

# Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0668 Exp., date: 07/31/2028)

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**TITLE OF INFORMATION COLLECTION:** NIH Tetramer Core Facility Client Survey

**PURPOSE:**

The NIH Tetramer Core Facility (TCF) is supported through a contract with the National Institute of Allergy and Infectious Diseases, with co-funding from the National Cancer Institute. Researchers with active accounts may access the TCF website (<https://tetramer.yerkes.emory.edu>) to order reagents.

This survey will ensure that continuous feedback is received from investigators that order TCF reagents accessing the TCF website. This feedback will include information about prior orders, how and why they have used TCF products, or suggestions for new reagents.

This information will be used to gather data and feedback to ensure that the NIH TCF services are meeting investigator needs. Feedback may also be used to enhance service delivery.

**DESCRIPTION OF RESPONDENTS:**

Voluntary survey participants will be investigators who access the TCF website. The survey will be a pop-up that investigators can choose to take.

**TYPE OF COLLECTION:** (Check one)

- |                                                                        |                                                                           |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction/Feedback 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: _____                                     |

**FREQUENCY OF REPORTING:** (Check one)

- |                                          |                                   |                                      |
|------------------------------------------|-----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Once | <input type="checkbox"/> Hourly   | <input type="checkbox"/> Daily       |
| <input type="checkbox"/> Weekly          | <input type="checkbox"/> Monthly  | <input type="checkbox"/> Quarterly   |
| <input type="checkbox"/> Semi-Annually   | <input type="checkbox"/> Annually | <input type="checkbox"/> On Occasion |

**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.
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: Halonna Kelly, Program Officer / Contracting Officer Representative,  
NIAID/DAIT/BIB

To assist with the review, please provide answers to the following questions:

**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
4. Privacy Act Systems of Records Title: \_\_\_\_\_ FR Citation \_\_\_\_FR\_\_\_\_

**Gifts or Payments:**

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

**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 or Households	600	1	5/60	50
<b>Totals</b>		600		<b>50</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals or Households	50	\$48.29	\$2415
<b>Totals</b>			<b>\$2415</b>

\*\*Biological Scientists, Hourly Mean Wage: <https://data.bls.gov/oes/#/industry/000000>

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\$2879\_\_\_\_\_

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Health Science Administrator	14/8	\$175,735	0.5%		\$879
<b>Contractor Cost</b>					\$2000**
Overhead/Supplies					
Other Cost					
<b>Total</b>					\$2879

\* the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2025/DCB.pdf>

\*\* One-time cost associated with building the online survey.

**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
2. If the answer is yes, please provide a description of both below and 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. You will need to include the number of persons in your customer list and indicate what percentage you anticipate will respond, which will equate to your estimated respondents.

Investigators who access the TCF [website](#) will see this survey as a pop-up on the website. They will have the opportunity to voluntarily take the survey.

TCF receives approximately 450 orders per year. We expect that no more than half of investigators ordering via the website will take the survey. Therefore, we estimate that 200 investigators per year will take the survey (600 over three years).

**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  No

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