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# NTP Tox21 Assay Nomination

Thank you for your interest in the NTP and the [Tox21 program](#).

Complete the following form to nominate an assay for consideration by the Tox21 Assay Selection Committee.

**OMB#: 0925-0766** Exp Date: 04/2023

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted on-line to complete this instrument so that we can improve the website.

Public reporting burden for this collection of information is estimated to average no more than 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0766). Do not return the completed form to this address.

**Note:** \* denotes required information.

## Your Contact Information

**Name \***

**Telephone**

**Email \***

**Affiliation Type \***

**Additional Contact Information**

### Tips

Your contact information will only be used if we need to contact you concerning your submission. It will not be shared with external parties.

## Your Nomination

**Assay Name \***

**Biological/Toxicity Pathway \***

**Relevance to Tox21 \***

**Critical Factors for Assay Success**

**Assay Technology or Format \***

**Assay Source \***

**Reference Compounds \***

### Tips

Provide as much detail about the assay as you can. [Email us](#) if you have any questions.

**Validation Status**

**Major Estimated Costs \***

### Tips

Include information such as how many compounds have been tested in the array, levels of miniaturization, etc.

## Attach any Supporting Files

**File 1**  No file chosen

**File 2**  No file chosen

**File 3**  No file chosen


**File 4**  No file chosen

**File 5**  No file chosen

### Tips

The following file types are accepted by NTP:

- PDF
- Text Document
- MS Office (Excel, Power Point or Word)

I'm not a robot 

If you have any questions regarding this form, or the type of assays that can be considered, please contact:

Kristine Witt  
Assay Selection Committee  
[Email](#)  
984-287-3208

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