

**Request for Approval under the “Conference, Meeting, Workshop,  
Registration and Challenges Generic Clearance (OD)”  
(OMB#: 0925-0740, Exp Date: 09/30/2025)**

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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, poster sessions, and panel discussions focused on preparing for future pandemics.

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. The SeroNet Investigators Meeting is scheduled to take place in the Spring, of 2023.

**DESCRIPTION OF RESPONDENTS:** SeroNet Researchers, PIs, 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)


- |   |                                       |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Abstract          | <input type="checkbox"/> Application  |
| <input type="checkbox"/> Challenges and Competition   |                                       |
| <input checked="" type="checkbox"/> Registration Form | <input type="checkbox"/> Other: _____ |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is a low burden for respondents and a 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, (NIH/NCI)  
[E]

 Digitally signed by Finstad, Samantha (NIH/NCI) [E]  
Date: 2022.08.01 15:09:54  
-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 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

The explanation for incentive: (include a 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	\$49.44	\$ 1,730.40
<b>Total</b>			<b>\$ 1,730.40</b>

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation The title "Medical Scientists" 19-1040, [https://www.bls.gov/oes/2021/May/oes\\_nat.htm#19-1040](https://www.bls.gov/oes/2021/May/oes_nat.htm#19-1040).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$673.23.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director	15/6	\$173,232	.1%		\$ 173.23
<b>Contractor Cost</b>					\$500.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$ 673.23</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/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 describe how you plan to identify your potential group of respondents and how you will select them.

We will construct a participants list for the respondents that will be electronically generated and collected in an excel spreadsheet. The meeting will be advertised through our two SeroNet Listservs and through the NCI Registration Site Website: SeroNet Investigators Meeting (Overview) | Events Registration (cancer.gov) and will be inviting 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 ensure that all instruments, instructions, and scripts are submitted with the request.**