

OMB CONTROL NO. 0579-0090	TITLE OF INFORMATION COLLECTION REQUEST  Specimen Submission	DATE PREPARED December 10, 2021
TYPE OF REQUEST Renewal		PUBLIC COMMENT DOCKET NO. APHIS-2021-0036
POINT OF CONTACT Lori Swiderski		FEDERAL REGISTER NOTICE 85 FR 40445-40446
TELEPHONE NO. (515) 337-7405		FEDERAL REGISTER DATE July 28, 2021

**PART I - SUMMARY**

TOTAL RESPONDENTS <b>1,871</b>	TOTAL ANNUAL RESPONSES <b>32,546</b>	% ELECTRONIC <b>0%</b>	RESPONSES PER RESPONDENT <b>17</b>	TOTAL BURDEN HOURS <b>10,390</b>	HOURS PER RESPONSE <b>0.319</b>	% SMALL ENTITIES <b>25%</b>
-----------------------------------	---	---------------------------	---------------------------------------	-------------------------------------	------------------------------------	--------------------------------

**PART II - LIST OF ACTIVITIES**

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 TOTAL ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED TOTAL ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
E	P1	X	I	9 CFR 156	Specimen Submission (Business)	VS 10-4		1,785	17,850	0.333	5,945
E	S1		I	9 CFR 156	Specimen Submission (State)	VS 10-4		50	8,050	0.333	2,681
E	P1		I	9 CFR 156	Specimen Submission Continuation Sheet (Business)	VS 10-4A		254	2,032	0.333	677
E	S1	X	I	9 CFR 156	Specimen Submission Continuation Sheet (State)	VS 10-4A		50	1,705	0.333	568
	P1	X	I	9 CFR 156	Parasite Submission Form (Business)	VS 5-38		16	32	0.083	3

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 TOTAL ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED TOTAL ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	S1		I	9 CFR 156	Parasite Submission Form (State)	VS 5-38		19	2,717	0.170	462
	P1	X	I	9 CFR 156	Non-Conforming Submissions (Not on a Form) (Business)	N/A		20	100	0.333	34
	S1		I	9 CFR 156	Non-Conforming Submissions (Not on a Form)(State)	N/A		20	60	0.333	20