

ATTACHMENT 2

Air Force Medical Service Depleted Uranium (DU) Medical Management Implementation Instructions

Reference A: Assistant Secretary of Defense (Health Affairs) memorandum, Policy for Operation IRAQI FREEDOM Depleted Uranium (DU) Medical Management, 30 May 03

1. **IDENTIFICATION:** Identification of service members with potential exposure to DU:

(a) Service members wounded by DU will be identified, monitored and tracked in accordance with guidance found below and in Reference A.

(b) Service members who indicate they were exposed to DU, in Question 14 on the DD Form 2796, Post Deployment Health Assessment, will be referred to a healthcare provider to determine level of exposure.

(c) MTF's will work with the Military Personnel Flight, Personnel Readiness Unit, to identify personnel who performed duties on the ground in Iraq during Operation IRAQI FREEDOM, and who have redeployed without completing the April 2003 version of the DD Form 2796. These service members will complete the April 2003 DD Form 2796 to determine if they were exposed to DU and if so, will be evaluated to determine exposure level.

(d) Patients who self-identify to exposure will be referred to a healthcare provider for education and determination of exposure level.

2. **EVALUATION:** Healthcare providers will determine identified service members level of exposure using the below guidelines and in Reference A for expanded definitions. The level of exposure and referral, if indicated, will be documented on the DD Form 2796 and in the service member's health record on the DD Form 2766:

(a) **Level I-** personnel struck by DU munitions, or who were on, near, or in (less than 50 Meters) an armored vehicle at the time or shortly after it was struck with DU munitions. Further guidance for treating those with DU fragments is addressed in appendix 2 and in Reference A. **(24-Hour Urine bioassay required)**

(b) **Level II-** personnel who routinely enter DU damaged vehicles or fight fires involving DU munitions as part of their military occupation. **(24-Hour Urine bioassay required)**

(c) **Level III-** personnel with "incidental" exposure to DU who may have entered or climbed on contaminated vehicles. **(24-Hour Urine bioassay not required unless the healthcare provider requests it.)**

3. **MEDICAL TREATMENT/TRACKING:** The following procedures will be performed based on level of exposure:

Service Members Assigned Level I or Level II Exposure:

(a) Order a 24-hour DU urine bioassay with creatinine to send for analysis, as soon as possible, and preferably within 180 days post exposure. Run a local spot-sample urine creatinine test. Instructions for urine collection, type of containers, shipping instructions, and mailing addresses can be found in appendices 1 and 2.

(b) Complete the VA questionnaire (Form 10-9009D) (appendix 1) and VA Consult Depleted Uranium Program Checklist (appendix 2) Forms.

(c) Complete an SF 502, Medical Record Narrative Summary. Document the patient's age, sex, height, weight, full exposure history, level of exposure, and any clinical findings that might affect the interpretation of the laboratory results on the SF 502.

(d) Place the VA questionnaire (Form 10-9009D) (appendix 1), VA Consult Depleted Uranium Program Checklist (appendix 2), spot sample urine creatinine results, and the SF 502 in the service member's medical records, and forward a copy of these forms with the collected urine specimen to AFIOH/SDRR.

(e) Under no circumstances should required treatment or evacuation of a patient be delayed to collect the 24-hour DU urine bioassay.

(f) Educate the service member on depleted uranium, the purpose of the urine bioassay, medical follow-up required, and document the education in the service member's medical record.

(g) Metal fragments, removed from the service member with suspected DU exposure, will be treated as laboratory specimens and forwarded to AFIOH/SDRR for composition analysis. Documentation accompanying the shipment should indicate if suspected similar fragments are retained in the body of the service member. Metal fragments will be sent to AFIOH/SDRR with the attending healthcare provider's contact information.

(h) The MTF laboratory will develop a tracking system for metal fragment specimens and for DU urine bioassays to track the name of the service member, date of exposure, date/time of urine collection, type of sample submitted, and the results to ensure the information is retrievable locally (suggest using CHCS).

(i) AFIOH/SDRR is the POC for questions pertaining to laboratory sample collection/shipment. They can be reached at (210) 536-2061 or DSN 240. Their email address is SDRR@brooks.af.mil.

(j) FOLLOW UP:

(1) Follow up actions for individuals with an elevated 24-hour urine uranium, as analyzed by AFIOH/SDRR staff, will be individualized and based upon discussion between the primary healthcare provider, the AFIOH/SDRR staff, and possibly the Baltimore VA Depleted Uranium Follow Up Program.

(2) Diagnostic evaluation of any signs or symptoms, identified during the examination, is to be completed as clinically indicated.

(3) The need for subsequent DU Bioassays is based upon the depleted uranium levels found in the initial and subsequent specimen(s). Consultation with AFIOH/SDRR should be obtained during the course of the individual's continued assessment.

(4) Service members with diagnosed embedded DU fragments and/or elevated uranium levels will be offered an evaluation with the Baltimore VA DU Follow Up Program. (VA Program Administrators 1-800-815-7533)

(5) All laboratory and bioassay results, patient referrals, risk communication messages, and follow up medical care will be recorded in the service member's medical record.

Service Members Assigned Level III Exposure:

Personnel with Level III exposure will be medically evaluated, educated on DU exposure, and followed up as designated by the attending healthcare provider. All medical follow up and education provided will be entered into the service member's medical record.

ATTACHMENT 2, APPENDIX 1

VA FORM 10-9009D, DEPLETED URANIUM (DU) QUESTIONNAIRE

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-9009D. This form can also be found on the Veterans Health Administration (VHA) Forms <http://www.va.gov/vaforms> or at <http://vaww.va.gov/vaforms>. This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

You should use Adobe Acrobat 5.05 or later to view this form. To print this form, your printer must be set to "print as image" and "fit to page."



GW

Registry_10-9009I

VA Form 10-9009D 1

REFERENCES

- a) Voelz, George L., Chapter 13 - "Uranium," in Hazardous Material Toxicology, Eds. Sullivan, John B. and Krieger, Gary R. Williams and Wilkins, Baltimore, MD, 1992.
- b) Health Effects of Depleted Uranium - Fact Sheet, Department of Defense, June 11, 1993. **NOTE:** *Copies can be obtained by calling (703) 697-3189.*
- c) "Agency for Toxic Substances and Disease Registry," U.S. Public Health Service, 1990. Toxicologic Profile for Uranium. PB91-180 471, U.S. Department of Commerce, National Technical Information Service. **NOTE:** *Customer Service is (703) 487-4660.*
- d) McDiarmid, et al. "Health Effects of Depleted Uranium on Exposed Gulf War Veterans" Environmental Research, Section A, Vol. 82, 2000, pages 168-180.
- e) McDiarmid, et al. "Urinary Uranium Concentrations in an Enlarged Gulf War Veterans Cohort," Health Physics, Vol. 80, number 3, 2001, pages 270-273.
- f) McDiarmid, et al. "Surveillance of Depleted Uranium Exposed Gulf War Veterans: Health Effects Observed in an Enlarged "Friendly Fire" Cohort, JOEM, Vol. 4, Number 12, December 2001, pages 991-1000.
- g) VHA website: www.va.gov/gulfwar

TT	#1	Facility Number (Use PTF No. only) (2 - 4)				Suffix (5 - 7)			
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The information the veteran supplies may be disclosed outside the VA to Federal, State and local government agencies and National Health Organizations to assist in the development of programs for research purposes and other uses as stated in the "Notice of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

INSTRUCTIONS: Environmental Health Coordinator or Clinician: Please print. Use only one letter or number per block. If possible use black ballpoint or felt-tip pen. Shaded areas are for VA use only. All free text on this code sheet will be retained in medical health record but not included in the registry dataset at AAC.

PART IV (DEPLETED URANIUM [DU])

2. LAST NAME (8-33)

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3. FIRST NAME (34-48)	4. SOCIAL SECURITY NUMBER (49-58)
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5. PHONE NUMBERS WHERE YOU MAY BE CONTACTED:

5A. DAYTIME PHONE (59-68)	5B. EVENING PHONE (69-78)
() -	() -

6. TODAY'S DATE (79-86) e.g. 05191998 (May 19, 1998)	7. DATE OF ARRIVAL IN PERSIAN GULF WAR THEATRE OF OPERATION (87-94) e.g. 06191991 (June 19, 1991)	8. DATE OF DEPARTURE FROM PERSIAN GULF WAR THEATRE OF OPERATION (95-102) e.g. 11121991 (November 12, 1991)
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TO BE COMPLETED BY ENVIRONMENTAL HEALTH COORDINATOR OR CLINICIAN

Instructions: Please respond to all questions by entering one of the listed codes in Column (b).	(a) BLOCK	(b) CODE
9. WHO REFERRED YOU TO THE VA MEDICAL CENTER FOR EVALUATION? Code "a" = Office of the Special Assistant for Gulf War Illness (OSAGWI) of Department of Defense? Code "b" = Another Department of Defense Office Code "c" = Department of Veterans Affairs (VA) Code "d" = Self Referred Code "e" = Other sources (identify below)	103	

10. WHERE DID YOU SERVE? Enter Code "Y"= Yes or "N"= No in Blocks 104a through 104e.

10a. Code "a" = Kuwait	104a	
10b. Code "b" = Saudi Arabia	104b	
10c. Code "c" = Iraq	104c	
10d. Code "d" = Only on a ship (not ashore)	104d	
10e. Code "e" = Other (identify below)	104e	

DEPLETED URANIUM QUESTIONNAIRE, Continued				SSN									
Instructions: Choose one of the following codes for Questions 11 through 39, unless other codes are listed or a narrative response is required: Code "Y" = Yes Code "N" = No Code "D" = Don't Know													
											(a) BLOCK	(b) CODE	
11. WERE YOU A LOGISTICS ASSISTANCE REPRESENTATIVE (LAR) WHO INSPECTED DEPLETED URANIUM CONTAMINATED SYSTEMS TO DETERMINE REPAIRABILITY?											105		
12. WERE YOU A MEMBER OF A BATTLE DAMAGE ASSESSMENT TEAM (BDAT) WHO EXAMINED U.S. COMBAT VEHICLES KNOWN, OR SUSPECTED TO BE, DAMAGED OR DESTROYED BY DU?											106		
13. WERE YOU A MEMBER OF THE 144 SERVICE AND SUPPLY COMPANY WHO PROCESSED DAMAGED EQUIPMENT, INCLUDING SOME WITH DU CONTAMINATION?											107		
14. WERE YOU A MEMBER OF A RADIATION CONTROL (RADCON) TEAM DEPLOYED IN THE PERSIAN GULF?											108		
15. WERE YOU INVOLVED IN THE EXAMINATION OR RECOVERY OF DAMAGED OR DESTROYED ENEMY VEHICLES?											109		
16. WERE YOU INVOLVED IN THE DOWNLOADING OF EQUIPMENT OR MUNITIONS FROM VEHICLES KNOWN OR SUSPECTED TO BE CONTAMINATED BY DU?											110		
17. WERE YOU A MEMBER OF A UNIT MAINTENANCE TEAM PERFORMING MAINTENANCE ON OR IN SYSTEMS KNOWN OR SUSPECTED TO BE CONTAMINATED BY DU?											111		
18. WERE YOU AT DOHA ON JULY 11, 1991, AT THE TIME OF THE FIRE?											112		
18a. WERE YOU DIRECTLY INVOLVED IN CLEAN-UP OPERATIONS FOLLOWING THE DOHA EXPLOSION AND FIRE?											112a		
18b. WERE YOU EXPOSED TO SMOKE FROM BURNING DOHA ROUNDS?											112b		
19. WERE YOU IN OR ON A VEHICLE HIT BY ENEMY FIRE AT THE TIME IT WAS HIT? IF "NO," SKIP TO QUESTION 20.											113a		
19a. IF "YES," WHAT TYPE OF A VEHICLE?													
19a(1) Code "a" = ABRAMS battle tank											113b		
19a(2) Code "b" = BRADLEY fighting vehicle											113c		
19a(3) Code "c" = Other (identify) :											113d		
19a(4) Code "d" = Don't know											113e		
19b. IF "YES," WAS THE VEHICLE HIT BY DU MUNITIONS?											113f		
20. DID YOU ENTER AN ABRAMS BATTLE TANK TO PERFORM RESCUE OPERATIONS IMMEDIATELY AFTER IT WAS STRUCK BY ENEMY FIRE?											114		
21. DID YOU ENTER AN ABRAMS BATTLE TANK TO RETRIEVE SENSITIVE ITEMS IMMEDIATELY AFTER IT WAS STRUCK BY ENEMY FIRE?											115		
22. DID YOU ENTER A BRADLEY FIGHTING VEHICLE TO PERFORM RESCUE OPERATIONS IMMEDIATELY AFTER IT WAS STRUCK BY ENEMY FIRE?											116		
23. DID YOU ENTER A BRADLEY FIGHTING VEHICLE TO RETRIEVE SENSITIVE ITEMS IMMEDIATELY AFTER IT WAS STRUCK BY ENEMY FIRE?											117		

DEPLETED URANIUM QUESTIONNAIRE, Continued				SSN														
												(a) BLOCK	(b) CODE					
24. WERE YOU IN OR ON ANY VEHICLE HIT BY FRIENDLY FIRE AT THE TIME IT WAS HIT? IF "NO," SKIP TO QUESTION 25. Code "Y" = Yes Code "N" = No Code "D" = Don't Know												118						
24a. IF "YES," WHAT TYPE OF VEHICLE?																		
24a(1) Code "a" = ABRAMS battle tank												118a						
24a(2) Code "b" = BRADLEY fighting vehicle												118b						
24a(3) Code "c" = other (identify below)												118c						
24a(4) Code "d" = Don't Know												118d						
24b. WAS THE VEHICLE HIT BY DU MUNITIONS?												118e						
25. DID YOU ENTER AN ABRAMS BATTLE TANK TO PERFORM RESCUE OPERATIONS IMMEDIATELY AFTER IT WAS STRUCK BY FRIENDLY FIRE?												119						
26. DID YOU ENTER AN ABRAMS BATTLE TANK TO RETRIEVE SENSITIVE ITEMS IMMEDIATELY AFTER IT WAS STRUCK BY FRIENDLY FIRE?												120						
27. DID YOU ENTER A BRADLEY FIGHTING VEHICLE TO PERFORM RESCUE OPERATIONS IMMEDIATELY AFTER IT WAS STRUCK BY FRIENDLY FIRE?												121						
28. DID YOU ENTER A BRADLEY FIGHTING VEHICLE TO RETRIEVE SENSITIVE ITEMS IMMEDIATELY AFTER IT WAS STRUCK BY FRIENDLY FIRE?												122						
29. DID YOU ENTER ANY ENEMY VEHICLE TO PERFORM RESCUE OPERATIONS IMMEDIATELY AFTER IT WAS STRUCK BY OUR FIRE? IF "NO," SKIP TO QUESTION 30.												123						
29a(1) Code "a" = Tank												123a						
29a(2) Code "b" = Other tracked vehicle (identify below)												123b						
29a(3) Code "c" = Truck												123c						
29a(4) Code "d" = Other wheeled vehicle (identify below)												123d						
29a(5) Code "e" = Other type vehicle (identify below)												123e						
29a(6) Code "f" = Don't know												123f						
30. DID YOU ENTER ANY ENEMY VEHICLE TO RETRIEVE SENSITIVE ITEMS OR INTELLIGENCE MATERIAL IMMEDIATELY AFTER IT WAS STRUCK BY OUR FIRE? IF "NO," SKIP TO QUESTION 31.												124						
30a. IF "YES," WHAT TYPE OF VEHICLE?																		
30a(1) Code "a" = Tank												124a						

DEPLETED URANIUM QUESTIONNAIRE, Continued					SSN:							(a) BLOCK	(b) CODE
30a(2) Code "b" = Other tracked vehicle (identify below)											124b		
30a(3) Code "c" = Truck											124c		
30a(4) Code "d" = Other wheeled vehicle (identify below)											124d		
30a(5) Code "e" = Other type vehicle (identify below)											124e		
30a(6) Code "f" = Don't know											124f		
31. WERE YOU EXPOSED TO SMOKE FROM ANY ENEMY EQUIPMENT STRUCK BY DU ROUNDS?											125		
32. DID YOU REMOVE EQUIPMENT OR OTHER ITEMS FROM A DAMAGED OR DESTROYED U.S. OR ENEMY VEHICLE? IF "NO," SKIP TO QUESTION 33.											126		
32a If you removed something from a vehicle, please describe it below:											126a		
32b Do you still have equipment or other items removed from a damaged or destroyed U.S. or enemy vehicle?											126b		
33. WERE YOU WITHIN 50 METERS (45.72 YARDS) OF A VEHICLE WHEN IT WAS HIT (NOT INCLUDING VEHICLES YOU WERE IN OR ON THAT WERE HIT)? IF "NO," SKIP TO QUESTION 34.											127		
33a. IF YES, WHAT TYPE OF VEHICLE?													
33a(1) Code a = ABRAMS battle tank											127a		
33a(2) Code b = BRADLEY fighting vehicle											127b		
33a(3) Code c = other (identify below)											127c		
33a(4) Code d = Don't Know											127d		
33b. WAS THE VEHICLE HIT BY DU MUNITIONS?											127e		
34. DID YOU BREATH SMOKE OR DUST FROM VEHICLES HIT BY ENEMY OR FRIENDLY FIRE? IF "NO," SKIP TO QUESTION 35.											128		
34a. IF "YES," WHAT TYPE OF VEHICLE?													
34a(1) Code "a" = ABRAMS battle tank											128a		
34a(2) Code "b" = BRADLEY fighting vehicle											128b		
34a(3) Code "c" = other (identify below)											128c		
34a(4) Code "d" = Don't Know											128d		
34b. WAS THE VEHICLE HIT BY DU MUNITIONS?											128e		

DEPLETED URANIUM QUESTIONNAIRE, Continued				SSN																
																	(a) BLOCK	(b) CODE		
35. DID YOU CLIMB ON OR ENTER VEHICLES HIT BY ENEMY OR FRIENDLY FIRE SOMETIME AFTER THE IMMEDIATE POST-IMPACT RESCUE PERIOD? IF "NO," SKIP TO QUESTION 36.																	129			
"Y" = Yes "N" = No "D" = Don't Know																				
35a. IF "YES," WHAT TYPE OF VEHICLE?																				
35a(1) Code "a" = ABRAMS battle tank																	129a			
35a(2) Code "b" = BRADLEY fighting vehicle																	129b			
35a(3) Code "c" = Other (identify below)																	129c			
35a(4) Code "d" = Don't Know																	129d			
35b. HOW MANY TIMES?																				
35b(1) Code "a" = 1 Time																	129e			
35b(2) Code "b" = 2 Times																	129f			
35b(3) Code "c" = 3- 10 times																	129g			
35b(4) Code "d" = More than 10 times																	129h			
35b(5) Code "e" = Don't know																	129i			
35c. HOW LONG (IN TOTAL) WERE YOU ON BOARD THE VEHICLE(S)?																				
35c(1) Code "a" = Less than 5 minutes																	129j			
35c(2) Code "b" = 5-15 minutes																	129k			
35c(3) Code "c" = 16-30 minutes																	129l			
35c(4) Code "d" = More than 30 minutes																	129m			
35c(5) Code "e" = Don't know																	129n			
35d. WAS THE VEHICLE KNOWN TO BE CONTAMINATED WITH DU?																	129o			
36. DID YOU PASS WITHIN 50 METERS (45.72 YARDS) OF A DAMAGED OR DESTROYED VEHICLE? IF "NO," SKIP TO QUESTION 37. "Y" = Yes "N" = No "D" = Don't Know																	130			
36a. HOW LONG (IN TOTAL) AFTER THE DESTRUCTIVE EVENT?																				
36a(1) Code "a" = Less than 12 hours																	130a			
36a(2) Code "b" = 12 hours - 24 hours																	130b			

DEPLETED URANIUM QUESTIONNAIRE, Continued		SSN										
36a(3). Code "c" = more than 24 hours										130c		
36a(4). Code "d" = Don't know										130d		
36b. IF "YES," WHAT TYPE OF VEHICLE?												
36b(1) Code "a" = ABRAMS battle tank										130e		
36b(2) Code "b" = BRADLEY fighting vehicle										130f		
36b(3) Code "c" = Other (identify below)										130g		
36b(4) Code "d" = Don't Know										130h		
36c. WAS THE VEHICLE BURNING? "Y" = Yes "N" = No "D" = Don't Know										130i		
37. WERE YOU WOUNDED AS A RESULT OF BEING IN, ON, OR WITHIN 50 METERS (45.72 YARDS) OF THE DAMAGED VEHICLE AT THE TIME IT WAS HIT? IF "NO," SKIP TO QUESTION 38.										131		
37a. WHERE YOU WOUNDED?												
37a(1) Code "a" = leg/foot										131a		
37b(2) Code "b" = arm/hand										131b		
37c(3) Code "c" = face/head										131c		
37d(4) Code "d" = neck										131d		
37e(5) Code "e" = body										131e		
37b. DO YOU HAVE RETAINED FRAGMENTS OR SHRAPNEL IN YOUR BODY?										131f		
38. DID YOU FIRE DU ROUNDS?										132		
39. DID YOU HANDLE BARE/DAMAGED DU PENETRATOR ROUNDS? IF "NO," SKIP TO QUESTION 40.										133		
39a. DID YOU HANDLE THE ROUNDS WITH GLOVES?										133a		
39b. DID YOU HANDLE THE ROUNDS WITH SHIELDING?										133b		
OTHER EXPOSURES												
40. DID YOU HAVE EXPOSURE TO DU THAT IS NOT CAPTURED BY THIS QUESTIONNAIRE?										134		
41. IF "YES," DESCRIBE BELOW:												

DEPLETED URANIUM QUESTIONNAIRE, Continued	SSN																	
41. DO YOU HAVE OTHER EXPOSURES AND EXPERIENCES TO DISCUSS WITH THE PROVIDER? Code "Y" = Yes Code "N" = No IF "YES," DESCRIBE BELOW:								135										
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																		
42. IS THE 24-HOUR URINE COLLECTION FOR URANIUM BEING PERFORMED? Code "Y" =Yes, Code "N" = No or Code "U" =Unknown. IF "NO" OR "UNKNOWN" PROVIDE EXPLANATION BELOW.								136										
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43.								137										
44. OTHER COMMENTS:																		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																		
45. NAME AND TITLE OF EXAMINER/CLINICIAN:																		
<hr/> <hr/>																		
46. SIGNATURE OF EXAMINER:																		
<hr/> <hr/>																		
<p><i>Instructions:</i> Once the DU questionnaire has been completed, VAMC EHC will transmit a copy to AAC, with registry code sheet. If the veteran has already had a GW Registry examination, only the DU questionnaire will be sent to AAC. A copy of the questionnaire will also be sent to the DU Follow-up Program at the Baltimore VAMC with the package requesting the urine uranium test. The Baltimore DU Follow-up program staff will transmit the results of the urine uranium test directly to the AAC for database entry and to the VAMC of origin for entry into the veteran's medical record.</p>																		
TO BE COMPLETED BY THE BALTIMORE VAMC FU FOLLOW-UP PROGRAM STAFF																		
47. CORRECTED URINE URANIUM (EXPRESSED PER MCG PER G CREATININE) 3 DIGITS TO THE LEFT AND 3 DIGITS TO THE RIGHT OF THE DECIMAL.								138-143										
REPEAT URINE URANIUM								144- 149										
48. REMARKS:																		
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ATTACHMENT 2, APPENDIX 2

**DEPLETED URANIUM PROGRAM CHECKLIST
24-HOUR URINE URANIUM COLLECTION
BALTIMORE VA MEDICAL CENTER**

CONSULT URINE INSTRUCTIONS (REVISED 07/03)

PATIENT NAME: _____ **SSAN:** _____

ADDRESS: _____

Telephone: _____ **Date of Birth:** _____

Specimen Date: _____ **Date of Expected Exposure:** _____

Route of Possible Exposure (Circle One): **Inhalation** **Ingestion** **Wound Penetration**

Level of Exposure (Circle One): **Level I** **Level II** **Level III**

Referring VA Medical Center or MTF : _____ **Mail Code:** _____

Address: _____

Referring Physician Signature: _____

Referring Physician Stamp: _____

Beeper Number: _____ **Telephone Number :** _____

FAX Number (to receive report): _____

Use 32 oz Fisher wide-mouth containers for 24 hr urine collection Only 32 oz Fischer wide-mouth jugs (Fisher Scientific Company, Catalogue 02 896 2F) will be accepted. Specimens received in any other container will be returned. Leaking containers will be returned.

Schedule patient for 24-hour urine collection.

Date: _____

a. Time and Date of first void (discarded) urine DAY 1: _____

b. Time and Date of first void urine DAY 2: _____

DU PROGRAM CHECKLIST - CONSULT URINE INSTRUCTIONS (CONTINUED)

- Instruct patient to urinate directly into the collection container(s). Uranium sticks to the sides of the container. Therefore, do not transfer urine due to potential loss of analyte. Issue 3 containers to patient to insure full 24-hour collection in approved containers.
- Instruct patient to collect urine beginning **after** first morning void of Day 1 and end collection **after** first morning void on Day 2 (the next day).
- Seal containers as tightly as possible. Double bag each urine container with absorbent material. Make sure each plastic bag is sealed tightly. Stabilize container inside the box with more absorbent packing material to prevent movement. The sample should be mailed in the package provided. *Should be handled by servicing MTF Laboratory Services.*
- A copy of this form and the DU questionnaire VA Form 10-9009D sealed in a separate ziplock plastic bag should be enclosed with the sample for identification purposes.
- SEND SPECIMEN VIA FEDEX. Tracking Number: _____
- SEND TO:

AFIOH/SDRR
2350 Gillingham Drive
Brooks City Base, Texas 78235-5103
ATTN: Dale Thomas
- Before sending this sample, call AFIOH/SDRR at 210-536-2061, DSN: 240, so that they know to expect delivery.**

POC: Mr. DALE D. THOMAS III, Health Physicist
Chief, Radioanalytical Branch
Radiation Surveillance Division
Fax 210-536-3189
email: dale.thomas@brooks.af.mil

*****AFIOH/SDRR will contact the VA (Sandy Shannon) at 1-800-815-7533 prior to forwarding the urine bioassay sample.**

If the MTF is submitting the sample of a member in a sister service, please contact the coordinating agency listed below:

Army: USACHPPM at 410-436-3983, DSN: 584 or 1-800-222-9698.

Navy: Radiation Health at 202-762-3447 or Occupational Health at 202-762-3496.

Marines: Occupational Medicine at 703-614-4478 or Health Physics at 703-614-1202.