

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648, Expiration Date: 05/31/2021)**

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**TITLE OF INFORMATION COLLECTION:** CRIS Vaccine Survey

**PURPOSE:**

This collection of information is necessary to enable the National Cancer Institute to gather customer feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery of the CRIS system. This survey will determine customers knowledge of vaccine information location and use in the Current Research Information System (CRIS) at the NIH Clinical Center. The information collected via this survey will be used to gain insights into customer experiences in order to improve the delivery of CRIS services. Respondents will be asked to complete the same survey for a second time after data/review has been compiled to assess improvements made to the CRIS system.

**DESCRIPTION OF RESPONDENTS:**

Prescribers (Doctors, Physician Assistants, Nurse Practitioners, Researchers)

**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: Lea Cunningham

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

**Personally Identifiable Information:**

Is personally identifiable information (PII) collected?  Yes  No

1. If Yes, will any the information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
2. If Yes, has an up-to-date System of Records Notice (SORN) be published? N/A

**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
Individuals	200	2	5/60	33
<b>Totals</b>		<b>400</b>		<b>33</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	33	\$45.80	\$1,511.40
<b>Total</b>			<b>\$1,511.40</b>

\*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/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 \$2,000.00.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
<b>Federal Oversight</b>					
Staff Scientist 2	Band III	\$200,000	0.1%		\$2,000.00
<b>Contractor Cost</b>					\$ 0
Travel					\$ 0
Other Cost					\$ 0
<b>Total</b>					<b>\$2,000.00</b>

\*\*The salary in the table above is cited from [https://ohr.od.nih.gov/intrahr/Documents/title42/NIH\\_TITLE\\_42\\_PAY\\_MODEL\\_RANGES.pdf](https://ohr.od.nih.gov/intrahr/Documents/title42/NIH_TITLE_42_PAY_MODEL_RANGES.pdf)

**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?

[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?

The prescribers email list will be from the Bone Marrow Transplant (BMT) clinicians.

**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.**