

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 0920-1050)**

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**TITLE OF INFORMATION COLLECTION:**

Clinical Laboratory Partners Forum Meeting Evaluation Survey 2023

**PURPOSE:**

This information collection is being conducted to examine the effectiveness of the September 25, 2023 Meeting for the Clinical Laboratory Partners Forum (CLPF), a group of laboratory professional, standard-setting, and accreditation organizations that meets periodically to share information and focus on clinical and public health laboratory partnerships, particularly as related to preparedness and response, laboratory workforce, biosafety, and patient safety or diagnostic excellence. The Division of Laboratory Systems at the Centers for Disease Control and Prevention, who periodically convenes this group or organizations, is seeking feedback from participants to assess the effectiveness and relevance of the September 25, 2023 meeting, in an effort to ensure that meetings of this group are managed effectively and focused on issues of current importance to clinical and public health laboratories.

**DESCRIPTION OF RESPONDENTS:**

Individuals representing laboratory professional, standard-setting, and accreditation organizations, who participate in the CLPF. We anticipate that at least 75% of those solicited will respond. The survey link will be open through November 30, 2023. A follow-up email reminder to complete the survey will be sent (in the same manner as the initial email invitation) every 2 weeks until the end of the survey period, in order to encourage greater participation.

**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: Alexandra Mercante

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
3. If Applicable, has a System or Records Notice been published? ☐ Yes ☐ No Not applicable

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ N

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden (hours)
Private Sector	50	5/60	4.17
<b>Totals</b>	<b>50</b>	<b>5/60</b>	<b>4.17</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1500\_\_\_\_\_

**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? ☒ 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?

Respondents will be solicited by email invitations to include approximately 50 individuals who have represented laboratory professional, standard-setting, and accreditation organizations at CLPF meeting(s) in the past. A link to the CLPF Qualtrics tool will be provided. All participants will be informed that participation in the survey is voluntary and no identifying information will be requested. The survey will remain open through 11/30/2023.

**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

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 brief 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 brief 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.

**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:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **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.**