

# **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:**

ReportStream Customer Experience Survey

## **PURPOSE:**

The Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback on the ReportStream product in order to continuously design and deliver with a focus on the experience of the people whom it is meant to serve. CDC is requesting OMB approval to collect feedback on ReportStream to a) assess the experience of current users of ReportStream and a) improve the product for current and future users.

## **DESCRIPTION OF RESPONDENTS:**

Current users of ReportStream that we have worked with to onboard to use the product and for whom we have emails. This includes public health departments, Department of Health and Human Services, and organizations that use ReportStream to report COVID test results, such as clinics, laboratories, and test manufacturers.

## **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

- ☒ 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.

Name: Victoria Lowerson Bredow, MPH, PhD

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

**Gifts or Payments:**

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

**If Yes:** Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal governments: Public health authorities	18	<2 min	36 minutes
Private sector: Organizations that report COVID test results to public health authorities	11	<2 min	22
Federal: Department of Health and Human Services	1	<2 min	2
<b>Totals</b>	<b>30</b>	<2 minutes	<b>&lt; 60 minutes</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ **1,806.75**.

Staff or Contractor	Hours	Average Hourly Rate	Cost
FTE (GS-15): Design survey, create web-based survey, analyze data and synthesize results.	15	\$72.27	\$1,084.05
FTE (GS-15): Provide guidance and feedback on survey design, data analysis, and the synthesis of results.	10	\$72.27	\$722.70
<b>Totals</b>	<b>30</b>	—	<b>\$1,806.75</b>

**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 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

ReportStream has compiled a list of all the point of contacts for each organization that uses ReportStream to share COVID-19 test results. We will do a generic email and imbed a hyperlink to the survey for them to complete. If they are not able to access the survey we will provide survey via PDF attachment.

### **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