# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648, exp. date 5/31/2021)

TITLE OF	INFORMATION	<b>COLLECTION:</b>	NLM 2019	ClinVar User Survey
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#### **PURPOSE:**

The goal of this National Library of Medicine (NLM) survey is to collect qualitative customer service delivery feedback from users of the National Center for Biotechnology Information (NCBI) ClinVar website. The survey will ask users what they find useful and what changes and improvements would make the ClinVar web-based resources better suit their needs.

<b>DESCRIPTION OF RESPONDENTS:</b> Respondents will be individual users of the NCBI Opopup invitation to take a survey that will appear or	5			
<b>TYPE OF COLLECTION:</b> (Check one)				
[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software) [ ] Focus Group	<ul><li>[X] Customer Satisfaction Survey</li><li>[] Small Discussion Group</li><li>[] Other:</li></ul>			
CERTIFICATION:				
<ol> <li>I certify the following to be true:</li> <li>The collection is voluntary.</li> <li>The collection is low-burden for respondents and</li> <li>The collection is non-controversial and does no agencies.</li> <li>The results are not intended to be disseminated</li> <li>Information gathered will not be used for the pupolicy decisions.</li> <li>The collection is targeted to the solicitation of control experience with the program or may have experience</li> </ol>	t raise issues of concern to other federal to the public.  The public informing influential opinions from respondents who have			
Name: Melissa Landrum, PhD				
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 [ ] 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

### **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 or Households	600	1	5/60	50
Totals	600	600		50

Category of Respondent	Total Burden	Wage Rate*	Total Burden
	Hours		Cost
Individuals or Households	50	\$24.34	\$1,217.00
Totals			\$1,217.00

<sup>\*</sup> The General Public rate was obtained from <a href="http://www.bls.gov/oes/2017/may/oes">http://www.bls.gov/oes/2017/may/oes</a> nat.htm#00-0000

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$1383.29.

			% of	Fringe (if applicable)	Total Cost to Gov't
Staff	Grade/Step	Salary	Effort	<b>FF</b>	
Federal Oversight					
Staff Scientist	T42	\$138,329	1%		\$1,383.29
<b>Contractor Cost</b>					N/A
Travel					N/A
Other Cost					N/A
Total					\$1383.29

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

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?
	[] Yes [X] 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?

Respondents will be individual users of the NCBI ClinVar website who voluntarily click on a popup invitation to take a survey that will appear on web pages.

## **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
	[ ] Mail
	[ ] Other, Explain
2.	Will interviewers or facilitators be used? [ ] Yes [X] No