

July 20, 2017

Change Request for OMB #0923-0056: Biomonitoring of the Great Lakes Populations Program III

Justification/brief Explanation for the Change Request

This is a nonmaterial/non-substantive change request for OMB protocol #0923-0056 (expiration date: July 30, 2020). OMB approval was granted for data collection for a cooperative agreement program involving the Wisconsin Department of Health Services (WI DHS).

We are requesting to make non-substantive changes to the recruitment letter/postcard (attachment 5a), appointment reminder letters (attachment 5f), and clinic visit checklists (attachments 8a and 8b) per suggestions from WI DHS external information approval reviewers and field clinic. Changes to the materials include removing unnecessary words, providing contact information for clinic staff (for questions about clinic visit or re-scheduling appointment), and adding additional check items for clinic staff (not for study participants).

Below is the change request cross-walk table. Attached please find the revised documents with both a clean version and track-change version for each document. The overall number of respondents and requested burden hours remain the same.

As such, we would appreciate your expedited consideration of this request.

| Attachments | Requested Change | Justification |
|---|--|---|
| Att5a. Recruitment Material Invitation Letter and Postcard | If you have questions about please email dhsfishstudy@dhs.wisconsin.gov or contact Program-Manager Brooke Thompson | Remove excess words. Brooke Thompson's title "program manager" was in the signature line immediately below. |
| | Remove publication number " p-###(mm/yyyy) " from the footer/header | The invitation letter/postcard will not be assigned a DHS publication number. |
| Att5f. Appointment reminder letters | Add " If you have any questions about your visit, or you need to reschedule, please call SHOW Staff at SHOW Staff phone #. " | Add clinic staff contact information for questions on clinic visit and re-scheduling |
| | Add to the signature block " Program Manager, Wisconsin Department of Health Services " | Add sender's affiliation to the signature block of the letter |
| | For participants will prefer to complete the paper questionnaire before appointment, add "Please finish this paper questionnaire and bring it to your appointment before your appointment " | For clarification |
| Att8a & 8b. Clinic visit checklists and body measurements | Item 5. Add space and units to body measurements | Add the spacing and units for clinic staff to record body measurements |
| | Item 6. Add " Blood Draw Time_____ " | For clinic staff to record the time of blood and urine sample collection |
| | Item 7. Add " Time urine sample collected_____ " | For the clinic staff to complete post-visit activities |
| | Item 11. Add an item for the clinic staff to complete post-clinic data entry and blood/urine sample shipment. | For the clinic staff to complete post-visit activities |
| | Add space to record note, clinic staff name, and clinic date | For clinic's record keeping |