located at NCI.

**DESCRIPTION OF RESPONDENTS:**

The respondents are health researchers from varied disciplines.

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

Abstract  
 Registration Form

Application  
 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

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 [ X] No

**ESTIMATED BURDEN HOURS and COSTS**

Form	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Registration and Abstract	Individuals – Health Researchers	95	1	20/60	32
<b>Totals</b>		<b>95</b>	<b>95</b>		<b>32</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals – Health Researchers	32	\$33.49	\$1,071.68
<b>Total</b>			<b>\$1,071.68</b>

\*\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Epidemiologists” 19-1041, [https://www.bls.gov/oes/2017/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,973.45.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
<b>Federal Oversight</b>					
Program Director**	14/9	\$148,445.00	1.0		\$1,484.45
CRTA Fellow***		\$48,900.00	1.0		\$489.00
<b>Contractor Cost</b>					0
Travel					0
Other Cost					0
<b>Total</b>					<b>\$1,973.45</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/html/DCB.aspx>

\*\*\*The CRTA Fellow Salary is cited from <https://www.cancer.gov/grants-training/training/at-nci/crta/crta.pdf>, Page 22. The CRTA Fellows attending this event are (Master’s Level or Doctorate Degree Candidates; Category 3 or Category 4’s).

### **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.**