

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

TITLE OF INFORMATION COLLECTION: Customer Satisfaction Survey for 5 CDC Laboratories Seeking ISO 17025 Accreditation for Laboratory Quality

PURPOSE:

To collect customer satisfaction information about the quality of diagnostic testing services provided by 5 CDC laboratories. The labs are managed by the following units:

1. International Laboratory Branch, Division of Global HIV/AIDS, Center for Global Health (DGHA/CGH);
2. Bacterial Special Pathogens Branch, Division of High-Consequence Pathogens and Pathology, National Center for Emerging and Zoonotic Infectious Diseases (DHCPP/NCEZID);
3. Poxvirus and Rabies Branch, Division of High-Consequence Pathogens and Pathology, National Center for Emerging and Zoonotic Infectious Diseases (DHCPP/NCEZID);
4. Laboratory Branch, Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STB, and Tuberculosis Prevention (DTBE/NCHHSTP); and
5. Meningitis and Vaccine Preventable Diseases Branch, Division of Bacterial Diseases, National Center for Immunization and Respiratory Diseases (DBD/NCIRD).

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

Findings will be used to identify areas for improvement and improve customer satisfaction. The 5 labs are currently participating in a pilot project to attain accreditation according to the International Organization for Standardization (ISO, sic) 17025 standards, “General requirements for the competence of testing and calibration laboratories.” 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:

The survey will be sent, along with laboratory test results, to individuals who submit specimens to CDC laboratories for analysis. The great majority of these individuals will be directors of State or local public health laboratories. In some cases specimens originate in physician offices, local laboratories, or other venues, and may be submitted to CDC through their health department. Collaborators from other federal laboratories or the private sector who send specimens to CDC laboratories would also receive the survey.

Laboratory reports, either electronic or paper, to respondents 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/CDCLABS>”. For electronic respondents, the notice contains

a direct link to the survey in Survey Monkey. Respondents who chose to receive paper reports would participate by entering the web address from the notice into their internet browser.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form 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: Robbin S. Weyant, Senior Advisor, CDC/OD/OADLSS _____

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
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 No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Laboratorian who submits a sample to CDC Pilot Lab	4300/year	10 min	717 hrs
Totals			

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?

An invitation to complete a customer satisfaction survey will be sent to all entities that utilize services during the period of February 1, 2017 through January 31, 2020. Based on CDC review of the last 12 months of lab utilization, we estimate receipt of up to 4,300 surveys. 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 lab and type of service. Although we will know the entities that are in the respondent pool (i.e., which entities submitted samples to CDC for testing), 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
[X] Mail
[X] Other; Some laboratories still use FAX machines, therefore we also need to be able to administer the survey by FAX.
2. Will interviewers or facilitators be used? [] Yes [X] No

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.