OMB CONTROL NO.			NO.	TITLE OF I	TITLE OF INFORMATION COLLECTION REQUEST								DATE PREPARED	
0579-0429													June 10, 2021	
TYPE OF REQUEST				Appr	Approval for Laboratories for Conducting Aquatic Animal Tests for Export Health Certificates								PUBLIC COMMENT DOCKET NO.	
Renewal													APHIS 2020-0112	
POINT OF CONTACT													FEDERAL REGISTER NOTICE	
Janet Warg													86 FR 1476	
TELEPHONE NO.													FEDERAL REGISTER DATE	
	(515)	337-	7551										January 8, 2021	
							P	ART I - SUMMARY	(					
	TOTAL RESPONDENTS			5 TOTAL AN	NUAL RESPONSES	% ELECTRONIC RESP		PONSES PER RESPONDENT		TOTAL BURDEN HOURS		HOURS PER RESPO	ONSE % SM/	ALL ENTITIES
	8				416 0%			52	52		1,462	3.514		0%
PART II - LIST OF ACTIVITIES														
TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHORITY (U.S.C., CFR, or Manual)	ACTIVITY DESCRIPTIC	DN tle, respondent type, and type of if discretionary)	<sup>;</sup> change	FORM NO.	FO	RMAT	ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)		(F)		(G)		(H)	(1)	(J)	(K)	(L)
D	P1	Х	Ι		Notification for Intent to Request Approval						2	26	0.500	13
D	S1	х	I		Notification for Intent to Request Approval						6	30	0.500	15
Е	P1		I		Application for APHIS Approval						2	26	2.000	52
D	S1		I		Application for APHIS Approval						6	30	2.000	60
E	P1		I		Protocol Statement						2	26	1.000	26
Е	S1		I		Protocol Statement						6	30	1.000	30
Е	P1		I		Submission of Sample Copies of Diagnostic Reports						2	26	1.000	26
Е	S1		I		Submission of Sample Copies of Diagnostic Reports						6	30	1.000	30
E	P1		R		Recordkeeping of Sample Copies of Diagnostic Reports						2	2	20.000	40
Е	S1		R		Recordkeeping Diagnostic Repo	of Sample Copies of orts					6	6	25.000	150

TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHORITY (U.S.C., CFR, or Manual)	ACTIVITY DESCRIPTION (title, respondent type, and type of change if discretionary)	FORM NO.	FORMAT	ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(К)	(L)
Е	P1		Ι		Quality Assurance/Control Plans			2	26	4.000	104
Е	S1		I		Quality Assurance/Control Plans			6	30	4.000	120
E	P1		R		Recordkeeping of Quality Assurance/Control Plans			2	2	40.000	80
E	S1		R		Recordkeeping of Quality Assurance/Control Plans			6	6	100.000	600
D	P1		I		Notification of Proposed Changes to Assay Protocols			2	26	0.500	13
D	S1		I		Notification of Proposed Changes to Assay Protocols			6	30	0.500	15
Е	P1		R		Recordkeeping: Supporting Assay Documentation			2	2	15.000	30
Е	S1		R		Recordkeeping: Supporting Assay Documentation			6	6	5.000	30
D	P1		I		Request for Removal of Approved Status			2	26	0.500	13
D	S1		I		Request for Removal of Approved Status			6	30	0.500	15