

**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)**

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**TITLE OF INFORMATION COLLECTION:** SeroNet Investigators Meeting (NCI)

**PURPOSE:** The goal of the SeroNet Investigators Meeting is to bring together members of SeroNet to share cutting edge research into understanding the immune response to SARS-CoV-2 and to provide an opportunity for investigators to foster relationships and collaborations within SeroNet. This meeting will include several themed sessions with a mixture of long and short talks as well as poster sessions and a panel discussion focused on preparing for future pandemics. Themed sessions may include viral variants, vaccines, long COVID, special populations, and correlates of protections, and each session is planned to include discussion time.

The purpose of this collection is for meeting participants to register for the SeroNet Investigators Meeting and to submit abstracts for oral presentations or poster sessions.

**DESCRIPTION OF RESPONDENTS:** SeroNet Researchers, PIs, and Post-docs (U01, U54 and Capacity Building Centers), SeroNet Patient Advocates, NCI Senior Leadership, NCI SeroNet Program Leaders, Leidos Contractors, NIH/NCI Scientists, Government Partners (e.g., NIAID, NIST), Invited Keynote Speakers.

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

Abstract

Application

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: Finstad, Samantha (NIH/NCI) [E] Digitally signed by Finstad, Samantha (NIH/NCI) [E]  
Date: 2021.11.02 13:24:54 -04'00'

**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

**Gifts or Payments:**

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

Amount: N/A

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	350	1	3/60	18
Individuals - Abstract	100	1	10/60	17
<b>Totals</b>		<b>450</b>		<b>35</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	35	\$ 48.45	\$ 1,695.75
<b>Total</b>			<b>\$ 1,695.75</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/2020/May/oes\\_nat.htm#19-1040](https://www.bls.gov/oes/2020/May/oes_nat.htm#19-1040).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$663.35.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director	15/5	\$163,345	0.1%		\$163.35
<b>Contractor Cost</b>					\$500.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$663.35</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/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 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?

The meeting will be advertised through our two SeroNet Listservs and through the NCI Registration Site Website: [events.cancer.gov/nci/seronet](http://events.cancer.gov/nci/seronet) investigators meeting and will be invite only.

## **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

Survey Form

Chart Abstraction

Other, Explain

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

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