

OIF DU EXPOSURE SEMI-ANNUAL PROGRESS REPORT
DU Bioassay/Fragment Testing and Results Information

Cumulative Reporting Period: 1 June 2003 through 30 September 2004

Service _____ Report Date _____ POC(Name/Phone Number) _____

Exposure Level	No. Personnel Identified	Fragment -Type Injury (Q 37) ¹	Urine Bioassay Results				# Patients Notified of Results	# Patients Offered Referral to the VA
			Total Uranium <50ng/g cre ₂	Total Uranium Initial ≥50ng/g cre ³	Total Uranium Confirmed ≥50ng/g cre ₄	Urine DU Detected/ Indicated ⁵		
I								
II								
III	*							
Uncategorized								
Cumulative Totals⁷								

Fragment Information for Patients with Removed Fragments

Patient #	Number of Fragments Removed	Analysis of Each Fragment Removed ⁶ (attach add. sheet if necessary)	Urine Bioassay Results ⁸	# Patients Offered Referral to the VA

			Total Uranium <50ng/g cre²	Total Uranium Initial ≥50ng/g cre³	Total Uranium Confirmed ≥50ng/g cre⁴	Urine DU Detected/ Indicated	Pending/ Undetermined/ No Sample	
1								
2								
3								
4								
5								
Cumulative Totals								

Notes:

1. Positive response to Question 37a or 37b on the DU Exposure Questionnaire— (DoD Form 2872 Test)
 2. Urinalysis < 50ng Total Uranium per gram creatinine
 3. Urinalysis ≥ 50ng Total Uranium per gram creatinine
 4. Urinalysis ≥ 50ng Total Uranium per gram creatinine, initial and follow up specimens
 5. Report the criteria used to determine whether the presence of DU was detected or indicated by the bioassay procedures.
 6. If fragment metal composition is known, identify the major constituents; use a additional sheets if necessary.
 7. Cumulative totals will reflect total for the entire reporting period (beginning 30 June 2003)
 8. Bioassay is only required if the fragment contains DU or if Level I or Level II exposure is suspected or known.
- * Enter only the number of Level III exposed personnel who received a bioassay.

