



**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.

**PART 1 Recipient Information (From the Order/DCI – To be Completed by EPA):**

1.1. Order/DCI Info: A. Order/DCI #: B. Date Issued: C. Initial Response Due:

1.2. Company Name: 1.3. Address:

1.4. Contact Person:

1.5. Chemical Info: A. Chemical #: B. Chemical Name: 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.)

**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 Order instructions to attach required documentation.

- A. I will generate new data.  
B. I am citing existing data.  
C. I am submitting existing data.

D. I am entering (or offering to enter) into an agreement to form a consortium to provide the data. Consortia must provide separate initial response within 150 calendar days from issuance of the Order/DCI (see Initial Response Form for Consortium/Task Force at [www.epa.gov/xxxxxxxxxxx](http://www.epa.gov/xxxxxxxxxxx).)

**Assays:**

	A	B	C	D	See attached documentation.
2.1.1. Amphibian Metamorphosis (Frog)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.2. Androgen Receptor Binding (Rat Prostate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.3. Aromatase (Human Recombinant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.4. Estrogen Receptor Binding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.5. Estrogen Receptor Transcriptional Activation (Human Cell Line (HeLa-9903))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.6. Fish Short-term Reproduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.7. Hershberger (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.8. Female Pubertal (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.9. Male Pubertal (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.10. Steroidogenesis (Human Cell Line – H295R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.1.11. Uterotrophic (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

**2.2. I am not subject to the Test Order/DCI.**  See attached documentation.

**These Response Options Apply Only to Registered Pesticides:**

**2.3. I intend to voluntarily cancel the pesticide registration(s).**  See attached documentation.

**2.4. I intend to reformulate the product(s) to exclude this chemical from the formulation.**  See attached documentation.

**2.5. I am claiming a *Formulators' Exemption*.**  See attached documentation.

**These Response Options Apply Only to Chemicals that are Other Ingredients (aka inerts):**

**2.6. I have/am in the process of discontinuing the manufacture/import of this chemical.**  See attached documentation.

**2.7. I do not and will not sell my chemical for use as an inert ingredient to the pesticide market.**  See attached documentation.

**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:

Name and Title (Please Print or Type):

Email address:

**3.3. Date:**

**3.4. Phone Number:**

**Part 4**

**Submit Completed Form By:**

- **Mail To:** Document Processing Desk (SRRD-EDSP), Office of Pesticide Programs (7504P), U.S. Environmental Protection Agency, 1200 Pennsylvania Ave. NW, Washington, D.C. 20460
- **Deliver To:** Document Processing Desk (SRRD-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.