



TT	#3	Facility Number (Use PTF No. only)				Suffix			
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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: Only electronic entries of registry data via website <http://vaww.registries.aac.va.gov> will be accepted by the Austin Automation Center, Austin, TX. Hard copies of code sheets sent to the AAC will be returned to the VA facility of origin.

PART I - OBTAIN THIS INFORMATION FROM PATIENT'S CHART ONLY

2. LAST NAME										
3. FIRST NAME					4. MIDDLE NAME					5.Type
6. SOCIAL SECURITY NUMBER				7. SERVICE SERIAL NO.				8. DATE OF BIRTH		
								Month	Day	Year
9. CLAIM NO.				10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)(optional)						
11. ADDRESS (Street Name and Apartment Number (If applicable))										
12. CITY OR TOWN										
COUNTY				STATE	ZIP CODE		PLUS 4 -OPTIONAL	COUNTY	STATE	
13. SEX M = Male F = Female				14. Did veteran receive nasopharyngeal radium treatments while in active military, naval or air service? (Y = Yes N = No U = Unknown)						

PART II. TO BE COMPLETED BY EXAMINING PHYSICIAN OR PROGRAM COORDINATOR

15. Has the veteran reported birth defects among veteran's children or grandchildren? (Y = Yes N = No U = Unknown)						16. Date Of Exam			
						Month	Day	Year	
17. Possible Radiogenic-Related Disease(s) (Y = Yes N = No U = Unknown)									
(A) None (If Yes, go to Item 18, "Remarks")									
(B) Leukemia, Lymphoid (Except Chronic Lymphatic Leukemia, to be included in Item II below)									
(C) Leukemia, Myeloid									
(D) Leukemia, Monocytic									
(E) Leukemia, Hairy Cell									
(F) Leukemia, Other									
(G) Leukemia, Unspecified Cell Type									
(H) Thyroid Cancer									
(I) Breast Cancer									
(J) Lung Cancer, (Malignant Neoplasm Of Trachea, Bronchus, & Lung)									

Ionizing Radiation Registry Code Sheet, Continued	Name	SSN
(K) Bone Cancer		
(L) Primary Liver Cancer		
(M) Skin Cancer		
(N) Esophageal Cancer		
(O) Stomach Cancer		
(P) Colon Cancer		
(Q) Pancreatic Cancer		
(R) Kidney Cancer		
(S) Urinary Bladder Cancer		
(T) Salivary Gland Cancer (Malignant Neoplasm of Major Salivary Gland)		
(U) Multiple Myeloma		
(V) Posterior Subcapsular Cataracts		
(W) Nonmalignant Thyroid Nodular Disease		
(X) Ovarian Cancer		
(Y) Parathyroid Adenoma		
(Z) Malignant Tumors Of The Brain & Central Nervous System		
(AA) Lymphomas Other Than Hodgkin's Disease		
(BB) Cancer of the Rectum		
(CC) Cancer of the Small Intestine		
(DD) Cancer of the Pharynx		
(EE) Cancer of the Bile Duct		
(FF) Cancer of the Gall Bladder		
(GG) Cancer of the Renal Pelves, Ureters & Urethra		
(HH) Cancer of the Prostate		
(II) Bronchio-alveolar carcinoma (a rare lung disease)		
(JJ) Benign Neoplasms of the brain and central nervous system..		
(KK) Any other malignancies not previously listed.	(Y = Yes N=No) If Yes, list below	
(LL) Other possible radiogenic diseases.	(Y = Yes N=No) If Yes, list below	
18. REMARKS?	(Y = Yes N = No) If Yes, list below	
19A. NAME OF EXAMINER/ENVIRONMENTAL CLINICIAN	19B. PRIVATE EXAMINER?	(Y = Yes N = No)
20. TITLE OF EXAMINER		
21. SIGNATURE OF EXAMINER		
22. SIGNATURE OF ENVIRONMENTAL HEALTH CLINICIAN		