## Request for Approval under the Generic Clearance for the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”(OMB#: 0925-0740, Expiration Date: 07/31/2022)

**TITLE OF INFORMATION COLLECTION:** Quantitative Imaging Network Virtual Annual Meeting

**PURPOSE:** As the [QIN](https://imaging.cancer.gov/programs_resources/specialized_initiatives/qin/about/default.htm) moves towards achieving its goals of developing, optimizing and validating quantitative imaging (QI) software tools and methods for prediction and/or measurement of response to cancer therapies, the 2021 QIN virtual meeting is focused on validation of quantitative imaging software tools and methods in the clinical settings. The annual meeting will provide an opportunity for members of the network which include, Principal Investigators and their multidisciplinary teams comprising of oncologists, clinical and basic imaging scientists, and industrial partners, to meet and discuss their research endeavors and showcase research findings through presentations.

**DESCRIPTION OF RESPONDENTS**:

The targeted group for the meeting (and collection of name and email address) include Principal Investigators supported by NCI, and their multidisciplinary teams comprising of oncologists, clinical and basic imaging scientists, and industrial partners. Other respondents are expected to be from academic, research or government institutions as well as from Industy associated and interested in the area of in-vivo imaging and quantitative imaging.

**TYPE OF COLLECTION:** (Check all that apply)

[ ] Abstract [ ] Application

[ X ] Registration Form [ ] 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.

Name: Pushpa Tandon. Ph.D.

Program Director, Cancer Imaging Program, NCI

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ X] 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 [ X ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No (this is a virtual meeting)

Amount: \_\_\_\_\_\_

Explanation for incentive: (include number of visits, etc)

**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 | 200 | 1 | 10/60 | 33 |
| **Totals** |  | **200** |  | **33** |

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total Burden  Hours | Hourly Wage Rate\* | Total Burden Cost |
| Individuals | 33 | $46.95 | $1,549.35 |
| **Total** |  |  | **$1,549.35** |

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040, <https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $2,328.18.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Director | 14/5 | $132,818 | 1% |  | $1,328.18 |
| **Contractor Cost** |  |  |  |  | $1,000.00 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$2,328.18** |

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx>

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential espondents 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?

This meeting is advertised through NIH/NCI and NCI Frederick listservs, individual labs and committee members.

**Administration of the Instrument**

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

[ X ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Survey Form

[ ] Chart Abstraction

[ ] Other, Explain

Will interviewers, facilitators, or research coordinators be used? [ ] Yes [ X ] No

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