# **Justification for Program Changes – 0920-1313, exp. date 03/31/2026**

Date: 04/10/2023

The details of the proposed revisions to this ICR are summarized here:

* CDC is requesting a nonmaterial/non-substantive change to Distribution of Traceable Opioid Material Kits across U.S. and International Laboratories survey questions (Attachments 5a and 5b). The requested change splits question 1 on both the domestic (Attachment 5a) and international (Attachment 5b) surveys into 2 questions for clarity. The vendor would like to use the responses received in the new question 1 of both surveys to determine which kits the requesting laboratory would like to order currently. The CDC program would like to know the summed answers to both new questions 1 and 2 to understand the TOM kits’ impact.
* This change will not impact the annual burden hours or the method of deployment for the survey.

**Table 1 :** Changes to the Domestic Survey (Att. 5a)

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| --- | --- | --- |
| **Page Number** | **Section** | **Proposed Revision** |
| 1 | Testing Information Question 1 | 1. Which test kit(s) are you requesting? (provide quantity)Fentanyl Analog Screening (FAS) Quantity [\_\_\_]FAS Version 1 Quantity [\_\_\_]FAS Version 2 and 3 Quantity [\_\_\_]FAS Version 4 Quantity [\_\_\_]Emergent Drug Panel (EDP) Quantity [\_\_\_]2. Which test kit(s) have you previously received? (provide quantity)Fentanyl Analog Screening (FAS) Quantity [\_\_\_]FAS Version 1 Quantity [\_\_\_]FAS Version 2 and 3 Quantity [\_\_\_]FAS Version 4 Quantity [\_\_\_]Emergent Drug Panel (EDP) Quantity [\_\_\_] |
| 2 | Testing Information Question 2 | Update numbering to Question 3 |
| 2 | Testing Information Question 3 | Update numbering to Question 4 |
| 2 | Testing Information Question 4 | Update numbering to Question 5 |
| 2 | Testing Information Question 5 | Update numbering to Question 6 |
| 2 | Testing Information Question 6 | Update numbering to Question 7 |
| 2 | Testing Information Question 7 | Update numbering to Question 8 |

**Table 2:** Changes to the International Survey (Att. 5b)

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| **Page Number** | **Section** | **Proposed Revision** |
| 1 | Testing Information Question 1 | 1. Which test kit(s) are you requesting? (provide quantity)Fentanyl Analog Screening (FAS) Quantity [\_\_\_]FAS Version 1 Quantity [\_\_\_]FAS Version 2 and 3 Quantity [\_\_\_]FAS Version 4 Quantity [\_\_\_]2. Which test kit(s) have you previously received? (provide quantity)Fentanyl Analog Screening (FAS) Quantity [\_\_\_]FAS Version 1 Quantity [\_\_\_]FAS Version 2 and 3 Quantity [\_\_\_]FAS Version 4 Quantity [\_\_\_] |
| 2 | Testing Information Question 2 | Update numbering to Question 3 |
| 2 | Testing Information Question 3 | Update numbering to Question 4 |
| 2 | Testing Information Question 4 | Update numbering to Question 5 |
| 2 | Testing Information Question 5 | Update numbering to Question 6 |
| 2 | Testing Information Question 6 | Update numbering to Question 7 |
| 2 | Testing Information Question 7 | Update numbering to Question 8 |