

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1027)**

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**TITLE OF INFORMATION COLLECTION:** – Assessment of the Model Performance Evaluation Program-**Online Survey**

**PURPOSE:** The purpose of this information collection is to collect customer feedback from stakeholders to incorporate improvements in Model Performance Evaluation Program (MPEP) service delivery. Information from this assessment will be used to measure the value of the MPEP to each laboratory program, satisfaction with the online collection instrument, and whether information provided in the MPEP report is clear and understandable.

The CDC Model Performance Evaluation Program (MPEP) was established to analyze the performance and practices of all known clinical and public health laboratories in the United States that perform drug susceptibility testing (DST) of isolates belonging to the Mycobacterium tuberculosis complex (MTBC). To participate in the program, laboratories must follow recommended biosafety guidelines for working with MTBC, perform MTBC drug susceptibility testing, and submit a signed Participant Biosafety Compliance Letter of Agreement. The Division of Tuberculosis Elimination Laboratory Branch sends MTBC cultures twice a year to participating laboratories along with a link to enter their testing results online. The Laboratory Branch compiles the results into a report that allows enrollees to compare their results with those expected and thus provides a self-assessment tool for monitoring their ability to perform DST of MTBC isolates. In addition, the report contains information about participating laboratories such as their classification (public health, hospital, independent, reference), number of tests performed, testing methods, and drugs tested against MTBC. Annually, the Laboratory Capacity Team of the Laboratory Branch invites all participants to attend a webinar to cover information in the report.

Information will be collected from TB Laboratory Supervisors or their designees using a web-based assessment designed and administered by the LCT using SurveyMonkey software. The questionnaire contains a total of 19 rating scale, multiple choice and fill in the blank questions (**Attachments 1&2**). The questionnaire link will be emailed to PHL TB Supervisors or their designees using SurveyMonkey. Responses will be automatically compiled by SurveyMonkey and then exported to Excel for detailed analysis.

Data will be analyzed by CDC project officer and/or CDC project team members and discussed internally within Laboratory Branch and DTBE.

**DESCRIPTION OF RESPONDENTS:** CDC will field its customer service survey to a total of 84 state, city, local, and private TB laboratory supervisors or their designees that participate in MPEP and whose laboratories perform DST for MTBC isolates.

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

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|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey - Online             |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                            |
| <input type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: Customer Feedback Survey-Online |

**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.

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X] 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

No honorarium will be provided for participants of the online survey.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
PHL	84	15/60	21.0
<b>Totals</b>	<b>84</b>	15/60	<b>21.0</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is: **\$17,000.**

This estimate is based on the number of hours for instrument development, pilot testing, OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation by a Microbiologist (GS 13).

**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 respondent universe includes 84 TB laboratory supervisors or their designees who perform drug susceptibility testing for TB and participate in MPEP. The laboratories that participate in MPEP are both in the public and private sectors.

**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

Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

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