# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0920-1027 Exp. 06/30/2026)

*Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.*

**DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:**

*Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.*

*If you select "yes" to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select "yes" to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

| **Column A** | **Column B** |
|---|---|
| The information gathered will only be used internally to CDC.<br>[X ] Yes [ ] No | Information gathered will be publicly released or published.<br>[ ] Yes [X ] No |
| Data is qualitative in nature and not generalizable to people from whom data was not collected.<br>[X ] Yes [ ] No | Employs quantitative study design (e.g. those that rely on probability design or experimental methods)<br>[ ] Yes [ X ] No |
| There are no sensitive questions within this collection (e.g. sexual orientation, gender identity).<br>[X ] Yes [ ] No | Sensitive questions will be asked (e.g. sexual orientation, gender identity).<br>[ ] Yes [X ] No |
| Collection does not raise issues of concern to any other Federal agencies.<br>[X ] Yes [ ] No | Other Federal agencies may have equities or concerns regarding this collection.<br>[ ] Yes [ X ] No |
| Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program.<br>[X ] Yes [ ] No | Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research.<br>[ ] Yes [ X ] No |
| 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.<br>[X ] Yes [ ] No | |

Did you select "Yes" to all criteria in Column A?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select "Yes" to any criterion in Column B?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

**TITLE OF INFORMATION COLLECTION:** Customer Service Satisfaction Assessment of Public Health Laboratory Tuberculosis Laboratory Site Visits conducted by CDC DTBE Laboratory Consultants- **Online Survey**

**PURPOSE:**

To assess customer satisfaction of CDC NCHHSTP/DTBE/LB/Laboratory Capacity Team (LCT) site visits, both in-person and virtual, from Public Health Laboratories (PHL) that perform tuberculosis (TB) testing. Stakeholders consist of state, local, and territorial PHL TB supervisors or their designees, who are supported, in part, by the CDC TB Elimination and Laboratory Cooperative Agreement. Analysis of customer satisfaction feedback data will allow for LCT to incorporate stakeholder suggestions into future site visits thus improving overall customer satisfaction and inclusion of suggested additional information, areas of interest, and resources provided during future site visits.

A web-based questionnaire has been designed and will be administered by LCT using CDC RedCap. The questionnaire contains 17 total questions with both multiple choice or fill in the blank questions (Appendix 1: Survey Questions and Appendix 2: Survey Instrument Webshots). The questionnaire contains some skip logic for in-person verses virtual site visit questions; thus, each respondent may not have to answer each question. The questionnaire link will be emailed by LCT to PHL TB laboratory supervisors or their designees within five working days following a site visit. Responses will be automatically compiled and analyzed by LCT project team member(s) using CDC RedCap or exported to Excel for detailed analysis. Data will be discussed internally within the Laboratory Branch and DTBE.

This questionnaire will replace a previously approved "GenIC titled "Customer Service Satisfaction Assessment of TB Laboratory Site Visits conducted by CDC Laboratory Consultants-Online Survey (OMB #0920-20ED)" with a submission date of 12/19/2019 and an expiration date of 7/31/2020. This customer satisfaction collection was approved right before the onset of the COVID-19 pandemic and total burden hours were not able to be used due to the pandemic and travel restrictions. The most recent OMB approved GenIC under this FastTrack (OMB #0920-22IT), expires on 8/31/2023. No changes are being made from the previously approved submission.

With the ability to conduct virtual sites visits (implemented during the pandemic) using Zoom or Microsoft Teams and approval to travel to in-person site visits once again, we would like to resume the collection of customer service satisfaction data for in-person site visits and include virtual site visits. Our questionnaire has been reviewed, updated slightly to include virtual site visits, and the collection instrument will now be hosted using CDC RedCap in place of SurveyMonkey. The modified instrument will not change the burden on respondents.

**DESCRIPTION OF RESPONDENTS**:
CDC will field its customer service feedback questionnaire to state, local, and territorial public health laboratory TB laboratory supervisors or their designees who are supported, in part, by the

CDC TB Elimination and Laboratory Cooperative Agreement. Fifty-eight public health laboratories are supported by the cooperative agreement, however, not all 58 public health tuberculosis laboratories will have a scheduled site visit (in-person or virtual) with the one-year approval of this customer service assessment.

**TYPE OF COLLECTION:** (Check one)
*Instruction: Please sparingly use the Other category*

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[ ] Focus Group
[X ] Customer Satisfaction Survey
[ ] Small Discussion Group
[ ] 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.

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

**Personally Information:**
1. Is personally identifiable information (PII) collected? [ ] Yes [X ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [X ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X ] No

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

**If Yes:** Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification
No incentive will be provided to participants of the online questionnaire.

**BURDEN HOURS**

| **Category of Respondent** | **No. of Respondents** | **Participation Time in** | **Burden (hrs)** |
|---|---|---|---|

| | | Minutes | |
|---|---|---|---|
| State, local or territorial governments: public health laboratorian(s) | 58 | 10/60 | 10 |
| | | | |
| **Totals** | **58** | 10/60 | **10** |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$10,000.** This estimate is based on the number of hours for instrument development, pilot testing, OMB package preparation, data collection, quality control, data analysis, and report preparation by a Microbiologist (GS 12).

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**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**

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?

   [X ] Yes [ ] No

**If Yes:** Please provide a description of both below (or attach the sampling plan)
**If No:** Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

The respondent universe includes 58 state, local, and territorial public health laboratory TB supervisors or their designees who are supported, in part, by CDC TB Elimination and Laboratory Cooperative Agreement. Site visits are determined based on previous dates of site visits, funding, and suggestions from PHL TB supervisors or their designees. Selection from this universe of 58 would be for those PHL TB supervisors or their designees who recently participated in a site visit (either virtual or in-person).

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
   - [X ] Web-based or other forms of Social Media
   - [ ] Telephone
   - [ ] In-person
   - [ ] Mail
   - [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X ] No

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

## Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a concise description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a concise description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument. The 'Other' category should be used only in the contexts in which the provided categories cannot reasonably apply.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** As a general matter, incentives are not appropriate for customer service collections; however, incentives may be appropriate for focus groups or in-depth usability studies, especially when participants must travel to a site to participate. In the latter circumstance, the incentive should include travel costs. Customary incentives for focus groups in the Federal government are $40 for a one-hour interview and $75 for a 90-minute focus group. If you answer yes to the question, please describe the incentive and provide a justification for amounts other than those cited above; justifications should be limited to Federal studies of a similar design and subpopulation.

**BURDEN HOURS:**
**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.
**No. of Respondents:** Provide an estimate of the Number of respondents.
**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)
**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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