## Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”

## (OMB#: 0925-0740 Exp Date: 07/31/2022)

**TITLE OF INFORMATION COLLECTION:**

Mouse Models of lupus 10 Years Later Meeting

December 10, 2020

9:00AM – 4:00PM

**PURPOSE:**

10 years ago a meeting was held at the National Library of Medicine focused mouse models of lupus and their relevance to human disease.  At that time, the overall consensus was that the mouse models would lead to a better understanding of disease pathophysiology and more effective treatment options.  However, progress continues to be slow especially when one considers the heterogeneity of the disease, and steroids still remain a first line therapy for treatment.  It is the purpose of this meeting to reevaluate murine models of lupus and open the dialogue as to their real value in understanding and treating human disease.

**DESCRIPTION OF RESPONDENTS**:

Scientists, physicians, fellows and students, Researchers, academia and biotech.

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

[X] 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: Howard Young

**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? [X ] Yes [] No

**Gifts or Payments:**

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

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 (Registration) | 175 | 1 | 5/60 | 15 |
| Individuals (Abstract) | 25 | 1 | 10/60 | 4 |
| **Totals** |  | **200** |  | **20** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 20 | $46.95 | $939.00 |
| **Total** |  |  | **$939.00** |

\*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 $1,374.91

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Director | 14/5 | $137,491 | 1% |  | $1,374.91 |
| **Contractor Cost** |  |  |  |  | 0 |
| Travel |  |  |  |  | 0 |
| Other Cost |  |  |  |  | 0 |
| **Total** |  |  |  |  | **$1,374.91­** |

\*\*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>

**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?

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.**