

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

OMB Control No. 2070-[Insert]

## Endocrine Disruptor Screening Program (EDSP) FFDCA §408(p) Order/FIFRA §(3)(c)(2)(B) DATA CALL-IN (DCI)

## INITIAL RESPONSE FORM for INDIVIDUAL ORDER RECIPIENTS

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average 1 hour per response. Send comments regarding the burden estimate to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Do not send the completed form to this address – follow the mailing instructions in the Order/DCI and Part 4 below.

PART 1 Recipient Information (From the Order/DCI and Completed by EPA):										
1.1. Order/DCI Info: A. Order/DCI #: B. Date Issued: C. Initial Response Due:										
1.2. Company Name:						Т	1.3. Address:			
1.4. Contact Person:										
1.5. Chemical Info:  A. Chemical #:  B. Chemical Name				e:	Ť				C. Company #(s):	
PART 2 Recipient's Initial Response: (Please refer to the Order/DCI for more information about response options, as well as detailed instructions on how to comply with the Order/DCI.)										
O 2.1. I will generate new data or am citing/submitting existing data.										
For each assay, check the appropriate box in the following table and follow the Order/DCI instructions to attach the data and/or required documentation.										
A. I will generate new data.     B. I am citing existing data and/or other scientifically relevant information.										
C. I am submitting existing data and/or other scientifically relevant information.										
D. I am entering (or offering to enter) into an agreement to form a Consortium/Task Force to respond to the Order/DCI. The Consortium/Task Force										
must provide a separate initial response within 150 calendar days from issuance of the Order/DCI (see Initial Response Form for Consortium/Task Force at <a href="https://www.epa.gov/xxxxxxxxxxxxx">www.epa.gov/xxxxxxxxxxxxx</a> .)										
Assays:	www.cp	u.gov//////////			Α	В	С	D	Red	quired documentation is attached.
2.1.1. Amphibian Metamorphosis (Frog)					0	0	0	0		
2.1.2. Androgen Receptor Binding (Rat Prostate)					0	0	0	0		
2.1.3. Aromatase (Human Recombinant)					0	0	0	0		
2.1.4. Estrogen Receptor Binding					0	0	0	0		
2.1.5. Estrogen Receptor Transcriptional Activation (Human Cell Line (HeLa-9903))					0	0	0	0		
2.1.6. Fish Short-term Reproduction					0	0	0	0		
2.1.7. Hershberger (Rat)					0	0	0	0		
2.1.8. Female Pubertal (Rat)					0	0	0	0		
2.1.9. Male Pubertal (Rat)					0	0	0	0		
2.1.10. Steroidogenesis (Human Cell Line – H295R)						0	0	0	<u></u>	
2.1.11. Uterotrophic (Rat)						0	0	0		
O 2.2. I am citing and/or submitting other scientifically relevant information that I believe can be used to satisfy all of the Order/DCI.   Required documentation is attached.										
O 2.3. I am not subject to the Order/DCI.   Required documentation is attached.										
These Response Options Apply Only to Registered Pesticides:										
O 2.4. I intend to voluntarily cancel the pesticide registration(s).   Required documentation is attached.										
O 2.5. I intend to reformulate the product(s) to exclude this chemical from the formulation.   Required documentation is attached.										
O 2.6. I am claiming a Formulators' Exemption.   Required documentation is attached.										
These Response Options Apply Only to Chemicals that are Other Ingredients (aka inerts):										
O 2.7. I have/am in the process of discontinuing the manufacture/import of this chemical.   Required documentation is attached.										
O 2.8. I do not and will not sell my chemical for use as an inert ingredient to the pesticide market.  □ Required documentation is attached.										
PART 3 3.1. Certification. I certify that the statements made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
3.2. Company's Authorized Representative: Signature: 3.3. Date:										
Name and Title (Please Print or Type): Email address:										3.4. Phone Number:
Submit Completed Form Using One of these Methods:										
	Submit	Completed Form Using One of these	wetn	ous:	<b>D</b>		/750	ID) I		and a second of Destantian Assess 4000

• <u>Mail To:</u> Document Processing Desk (PRD-EDSP), Office of Pesticide Programs (7504P), U.S. Environmental Protection Agency, 1200 Pennsylvania Ave. NW, Washington, D.C. 20460.

• <u>Deliver To:</u> Document Processing Desk (PRD-EDSP), Office of Pesticide Programs (7504P), U.S. Environmental Protection Agency, One Potomac Yard (South Bldg.), 2777 S. Crystal Dr., Arlington, VA. Deliveries are only accepted 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays.

Part 4