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| Logo  Description automatically generatedForm Approved OMB Nos. 2070-0060 and 2070-0174**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY****1200 Pennsylvania Ave., N.W.****WASHINGTON, D.C. 20460** |
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|  **DATA MATRIX** |
| Date  | EPA Reg No./File Symbol | Page of |
| Applicant’s/Registrant’s Name & Address  | Product |
| Ingredient |
| Guideline Reference Number | Guideline Study Name | MRID Number | Submitter | Status | Note |
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| Signature | Name and Title | Date |

EPA Form 8570-35 Electronic and Paper versions available.

**INSTRUCTIONS FOR DATA MATRIX**

**INSTRUCTIONS:** Identify all data submitted or cited and all submitters from whom permission has been received or to whom offers to pay have been sent by entering sufficient information in the attached matrix (photocopy and attach additional pages as necessary). Complete all columns; omission of essential information will delay approval of the registration/reregistration. On each page enter the date, Applicant's/Registrant's name, EPA Registration Number or application file symbol of the product, ingredient, page number, and total number of pages.

The Data Compensation Form entitled "Certification with Respect to Citation of Data" and the Data Matrix will be publicly available, upon request, after the registration/reregistration of this product has been granted or once this form is received in response to a Data-Call-In Notice.

**Ingredient:** Identify the active ingredient(s) in this product for which data are cited. The active ingredient(s) are to be identified by entering the chemical name and the CAS registry number. Begin a new page for each separate active ingredient for which data are cited. If bridging data from a related chemical or representative test compound are cited, enter the identity of that chemical/representative test compound including the EPA Registration Number/File Symbol if appropriate.

If the cite-all method is used for all data supporting this particular ingredient, enter "CITE-ALL" in the Guideline Reference Number column and leave the Guideline Study Name column blank. If the cite-all method is used for a particular Guideline Reference Number enter "CITE-ALL" in the MRID Number column on the line for that Guideline Reference Number. In either case, enter all submitters to whom offers to pay have been sent on subsequent lines. [Note: if the selective method of support is used and written authorization (letter of permission) is provided, the individual Guideline Reference Number, Guideline Study Name, and MRID Number columns must still be completed.] Otherwise:

**Guideline Reference Number:** Enter on separate lines in numerical order the Guideline Reference Numbers from 40 CFR Part 158 for all studies cited to support the registration/reregistration for this ingredient.

**Guideline Study Name**: For each Guideline Reference Number cited, enter the corresponding Guideline Study Name.

**MRID Number:** For each individual study cited in support of a Guideline Reference Number and Guideline Study Name, enter the Master Record Identification (MRID) Number listed in the Pesticide Document Management System (PDMS). Enter only one MRID Number on each line. Note that more than one MRID Number may be required per Guideline Reference Number. Note: Occasionally a study required to maintain a registration/reregistration is not associated with a Guideline Reference Number and Guideline Study Name. In such case, enter the MRID Number(s) for the study(ies).

**Submitter:** Using the most recent Data Submitters List, identify the Original Data Submitter with their current address for each study cited. The EPA assigned company number or other abbreviation may be used. Clearly explain any variations (alternate addresses, data owners not on the Data Submitters List, etc.) in footnotes to this table.

**Status:**  Enter one of the following codes for each study cited, as appropriate:

OWN: I am the Original Data Submitter for this study.

EXC: I have obtained written permission of the Original Data Submitter to cite this exclusive-use study in support of this application.

PER: I have obtained the permission of the Original Data Submitter to use this study in support of this application.

OLD: The study was submitted more than 15 years ago and all periods of compensation have expired.

PL: The study is in the public literature.

PAY: I have notified in writing the Original Data Submitter or, if the cite-all method is used, all companies listed in the most current Data Submitters List for this ingredient, and have offered (a) to pay compensation in accordance with FIFRA sections 3(c)(1)(F) and/or 3(c)(2)(B), and (b) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study(ies).

GAP: This Guideline data requirement is a data gap as defined in 40 CFR sections 152.83(a) and 152.96.

FOR: I am taking the formulator's exemption for this ingredient only. Other columns of this line should be marked "NA". However, if this product is to be registered/reregistered for additional uses for which the purchased EPA registered ingredient is not supported, additional data must be submitted or cited here to support those uses.

Note: If additional explanation is needed, enter a footnote number in this column and attach the corresponding explanation.