

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. Che			emical #:	B. Chemical Name:						
1.2. Company/Consortium/Task Force Name:							1	.3. Address:		
1.4. Contact Person:										
Consortium/Task Force's Initial Response: (Please refer to the Order/DCI for more information about response option										
PART 2	well as detailed instructions on how to comply with the Order.)									
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: 1. Amphibian Metamorphosis (l			(Erog)			A B	C	C See attached documentation. ○ □		
			g (Rat Prostate)			$\frac{3}{3}$		0 0		
3. Aromata					_	0 0	0			
4. Estroger			0	0						
5. Estrogen Receptor Transcriptional Activation (Human Cell Line (HeLa-9903						0	0			
6. Fish Sho		producti	on))	_			
7. Hershberger (Rat)						0 0	0			
8. Female Pubertal (Rat)						$\frac{\circ}{\circ}$	0			
9. Male Pubertal (Rat) 10. Steroidogenesis (Human Cell Line – H295R)						o o	0			
11. Uterotrophic (Rat)						$\frac{3}{3}$	0			
PART 3 Consortium/Task Force Participants: (Please list all participants, including Recipient information from the Order.)										
3.1. Order/DO	CI #:		3.2. Company Names:		3.3. C	ompan	/ Num	nber(s):	3.4. Contact Name/Phone No.:	
EDSP-										
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☐ 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: Signature:								4.3. Date:		
Name and Title (Please Print or Type): Email address:								4.4. Phone Number:		
Email address		Comple	ted Form By:							
Part 5	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.