

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

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 BREATHE 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 OR 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												
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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.