



**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 CONSORTIUM/ TASK FORCE

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	Primary Contact Information (i.e., the Administrator of the Consortium/Task Force):		
1.1. Chemical Info:	A. Chemical #:	B. Chemical Name:	
1.2. Company/Consortium/Task Force Name:			1.3. Address:
1.4. Contact Person:			

PART 2	Consortium/Task Force'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.)
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For each assay, check the appropriate box to indicate your response in the following table.

A. The Consortium/Task Force will generate new data.

B. The Consortium/Task Force is citing existing data. (Follow Order instructions to attach the full citation to publicly available data.)

C. The Consortium/Task Force is submitting existing data. (Follow Order instructions to attach the data.)

Assays:	A	B	C	See attached documentation.
1. Amphibian Metamorphosis (Frog)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2. Androgen Receptor Binding (Rat Prostate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
3. Aromatase (Human Recombinant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
4. Estrogen Receptor Binding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
5. Estrogen Receptor Transcriptional Activation (Human Cell Line (HeLa-9903))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
6. Fish Short-term Reproduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
7. Hershberger (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
8. Female Pubertal (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
9. Male Pubertal (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
10. Steroidogenesis (Human Cell Line – H295R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
11. Uterotrophic (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

PART 3	Consortium/Task Force Participants: (Please list all participants, including Recipient information from the Order.)			
3.1. Order/DCI #:	3.2. Company Names:	3.3. Company Number(s):	3.4. Contact Name/Phone No.:	
EDSP-				
EDSP-				
EDSP-				
EDSP-				
EDSP-				
EDSP-				
EDSP-				

See attached continuation sheet identifying additional participants.

See attached copy of the Consortium/Task Force agreement.

PART 4	4.1. 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.		
4.2. Company's Authorized Representative:			4.3. Date:
Signature:			4.4. Phone Number:
Name and Title (Please Print or Type):			
Email address:			

Part 5	Submit Completed Form By:
	<ul style="list-style-type: none"> • <u>Mail To:</u> Document Processing Desk (SRRD-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 (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.