

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

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**TITLE OF INFORMATION COLLECTION:** 2019 NCBI ClinVar User Feedback Survey

**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, a resource and repository for human genetic variants with phenotype information. The survey consists of a short list of questions about how people are using the ClinVar submission and search pages and what changes and improvements they would like. The information from this survey will be used to improve the design and operation of NCBI resources.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be individual people who use the ClinVar web pages and voluntarily click on a link to take a survey that will appear on relevant web pages.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" 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 type="checkbox"/> 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.
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: Barton Trawick, PhD

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 [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	400	1	7/60	47
<b>Totals</b>		<b>400</b>		<b>47</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	47	\$24.98	\$1,174.06
<b>Totals</b>			<b>\$1,174.06</b>

\*The General Public wage rate was obtained from [https://www.bls.gov/oes/2018/may/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2018/may/oes_nat.htm#00-0000)

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

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

\*The Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/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**

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  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?

ClinVar users will click a survey link that will appear on the ClinVar web pages.

**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