

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 0579-0377)**

---

**TITLE OF INFORMATION COLLECTION:**

National List of Reportable Animal Diseases (NLRAD) Electronic Lab Reporting (ELR) Project Survey for State Animal Health Officials (SOHO)

**PURPOSE:**

Feedback will be collected from State Animal Health Officials (SAHOs) to learn how to improve their experience transmitting lab results supporting NLRAD disease reporting requirements.

**DESCRIPTION OF RESPONDENTS:**

State animal health officials

**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: Lynn Elliston-Gittings, PhD

**Personally Identifiable Information:**

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

**Gifts or Payments:**

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	2	10 hours	20 hrs
State, Local, Tribal Governments	200	20 minutes	67 hrs
<b>Totals</b>	<b>202</b>		<b>87 hrs</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$5,200.

**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?

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?*

Membership of the National Assembly of State Animal Health Officials (NASAHO) is comprised of the target respondents and APHIS will ask it to use its membership list to facilitate passing the survey to the respondents and returning them to APHIS when completed. The APHIS National Tribal Liaison has a similar list and will send and receive the surveys internally.

**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: Emailed survey

2. Will interviewers or facilitators be used?  Yes  No

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