

**Request for Approval under the  
“Generic Clearance for the Collection of Routine Customer Feedback”  
(OMB#: 0925-0642, Expiration Date: 05/31/2020)**

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**TITLE OF INFORMATION COLLECTION:** DCCPS Biorepository Information Gathering Survey

**PURPOSE:** To better understand the value of NCI supporting a central Biorepository/biospecimen archive where extramural researchers could store their remaining biospecimens after the main aims of their NCI-funded study have been completed.

**DESCRIPTION OF RESPONDENTS:** Extramural researchers who possess, or are currently collecting, biospecimens that were collected through a currently- or historically-funded NCI grant.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey         |
| <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: Feasibility survey |

**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: Rachel Hanisch

**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

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Private sector (epidemiologists)	340	1	9/60	51
<b>Totals</b>	<b>340</b>	<b>340</b>		<b>51</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Private sector (epidemiologists)	51	\$36.65	\$1,869.15
<b>Totals</b>	<b>51</b>		<b>\$1,869.15</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 \$12,604.90.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
<b>Federal Oversight</b>					
Epidemiologist	14/4	\$126,049.00	10%		\$12,604.90
<b>Contractor Cost</b>					0
Travel					0
Other Cost					0
<b>Total</b>					<b>\$12,604.90</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx>

**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**

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?

Potential respondents will be identified as follows: PI of an active DCCPS grant that involves biospecimens (i.e. coded in PMA as involving biospecimens). All PIs meeting those criteria will be selected to receive the survey.

**Administration of the Instrument**

How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

Will interviewers or facilitators be used?  Yes  No

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