

CONTENTS

CHAPTER 2. AGENT ORANGE REGISTRY EXAMINATION

PARAGRAPH	PAGE
2.01 Purpose	2-1
2.02 Policy	2-1
2.03 Eligibility Criteria	2-1
2.04 Program Management	2-1
2.05 Environmental Physician Responsibilities	2-2
2.06 Agent Orange Coordinator Responsibilities	2-4
2.07 Active Duty Military Personnel	2-6
2.08 Incarcerated Veterans	2-6
2.09 Veterans with Other than Honorable Discharges.....	2-7
2.10 Conducting the Physical Examination	2-7
2.11 Reporting Requirements	2-9
2.12 Records Control, Disposition and Retention	2-10
2.13 Education and Training	2-10
APPENDICES	
2A Sample Agent Orange Follow-up Letters	2A-1
2B Definitions and Acronyms	2B-1
2C Instructions for Completing VA Form 10-9009, Agent Orange Registry Code Sheet, and a Completed Sample of VA Form 10-9009, (RCS 10-0102)	2C-1
2D Instructions for Processing Code Sheets and Sample of Completed VA Form 7252, Transmittal Form for Use in Shipment of Tabulating Data	2D-1

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

RESCISSIONS

The following material is rescinded:

a. Manuals

M-10, Part I, Chapter 2, dated March 29, 1990

b. Circulars

10-78-219
10-78-234
10-79-83
10-79-239
10-80-13
10-80-32
10-80-152
10-80-203
10-80-229
10-80-239
10-81-3
10-81-12
10-81-50
10-81-54
10-81-82
10-81-115
10-81-263
10-82-5
10-82-7
10-82-27
10-82-37
10-82-46
10-82-110
10-82-154
10-82-177
10-82-185
10-83-7
10-83-26
10-83-38
10-83-214
10-84-143
10-84-218
10-85-8
10-85-29
10-85-190
10-87-8
10-88-19
10-88-25
10-89-70

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

CHAPTER 2. AGENT ORANGE REGISTRY EXAMINATION

2.01 PURPOSE

This chapter sets forth clinical and administrative policies related to the maintenance of the Veterans Health Administration (VHA)'s Agent Orange Registry Program of physical examinations for concerned Vietnam veterans.

2.02 POLICY

Any veteran who served in Vietnam, regardless of length of service (i.e., 1-hour, 1-day, 1-month, 1-year, etc.) is entitled to the Agent Orange Registry (AOR) examination.

2.03 ELIGIBILITY CRITERIA

a. Any veteran, male or female, who had active military service in the Republic of Vietnam between 1962 and 1975, (these dates are inclusive for the registry and not to be confused with eligibility dates for health care services as indicated in Ch. 1), expressing a concern relating to exposure to herbicides, is encouraged to participate in the AOR Program which includes a thorough medical examination.

b. A veteran who did not serve in Vietnam is not eligible for the Agent Orange examination. Exposure to Agent Orange or any of the other classes of herbicides used elsewhere, other than Vietnam, does not confer eligibility for purposes of the AOR. NOTE: Such individuals may have been permanently assigned elsewhere during the period of the Vietnam Conflict, (e.g., Cambodia, Thailand, Japan, at sea, etc.); however, the crucial factor is that individual's physical presence be "in-country".

c. Active duty military personnel who served in Vietnam are encouraged to participate in the AOR program (see par. 2.07).

d. Veterans are advised that participation in the AOR does not constitute a formal claim for compensation. Although, the results of such an AOR examination may be used to support a compensation claim, the examination will not in and of itself be considered such a claim. Veterans are advised of the routine procedure to file a claim through the Veterans Benefits Counselor (VBC) at the nearest Department of Veterans Affairs (VA) facility, medical center or regional office.

NOTE: If a compensation examination is performed for a Vietnam theater veteran and the veteran requests inclusion in the AOR, it is not necessary to perform an additional registry examination as long as the demographic and medical information is sufficient to adequately complete the AOR code sheet for submission to Austin Automation Center (AAC).

2.04 PROGRAM MANAGEMENT

NOTE: The Environmental Physician (EP), Agent Orange Coordinator (AOC), and Medical Administration Service (MAS) staff play a significant role in

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

determining the perceptions Vietnam veterans have concerning the quality of VA health care services and of their individual treatment by VA health care providers.

a. EP. An EP and one or more alternates will be designated by the Chief of Staff (COS) and approved by the Director at each facility.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

b. AOC. An AOC and alternate(s) will be designated by the Chief, MAS, and approved by the Director at each facility.

c. Environmental Physician and Agent Orange Coordinator Listings. Separate listings of the EPs and AOCs are maintained by the Environmental Agents Service (EAS). In an effort to keep these listings current, facilities are requested to notify EAS of changes as they occur in status of the EPs and AOCs at their respective facilities and/or satellite clinics. These listings will include the name, title, mail routing, and FTS, commercial telephone, and FAX numbers with area code, and should be submitted, in writing, to EAS (116A), Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, D.C. 20420.

2.05 EP RESPONSIBILITIES

The EP is responsible for clinical management and will serve in an advisory capacity for the administrative management of the program. Major responsibilities include:

a. Counseling. The EP advises the veteran that the examination cannot detect the presence of dioxin in the body nor determine whether adverse health effects or potential health problems are related to Agent Orange.

b. Documenting the Physical Examination. The EP must:

(1) Conduct and document the physical examination in the medical record and/or in the Consolidated Health Record (CHR) at the time of the visit.

(a) This examination involves the taking of a complete medical history to include information about:

1. Family;
2. Occupation;
3. Social activities noting tobacco, alcohol, and drug use;
4. Veteran's civilian exposure to possible toxic agents; and
5. Psychosocial condition.

(b) If a veteran is subsequently diagnosed with a significant health problem by non-VA doctor, encourage the veteran to contact VA medical center to include additional diagnoses in the CHR and AOR.

1. This new diagnosis must be submitted under non-VA physician's signature and official letterhead.

2. A code sheet identified as, follow-up examination, Type C, will be completed with this diagnosis and subsequently forwarded to the AAC for inclusion in the AOR.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

(2) Review and complete Part I of VA Form 10-9009, Agent Orange Registry Code Sheet, if necessary.

(3) Complete Part II of VA Form 10-9009 (see App. 2C).

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

(4) Review the records of every Vietnam veteran examined to ensure that a complete physical examination was performed and documented.

(5) Personally discuss with each veteran the:

(a) Findings of the physical examination and completed diagnostic studies.
NOTE: The interview will be conducted in such a way as to encourage the veteran to discuss health concerns, as well as those of family members, as they relate to herbicide exposure. This information will be documented in the veteran's CHR.

(b) Need for follow-up examination either recommended by the EP or requested by the veteran.

c. Preparing and Signing Follow-up Letter. The EP will ensure that appropriate personalized follow-up letters, explaining the results of the examination and laboratory studies, have been signed and mailed to the veteran (see App. 2A).

(1) Follow-up letters will be mailed to the veteran within 2 weeks of the initial examination appointment. The only exception to this timeframe will be when a consultation at a specialty clinic is requested as part of the initial examination process. This exception suspends, but does not remove, the requirement for the follow-up letter. The follow-up letter will be sent within 2 weeks after the consultation.

(2) A dated copy of the follow-up letter will be filed in the veteran's CHR.

NOTE: It is essential that this letter be written in language that can be easily understood by the veteran. Inappropriate wording could unduly alarm or confuse the veteran. A great deal of sensitivity and care should be exercised in the preparation of this correspondence.

(3) The follow-up letter will explain that:

(a) If the veteran examined has no detectable medical problems, the follow-up letter should so indicate and suggest that the veteran contact the nearest VA health care facility if health problems appear later.

(b) If it is determined upon examination that the veteran does have medical problems, it is not necessary to specify the problems in the letter. The veteran should be advised in the letter that the recent examination indicated a health condition and/or problem which may require further examination and/or treatment.

(c) If the veteran is eligible for VA medical treatment, the letter should so state and provide the name of a contact person, including telephone number, within the facility.

(d) If the veteran is not eligible for treatment, the letter should so advise and recommend that the veteran seek appropriate medical care elsewhere.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

(e) If the problem(s) is (are) not necessarily related to possible Agent Orange exposure, the letter should explain that there is considerable research underway to learn more about the possible long-term health effects of Agent Orange exposure. Currently, the following conditions have been presumptively recognized as service-connected (SC) for veterans who served in Vietnam:

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

1. Chloracne;
2. Non-Hodgkin's lymphoma;
3. Soft-tissue sarcoma;
4. Hodgkin's disease;
5. Porphyria Cutanea Tarda (PCT);
6. Respiratory cancers (lung, larynx, trachea); and
7. Multiple myeloma.

NOTE: Other conditions may be recognized in the future.

d. Reviewing records. The EP reviews records of every Vietnam veteran examined to ensure that a complete physical examination was performed and documented.

2.06 AGENT ORANGE COORDINATOR RESPONSIBILITIES

The AOC is responsible for the administrative management of the program, including:

a. Scheduling of Appointments. Facilities should make every effort to give each veteran an AO examination within 30 days of the request date. Consideration should be given to offering examinations (initial and/or follow-up) evenings or weekends to further convenience veterans.

b. Monitoring Timeframe Compliance.

c. Reviewing Records for Accuracy and Completion.

d. Collecting Data for Reporting Purposes.

e. Disseminating Information

(1) The AOC is required to provide veterans:

(a) Reporting to the Outpatient and/or Admission area with an Agent Orange Review. This is a VA Environmental Agents Service publication, published periodically, to provide information on Agent Orange and related matters to Vietnam veterans, their families, and others with concerns about herbicides used in Vietnam.

NOTE: These handouts should be included as a supplement to an application for examination.

(b) With Agent Orange Briefs, i.e., publications to be made available to veterans upon request or in response to questions concerning Agent Orange issues. These Agent Orange Briefs consist of a series of fact sheets prepared

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

and distributed periodically to VA facilities by EAS, VA Central Office, Washington, DC. The fact sheets are designed to answer questions relating to the purpose of the examination, its limitations (i.e., explains that the examination cannot detect the presence of dioxin in the body nor determine whether adverse health effects or potential health problems are related to exposure, etc.) and a variety of related matters.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

(c) With the opportunity to view Agent Orange Program videotapes (available at VA medical center libraries) by making arrangements for the viewing.

(2) The AOC receives all Agent Orange related inquiries.

(3) The AOC provides copies of VA Agent Orange Briefs and Agent Orange Reviews (prepared and provided to VA facilities by EAS, VA Central Office, Washington, DC) to all telephone callers.

NOTE: These publications and other informational material will be displayed in prominent areas (outpatient clinics, admission areas, etc.) to ensure availability to Vietnam veterans and other interested individuals.

(4) The AOC posts and communicates the names, locations, and office telephone numbers of the EP and the AOC to concerned VA facility staff. NOTE: An appropriate method is the use of medical center memoranda providing registry policy and procedures and those responsible for carrying out these policies.

f. Maintaining a Card file. The AOC must establish and maintain an alphabetical card file (or computerized facsimile) of all registry participants. Each card prepared should include the:

- (1) Veteran's full name,
- (2) Address,
- (3) Telephone number,
- (4) Date of birth,
- (5) SSN (Social Security Number),
- (6) Date of initial examination, and
- (7) Date(s) of subsequent follow-up examination.

g. Completing Code Sheet. The AOC completes Part I of VA Form 10-9009, Agent Orange Registry Code Sheet, before the veteran is referred to the clinician for the examination (see App. 2C). To further ensure the form's completeness, the clinical examiner will review it and, if necessary, enter missing items at the veteran's direction.

h. Establishing and Updating the CHR. The AOC will establish a medical record if one does not already exist. VA Form 10-1079, Emergency Medical Identification, should be affixed to the front of the record and the word "Herbicides" circled. All veterans participating in the registry will have VA Form 10-1079 affixed to the front of the CHR. Completed code sheets (VA Form 10-9009), dated follow-up letters, all medical records of registry examinations and laboratory and/or test results will be maintained in veteran's CHR.

i. Tracking Active Duty Military. Tracking active duty military personnel who apply for the AOR Examination.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

2.07 ACTIVE DUTY MILITARY PERSONNEL

a. When active duty members of the uniformed services apply to VA facilities for an Agent Orange examination, the Department of Defense (DOD) must provide VA with appropriate authorization, i.e., DOD Form 2161, Referral for Civilian Care.

NOTE: The requirements of M-1, Part I, Chapter 15, regarding the authorization and billing from the appropriate branch of service, will apply.

(1) The procedures for processing the examination are the same as those for a veteran participating in this program.

(2) A military facility may perform the Agent Orange examination according to VA instructions.

(3) Military facilities may obtain the pertinent VA directive and samples of appropriate forms from the nearest VA facility. Military facilities will complete code sheets with exception of the following items which will be filled in by VA coding clerks:

<u>Blocks</u>	<u>Code Identifier</u>
2-7	Facility Number and/or Suffix
147-151	County and State
203-217	International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) of the veterans symptom and/or complaint
225-239	ICD-9-CM for diagnoses
241-245	ICD-9-CM for diagnoses

(4) The completed code sheet, copies of the physical examination, laboratory tests, etc., will be forwarded to the nearest VA medical center or outpatient clinic.

b. The AOC will:

(1) Prepare a colored card (or computerized facsimile) for the file with similar data as for a veteran. Label the card "Active Duty;"

(2) Complete code sheet with identifier codes specified in subparagraph 2.07a.(3).

(3) Submit legible copy of code sheet to the AAC, in accordance with instructions; and

(4) Maintain the medical documents and original code sheets in a CHR folder which will be available if or when the individual is discharged from the service and reports for treatment as a veteran.

2.08 INCARCERATED VETERANS

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

a. Circumstances under which incarcerated veterans may be accepted for treatment in VA facilities are limited. A veteran in the custody of penal authorities, or under criminal charges, does not forfeit any right to medical care by VA. The requirements of M-1, Part I, Chapter 4, will be applicable to all initial and follow-up examinations.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

b. Incarcerated veterans may be accepted, if otherwise eligible, for medical care only when released by an authorized official under circumstances where there is no obligation placed on VA to exercise custodial restraint, or to ensure the return of the veteran to custody upon completion of treatment.

c. VA will not provide outpatient treatment at an penal institution for a veterans serving a sentence.

d. If a veteran is paroled from a penal institution for the purpose of receiving VA staff care, the penal institution will be informed that VA is under no obligation for:

- (1) The custody of the veteran, or
- (2) The administration of punishment to the veteran, and/or
- (3) The return of the veteran to civil authorities either during or upon completion of treatment.

NOTE: The clinic director, or designee, will notify the civil authorities when treatment will be completed.

e. VA will not routinely bill the Bureau of Prisons for the treatment of eligible incarcerated veterans treated in VA facilities.

f. For purposes of entry into the AOR, VA medical facilities can provide assistance to penal authorities or institutions agreeable to providing examinations to veterans, without VA reimbursement.

(1) Copies of directives, code sheets, etc. will be provided to penal institutions upon request.

(2) Penal authorities must be advised at the time of such requests that the results of the examinations provided at their institutions must be returned to the VA medical facility of jurisdiction for inclusion, in the veterans behalf, in VA's AOR.

(3) A recommendation can be made to the penal institution to retain a copy of the examination documents submitted to VA. Such documents should be maintained by penal authorities until release of the individual from the penal institution.

2.09 VETERANS WITH OTHER THAN HONORABLE DISCHARGES

a. The requirements of M-1, Part I, Chapter 4, apply to veterans with less than honorable discharges applying for AOR examinations.

2.10 CONDUCTING THE PHYSICAL EXAMINATION

a. It is essential that a complete medical history, physical examination and interview be performed and documented on appropriate medical record standard forms, by or under the direct supervision of the EP.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

b. The person actually performing the physical examination will be identified by signature and title (Doctor of Osteopathy (D.O.), Doctor of Medicine (M.D.), Physician's Assistant (P.A.), etc.). Examinations completed by other than a physician must be

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

completed by medical personnel privileged to do physical examinations. A physician's countersignature (preferably the EP's) is required on all examinations completed by other than a physician.

c. When an AOR examination is done as part of a compensation and pension examination, the physical examination will be done by or under the direct supervision of the EP.

d. Special attention will be given to those organs and/or systems most frequently alleged to be affected by exposure to herbicides containing Agent Orange. Particular attention will be paid to:

(1) Detection of chloracne, a skin condition which has been associated with acute exposure to Agent Orange and other herbicides containing dioxin;

(2) Porphyria Cutanea Tarda (PCT), a liver disorder, which is characterized by thinning and blistering of the skin in sun-exposed areas (only genetically predisposed individuals have been shown to develop PCT after exposure to dioxin);

(3) Soft tissue sarcoma;

(4) Non-Hodgkin's lymphoma;

(5) Hodgkin's disease;

(6) Respiratory cancers (lung, larynx, trachea); and

(7) Multiple myeloma.

e. Evidence will be sought concerning the following potentially relevant symptoms or conditions:

(1) Altered sex drive;

(2) Congenital deformities among children;

(3) Repeated infections;

(4) Nervous system disorders (including peripheral neuropathy);

(5) Sterility; and

(6) Difficulties in carrying pregnancies to term.

f. In gathering this data, it is important to determine and record the time of onset of the:

(1) Symptoms or conditions;

(2) Intensity;

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

(3) Degree of physical incapacitation; and

(4) Details of any treatment received.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

g. Each veteran will be given the following baseline laboratory studies:

- (1) Chest X-ray (as determined to be medically necessary);
- (2) Complete blood count;
- (3) SMA-6, SMA-12, or equivalent blood chemistries and enzyme studies; and
- (4) Urinalysis.

h. Appropriate additional diagnostic studies will be performed and consultations obtained as indicated by the patient's symptoms, the physical examination, and the laboratory findings.

i. Non-routine diagnostic studies, such as sperm counts, will be performed only if medically indicated.

j. Laboratory test results must be filed in the CHR.

NOTE: VA medical centers are not equipped to analyze relationships between 2,3,7,8-tetrachlorodibenzo-para-dioxin (abbreviated as TCDD) levels in blood serum and/or adipose tissue and Vietnam veterans' exposure to Agent Orange. Surgical procedures will not be performed to obtain tissue for the purpose of TCDD analysis.

2.11 REPORTING REQUIREMENTS

a. Code Sheet Submission. A monthly submission of code sheets (RCS 10-0102 is assigned) will be made to the AAC according to the mailing schedule (see App. 2D).

b. Quality Control of Follow-up Letters. Each quarter the EAS will select medical facilities from each Veterans Service Area for quality review of follow-up letters.

(1) Selected facilities will be directed, at or near the beginning of each quarter, to send to EAS copies of all the follow-up letters sent to veterans who receive the AOR examination during the specified quarter.

(2) All copies should be legible and should contain the date the letters were mailed to the veterans.

(a) The date the veteran received the initial examination (as well as special consult dates) should be indicated in pencil in the upper right corner of the copy.

(b) The EAS staff will review all submissions to ensure letters are in compliance, i.e., original, personal, complete, and timely.

(c) Any problems will be reported to appropriate medical center officials.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

(3) The copies should be consolidated at the facility and sent to the EAS not later than 15 workdays following the end of the quarter. Send letters to the following address:

Department of Veterans Affairs
Environmental Agents Service (116A)
810 Vermont Avenue, NW
Washington, DC 20420

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

c. EP and AOC Listings. As changes in status of the EPs and AOCs occur, submit these revisions, in writing, to EAS, Washington, DC.

2.12 RECORDS CONTROL, DISPOSITION AND RETENTION

a. Records Control

(1) A CHR will be established, if one does not exist, for each veteran applying for an AOR examination.

(2) A locator card (or computerized facsimile) will be created for the card file.

(3) VA Form 10-1079, Emergency Medical Identification, sticker will be affixed to the front of the CHR and the word "Herbicides" circled.

(4) The code sheet will be prepared with one copy. The legible copy will be sent to the AAC for processing and the original will be filed, after verification by AAC, in the veterans CHR with the documentation, i.e., laboratory test results, progress notes, copies of dated follow-up letters, etc.

b. Records Disposition

(1) Code sheets returned from the AAC can be disposed when verified as being accepted into the registry system.

(2) Microfiche and error reject listings (printout) can be disposed of when current microfiche and listings are received from the AAC.

(3) Disposal of documentation, (i.e., burning, shredding, etc.), will be in accordance with VA's record control schedules.

c. Records Retention

Agent Orange examination documents will be filed in the CHR, and retained in the same manner as other medical documents including VA Form 10-9009, Agent Orange Registry Code Sheet, progress notes, laboratory reports, follow-up letters, patient locator cards, and any other documentation that may have been part of an Agent Orange examination (see RCS (Records Control Schedule) 10-1).

2.13 EDUCATION AND TRAINING

a. Current information on the status of the Agent Orange Program should be presented to VA medical center staff (e.g., at staff conferences or grand rounds), veterans organizations, and community groups. NOTE: This is an excellent means of exchanging ideas in a continuing effort to update and provide quality management of the Agent Orange Program.

(1) Videotapes may be utilized in orienting new employees, physicians and MAS personnel assigned program responsibility.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

(2) VA Agent Orange Briefs and Reviews prepared and distributed periodically to all VA facilities by EAS, VA Central Office, are another training resource.

(3) Hot Line Conferences with VA medical facilities are held periodically by EAS, VA Central Office.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

NOTE: Minutes of these Hot Line Conferences, research journal reprints, and other education items are distributed to all VA facilities by the EAS.

b. Education and training should ensure the successful accomplishment of the following goals:

(1) Communicate effectively with special program participants by understanding the individual needs of specific groups of veterans.

(2) Acquire an indepth knowledge of the specific processes, designated responsibilities, and time standard requirements of the Agent Orange Program.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

SAMPLE AGENT ORANGE FOLLOW-UP LETTER (MEDICAL PROBLEMS INDICATED)

(Date)

(Name/Address)

Dear _____:

We sincerely appreciate your recent participation in the Department of Veterans Affairs (VA) Agent Orange Registry. This effort should prove to be helpful in assisting us to serve you and other veterans who are concerned about the possible health problems which may have resulted from service in the Republic of Vietnam during the Vietnam Conflict.

As discussed at the conclusion of your visit, results of your examination and laboratory tests showed certain problems (optional-- these findings may be described in lay terms). In view of these findings, we have scheduled you for treatment of these health problems on (date). If for any reason you cannot keep this appointment, please call (phone number) at the earliest possible time to cancel and reschedule.

The results of your examination will be maintained by VA and will be available for future use as needed. If you have any questions or concerns about your Agent Orange Registry examination, please contact the Agent Orange Coordinator at (phone number) for assistance.

Please remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish possible service connection, please contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). Compensation claims need not be filed specifically for injury or illness incurred in combat; the law requires only that a disease or disability was incurred or aggravated during military service. If you need any further assistance, you may contact a Veterans Benefits Counselor by calling the VA toll-free telephone number 1-800-827-1000.

If you are subsequently diagnosed by a non-VA physician, you are encouraged to provide VA with any additional diagnoses which will be included in your medical record as well as the Agent Orange Registry.

An outreach program has been implemented in which VA notifies all individuals listed in the Agent Orange Registry of significant VA activities, including the health consequences of military service in the Vietnam theater of operations during the Vietnam Conflict. Since you are now included in our Agent Orange Registry, you will be receiving an "Agent Orange Review" published periodically by VA's Environmental Agents Service. If you have a change of address, please contact the Agent Orange Coordinator at this facility.

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

We trust this information is helpful to you. Once again, your participation in the Agent Orange Registry is appreciated.

Sincerely,

(Name)

Environmental Physician

Enclosure

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

SAMPLE AGENT ORANGE FOLLOW-UP LETTER (NO MEDICAL PROBLEMS)

(Date)

(Name/Address)

Dear _____:

We sincerely appreciate your recent participation in the Department of Veterans Affairs (VA) Agent Orange Registry Program. This effort should prove to be helpful in assisting us to serve you and other veterans who are concerned about the possible health problems which may have resulted from exposure to Agent Orange while serving in Vietnam during the Vietnam Conflict.

As discussed at the conclusion of your visit, results of your examination and laboratory tests indicate that there are no detectable medical problems. At this time you have no reason to be concerned about any adverse health effects resulting from your service in Vietnam. However, in the future if you have a medical problem, I would encourage you to seek the help and advice of your nearest VA medical center or outpatient clinic. You may reach us at telephone number (phone number).

The results of your examination will be maintained by VA and will be available for future use as needed.

If you are subsequently diagnosed by a non-VA physician, you are encouraged to provide VA with any additional diagnoses which will be included in your medical record as well as the Agent Orange Registry.

An outreach program has been implemented in which VA notifies all individuals listed in the Agent Orange Registry of significant VA activities, including research on the health consequences of military service in the Republic of Vietnam during the Vietnam Conflict. Since you are now included in our Agent Orange Registry, you will be receiving a "Agent Orange Review" which is published periodically by VA's Environmental Agents Service. If you have a change of address, please contact the Agent Orange Coordinator at this facility.

We trust this information is helpful to you. Once again, your participation in the Agent Orange Registry is appreciated.

Sincerely,

(Name)

Environmental Physician

Enclosure

May 16, 1994

M-10, Part I
Chapter 2

M-10, Part I
Chapter 2

May 16, 1994

DEFINITIONS and ACRONYMS

1. AAC (Austin Automation Center). The AAC formerly the Data Processing Center, Austin, TX, is the location where code sheets are collected and entered into the computerized registry.
2. Agent Orange. Agent Orange is a term used to describe a herbicide or defoliant, used in Vietnam. It was composed of two active ingredients, 2,4-D and 2,4,5-T. The name "Agent Orange" came from the orange stripe on the storage drums.
3. AGO (Agent Orange) MRT (Master Record Type). The MRT is generated on microfiche by the automated AGO system after processing of the code sheets (transactions) submitted by facilities to the AAC.
4. AMIS (Automated Management Information System).
5. AOR (Agent Orange Registry). The AOR is a computerized index of veteran participants, and the coded findings of Agent Orange Program physical examinations including related diagnostic results. This AOR is managed centrally by the EAS (Environmental Agents Service) in the Department of Veterans Affairs (VA) Central Office and entered into a database by the AAC, Austin, TX.
6. AOC (Agent Orange Coordinator). The AOC is the individual (non-physician) responsible for administrative management of the Agent Orange Program at each VA medical facility.
7. CHR (Consolidated Health Record). A file containing medical records relating to patient identity, diagnosis, prognosis, or treatment at VA health care facility.
8. COS (Chief of Staff).
9. D.O. (Doctor of Osteopathy).
10. DOD (Department of Defense).
11. DOD Form 2161, Referral for Civilian Care.
12. Defoliant. A defoliant is a chemical preparation used to defoliate plants.
13. Defoliate. Defoliate means to lose leaves or to strip off leaves; to destroy an area of jungle, forest, etc., by chemical sprays in order to remove places of concealment of enemy forces.
14. Dioxin. (2,3,7,8-tetrachlorodibenzo-para-dioxin; also abbreviated TCDD). Dioxin is an impurity created in the manufacturing process for producing Agent Orange.

May 16, 1994

M-10,

Part

I

Chapter 2
APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

15. EAS. (Environmental Agents Service). EAS, VA Central Office, has the responsibility to coordinate and monitor all Veterans Health Administration activities, research and otherwise, relating to the Agent Orange issue. All policy and clinical questions relating to the potential effects of herbicides should be referred to this office. Questions relating to eligibility of veterans or treatment of active duty personnel should be referred to Medical Administration Service, (161B), VA Central Office.

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

16. EP (Environmental Physician). The EP is the physician responsible for clinical management of the Agent Orange Program at each VA medical facility.
17. Facility. A facility is a VA entity which provides AOR examinations to Vietnam veterans.
18. Follow-up Examination. An examination which is performed subsequent to the initial (first) examination. Code sheets for subsequent examinations, if performed, do not have to be submitted to the AAC unless there is a change to the diagnosis.
19. Herbicide. A herbicide is a substance or preparation used to destroy vegetation.
20. ICD-9-CM (The International Classification of Diseases - 9th Edition - Clinical Modification) provides standardized classification of diseases.
21. Initial Examination. The first physical examination which is completed and sent to the AAC for the purpose of entering a veteran into the AOR system.
22. MAS (Medical Administration Service).
23. M.D. (Doctor of Medicine).
24. NSC (non-service connected).
25. P.A. (Physician's Assistant).
26. PCT (Porphyria Cutanea Tarda). A liver disorder characterized by thinning and blistering of the skin in sun-exposed areas.
27. POW (Prisoner of War).
28. PTF (Patient Treatment File).
29. RCS 10-1 (Records Control Schedule 10-1). RCS 10-1 is a document supplying information regarding Veterans Health Administration record retention and disposition.
30. TCDD (2,3,7,8-tetrachlorodibenzo-para-dioxin). An abbreviation for the dioxin used in the Vietnam Conflict.
31. Toxicity. The relative or specific degree of being harmful.
32. SC (service connected)
33. SSN (Social Security Number).
34. VA (Department of Veterans Affairs).

May 16, 1994

M-10,

Part

I

Chapter 2
APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

- 35. VBA (Veterans Benefits Administration).
- 36. VBC (Veterans Benefits Counselor).
- 37. VHA (Veterans Health Administration).

May 16, 1994

M-10,

Part I
Chapter 2
APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

38. VA Form 10-9009, Agent Orange Registry Code Sheet.

39. VA Form 7252, (formerly VA Form 30-7252), Transmittal Form for Use in Shipment of Tabulating Data.

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

INSTRUCTIONS FOR COMPLETING VA FORM 10-9009, AGENT ORANGE
REGISTRY CODE SHEET, AND A COMPLETED SAMPLE OF
VA FORM 10-9009, (RCS 10-0102)

1. General Instructions for Completing VA Form 10-9009

a. A legible copy of the original code sheet will be prepared and submitted to the Austin Automation Center (ACC) formerly the Data Processing Center, Austin, TX, in the initial and the first follow-up examinations (if required). The original code sheet will be filed in the medical record after verification for correctness by AAC. Additional follow-up examinations, as required, will continue to be documented in the Consolidated Health Record (CHR) and a code sheet will not be prepared or submitted to the AAC with the exception that if a diagnostic code differs from previously submitted code sheets, then a code sheet will be prepared and submitted for entry into the Agent Orange Registry (AOR).

b. Print clearly using a BLACK ball-point pen or a BLACK felt-tipped pen. Follow instructions carefully to ensure that all data fields are accurately completed. Enter one letter or number per block. The numeric zero must be slashed "0." For registry coding purposes, use the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes.

(1) Part I of the code sheet should be completed in the presence of the veteran.

(2) Part II of the code sheet should be completed at the time of the examination by the EP. A completed Part II will be returned to Medical Administration Service (MAS) for assignment of the ICD-9-CM codes to Items 22, 28-29. NOTE: Careful attention should be paid to assigning the correct code for both complaints (Item 22) and diagnosis (Items 28-29). ICD-9 code 78999, for uncodable complaints (symptoms), should be assigned only after all coding possibilities have been thoroughly explored. The indiscriminate use of 78999 may result in skewed or misleading statistics of minimal value.

2. Instructions for Completing Part I

Item 1. Facility Number and Suffix - Blocks 2 through 7

Enter facility code as listed in MP-6, Part XVI, Supplement Number 4.1, Appendix A. Use the Automated Management Information Systems (AMIS) suffix (BY, BZ, etc) to indicate your satellite facility. DO NOT USE Q, R, S.

Item 2. Last Name of Veteran - Blocks 8-33

Beginning in Block 8, enter veteran's last name. Do not use accent marks in the name or skip blocks between the letters of the last name. Skip a block if the last name is followed with JR, SR, I, II, III, etc.

Item 3. First Name of Veteran - Blocks 34-48

May 16, 1994 M-10, Part I Chapter 2
APPENDIX 2B

M-10, Part I Chapter 2 APPENDIX 2B May 16, 1994

Beginning in Block 34, print the veteran's first name.

Item 4. Middle Name of Veteran - Blocks 49-58

Beginning in Block 49, enter veteran's middle name or initial.

May 16, 1994

M-10,

Part I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

Item 5. Type of Exam - Block 59

The following transaction type should be entered in Block 59 as appropriate:

A = Initial examination. Veteran's first Agent Orange examination.

B = To delete an entire initial examination with a noted error, after it has been accepted into the registry, resubmit the original code sheet with a "B" and submit another code sheet with the correct information with an "A." All fields must be completed on a resubmission. The code sheets can be shipped in the same batch. Examples of this usage are incorrect diagnosis, military statistics, Social Security Number (SSN), etc.

C = Follow-up examination. Veteran's second Agent Orange examination. Additional follow-up examinations, as required, will continue to be documented in the CHR, and a code sheet will not be prepared or submitted to the AAC with the following exception: If a diagnostic code differs from previously submitted code sheets, then a code sheet should be prepared and submitted for entry into the AOR.

D = To delete an entire follow-up examination with a noted error, after it has been accepted into the registry, resubmit the original code sheet with a "D" and submit another code sheet with the correct information with a "C."

E = To submit a change in demographics (i.e. name, address or date of birth), enter "E." Complete items with name, SSN, date of birth, and address. No other items need to be completed.

X = When a registry participant has been identified and verified as being deceased, enter "X." Complete items with name, SSN, and date of birth. No other items need to be completed.

Item 6. SSN - Blocks 60-69

Shaded Block 60 is to be used ONLY if a pseudo SSN is being submitted. In this event, the letter "P" will be entered in Block 60. Leave Block 60 blank when the actual SSN is used.

Beginning in Block 61 enter the veteran's actual SSN, or pseudo SSN.

NOTE: See MP-6, Part XVI, Supplement Number 41, Chapter 2, for instructions on pseudo SSN assignment.

Item 7. Service Serial Number - Blocks 70-79

Beginning in Block 70 enter the Service Serial Number. Unused blocks remain blank. If the serial number begins with "US" Blocks 72-79 must be completed. Fill unused block(s) with "Ø" for this instance only. If the serial number is unknown, enter a "U" in Block 70. Unused blocks remain blank.

Item 8. Date of Birth - Blocks 80-85

May 16, 1994 M-10, Part I
Chapter 2
APPENDIX 2B

M-10, Part I Chapter 2 APPENDIX 2B May 16, 1994

Beginning in Block 80 enter numerical equivalent for the month, day and year (e.g., 01/19/50). All blocks must be completed.

May 16, 1994

M-10,

Part I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

Item 9. Permanent Address - Blocks 86-151

a. Blocks 86-111 - Beginning in Block 86 enter veteran's permanent street address.

b. Blocks 112-137 - Beginning in Block 112 - Enter veteran's city or town.

c. Blocks 138-142 - Enter zip code of permanent residence (National Zip Code Directory).

d. Blocks 143-146 - Remain blank.

e. Blocks 147-149 - Enter appropriate county code as listed in VHA Manual M-1, Part I, Chapter 18, Appendix A.

f. Blocks 150-151 - Enter appropriate state code (see VHA Manual M-1, Pt. I, Ch. 18, App. A).

Item 10. Race and/or Ethnicity - Block 152

Enter one of the following codes in Block 152:

1 = American Indian or Alaskan Native

2 = Asian or Pacific Islander

3 = Black, Not of Hispanic Origin

4 = White, Not of Hispanic Origin

5 = Hispanic

Item 11. Marital Status - Block 153

Enter one of the following codes in Block 153:

1 = Married

2 = Divorced

3 = Separated

4 = Widowed

5 = Single, Never Married

Item 12. Sex - Block 154

Enter one of the following codes in Block 154:

1 = Male

2 = Female

Item 13. Current status - Block 155

Enter one of the following codes in Block 155:

1 = Inpatient

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

2 = Outpatient
3 = Incarcerated
4 = Active Duty

May 16, 1994

M-10,

Part I
Chapter 2
APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

Item 14. Branch of Service - Block 156

If veteran was in one of the following branches of service, enter the appropriate code. If veteran served in more than one branch of service which includes either Code 1 (Army) or Code 4 (Marine Corps) enter 1 or 4, otherwise retain previous code. If veteran served both in Army and Marine Corps, enter the code for the service in which the veteran had the longer duration of duty in Vietnam.

- 1 = Army
- 2 = Air Force
- 3 = Navy
- 4 = Marine Corps
- 5 = Coast Guard
- 6 = Other

Item 15, 15A, and 15B. Military Service in Vietnam - Blocks 157-173

A. Enter one of the following codes in Block 157:

1 = No (If the veteran did not serve in Vietnam, the veteran is not eligible for an Agent Orange examination).

2 = Yes (If yes, list the dates of veteran's last two periods of service in Vietnam).

B. Item 15A - Enter the numerical equivalent of the month and the last two digits of the year of longest period of service in Vietnam (e.g., from 02/68 to 09/69) in Blocks 158 through 165.

C. Item 15B - If veteran had two or more periods of service in Vietnam, the longest period of service should be entered in Blocks 166 through 173. If only one period of service in Vietnam, enter in 15A and leave 15B blank.

Item 16. In What Corps or Area Did Veteran Serve - Block 174

Enter one of the following codes in Block 174. If veteran served in only one Corps, enter the appropriate code, i.e. Codes 1-4. If veteran served in more than one Corps (e.g. I & II Corps) enter Code 6 ("more than one"). However, if "more than one" includes III Corps, enter Code 3. NOTE: Code 7 is invalid. DO NOT USE CODE 7.

- 1 = I Corps
- 2 = II Corps
- 3 = III Corps
- 4 = IV Corps
- 5 = Sea Duty
- 6 = More than one
- 7 = Other (Specify) - INVALID. DO NOT USE THIS CODE
- 8 = Don't know

May 16, 1994

M-10,

Part

I

Chapter 2
APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

Item 17. Military Units

Enter the military unit in which the veteran served. Please specify complete unabbreviated title, that is, company, battalion, corps, ship, division, etc. (e.g., Company C, 1st Battalion, 4th Army).

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

Items 18, 18A and 18B. Last Two Periods of Service - Blocks 175-190:

Enter the numerical equivalent of the month and the last two digits of the year for the last two periods of service regardless of whether or not they were in Vietnam (e.g., from 11/67 to 11/69 and 10/65 to 10/67). If veteran did not have more than one period of service, leave 18B blank.

Items 19, 19a and 19e. Exposure to Agent Orange - Blocks 191-195

A. Enter the code that most appropriately describes the veteran's exposure to Agent Orange. All blocks must be completed.

B. The following codes are to be used:

- 1 = Definitely yes
- 2 = Probably yes
- 3 = Not sure
- 4 = Definitely no

Item 20. Veteran's Health - Block 196

A. Information coded by Medical Administration Service (MAS) personnel needs to be in conjunction with that indicated by the Environmental Physician in Part II, Items 22a-c, 28a-c, and 29.

B. Enter one of the following codes which best describes how the veteran perceives the veteran's own health status:

- 1 = Very good
- 2 = Good
- 3 = Fair
- 4 = Poor
- 5 = Very poor

3. Instructions for Completing Part II. Print veteran's name and SSN in the upper right hand margin of code sheet.

Item 21. Date of Exam - Blocks 197-202

Enter the numerical equivalent for the month, day, and year (e.g., 09/22/86). All blocks must be completed.

Item 22. Veteran's Complaints - Blocks 203-217

A. List the veteran's three major complaints on Lines 22a-c.

B. Blocks 203-217 are to be used for coding purposes. For uncodable symptoms, use "78999" only when all other ICD-9 codes have been thoroughly researched. For no known complaints, use "78000". (Coding will be completed by MAS.)

Item 23. Chief Complaint - Block 218

May 16, 1994 M-10, Part I
Chapter 2
APPENDIX 2B

M-10, Part I May 16, 1994
Chapter 2
APPENDIX 2B

Enter one of the following codes if veteran attributes chief complaint to
Agent Orange Exposure: 1 = Yes 2 = No

May 16, 1994

M-10,

Part I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

Item 24. Number of Complaints - Block 219

Enter the number of complaints the veteran has indicated. If the veteran has 6 or more complaints, enter "5" in the block. If the veteran has no complaints, enter a "0" and make certain that "78000" is entered in Item 22a.

Item 25. Evidence of Birth Defects among Veteran's Children - Block 220

Enter one of the following codes to indicate if there is evidence of birth defects among veteran's children:

- 1 = No
- 2 = Yes, conceived after Vietnam Service
- 3 = Yes, conceived before Vietnam Service
- 4 = Yes, both before and after Vietnam Service

Item 26. Diagnostic Workup and/or Consultation - Blocks 221-224

Enter one of the following codes in Blocks 221-224, all blocks must be completed:

- 1 = No workup. No consultation done.
- 2 = Workup/consultation done. Diagnosis undetermined.
- 3 = Workup/consultation done. Diagnosis established.
- 4 = Workup/consultation done. No diagnosis.

Item 27. Additional Workups and/or Consultations

Specify any additional workups/consultations performed as part of AO examination which were not listed in Item 26.

Item 28. Diagnosis - Blocks 225-239

- A. List up to 3 major medical diagnoses in lines 28a-c.
- B. Blocks 225-239 are to be used for ICD-9-CM coding of each diagnosis listed. Leave blank if there is no diagnosis. (Diagnostic coding assignment will be completed by MAS).

Item 29. Evidence of Neoplasia - Block 240

- A. Enter one of the following codes:
 - 1 = Yes
 - 2 = No
- B. If "1", enter the appropriate ICD-9-CM diagnostic code in blocks 241-245. If the neoplasia diagnosis is recorded in Item 28a-c, it must be repeated and appropriately coded in this item. If "2," Blocks 241-245 remain blank.

Item 30. No Disease Found - Block 246

If no disease is found, enter a "1" in block 246. Otherwise, leave this block blank. This item must be considered in conjunction with Item 28, "Diagnosis" and Item 29, "Neoplasia." A "1" should be entered for Item 30 only when no diagnosis is given in Item

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

28, and a "2" is entered in item 29 indicating that no significant defect, disease, injury or history of a relevant diagnosis in the past is detected.

Item 31. Years of Onset - Blocks 247-252

For each listed diagnosis in Item 28, enter the last two digits of the year of onset; leave blank if year of onset is unknown.

Items 32a-g. Disposition - Blocks 253-259

A. Enter one of the following codes in Blocks 253-259, all blocks must be completed:

- 1 = Yes
- 2 = No

NOTE: If veteran has no diagnoses (Item 28) and you have answered "Yes" in Blocks 255, 256 or 257, explain why in Item 33 "Remarks."

B. Item 32d - Enter a "1" or "2" in Block 256.

Item 33. Remarks

Utilize this section for any additional information. If applicable, include "Female Veterans' Special Health Needs" under this item (see par. 1.06).

Item 34. Name of Examiner - Print full name.

Item 35. Title of Examiner - Full title of Examiner.

Item 36. Signature of Examiner - Signature of Environmental Physician who conducted exam.

4. Follow-up Examinations

a. In addition to initial registry submissions, VA Form 10-9009 will be completed in reporting the first follow-up examination, and subsequent follow-up examinations if diagnostic code is different from previous examinations as follows:

Items 1 through 13 - these Control Data must be completed.

Items 14 through 20 - no entry.

Item 21 - must be completed.

Items 22 through 33 - may be blank unless you have follow-up data to report in any of these items.

Items 34 through 36 - must be completed.

May 16, 1994

M-10,

Part

I

Chapter 2
APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

b. When the follow-up examination is documented on the new and/or revised code sheet (1982-1992) for a veteran who previously received an initial examination (i.e., recorded on the initial and/or revised code sheets 1979 through 1981), every attempt should be made to obtain and record the information to complete Items 14 through 20.

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

SAMPLE OF COMPLETED VA FORM 10-9009
AGENT ORANGE CODE SHEET

Not available on WANG

A copy may be xeroxed in the Under Secretary for Health's Library

Room 674 in Techworld

May 16, 1994

M-10,

Part I

Chapter 2

APPENDIX 2B

M-10, Part I
Chapter 2
APPENDIX 2B

May 16, 1994

Item 3 - Reply Reference - Enter facility number and routing symbol.

Item 4 - Leave blank.

Item 5 - Number of packages - Enter number of batches.

Item 6 - Dispatch Date - Enter date submitting to AAC.

May 16, 1994

M-10,

Part I
Chapter 2
APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

Item 6a - Final Batch - Leave blank.

Item 7 - Official Responsible for Shipment - Enter name, title and FTS telephone number, of individual responsible for transmitting code sheets to the AAC.

Item 8 - Tabulating Data.

Column A - Leave blank.

Column B - Job Number - Enter "10" in first segment and "20A1" in second segment.

Column C - Description - first line enter "AGENT ORANGE", second line enter "Facility Number," third line enter "Month Ending," fourth line enter "Batch Number," and fifth line enter "Code Sheet Count."

Columns D and E - Leave blank.

Item 9 - Remarks - Enter "VA Form 10-9009's."

4. Control Log

a. An Agent Orange (AGO) control log will be established and maintained at each facility. As batches are prepared for submission to the AAC an entry should be made on the batch control log. Using the control log, assign the appropriate number and record it on the transmittal form. Begin with batch number 001 for January of each year and continue with sequential numbers throughout the year, i.e., if there are 50 code sheets to be submitted to the AAC during the month of January, two batches will be prepared with the control log numbers 001 and 002.

b. Control Log should consist of the following:

- (1) Facility code number;
- (2) Batch number assigned sequentially by facility beginning with 001 in January of each year (also, to be recorded on transmittal sheet);
- (3) Number of code sheets in the batch (also, to be recorded on transmittal sheet);
- (4) Date the batch(es) was (were) mailed to the AAC; and
- (5) Date the batch(es) and associated edit output was (were) returned from the AAC.

5. Mailing

May 16, 1994 M-10, Part I
Chapter 2
APPENDIX 2D

M-10, Part I May 16, 1994
Chapter 2
APPENDIX 2D

a. Code sheets will be submitted to the AAC monthly according to the following schedule:

Former Region	Mailing Date
1	6th of month
2	10th of month
3	14th of month
4	18th of month

May 16, 1994

M-10,

Part I
Chapter 2
APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

b. The mailing address for the AAC is:

Department of Veterans Affairs
Austin Automation Center
1615 Woodward Street
Austin, TX 78772-0001
ATTN: AGENT ORANGE CLERK

c. The AAC will process the data from the code sheets twice each month (10th and 25th). The AAC will return all batches with the printout "Transaction Change and Error (Reject) Listing" to the transmitting facility.

d. It is not appropriate to call the AAC in regard to questions on code sheet completion or correction. These questions should be referred to the AOR Coordinator (116), VA Central Office.

6. Transaction Change and Error (Reject) Listing

a. A computerized printout "Transaction Change and Error (Reject) Listing" will be returned to the transmitting facility with the processed code sheets. This printout will reflect:

- (1) Rejected records, i.e., edit errors identified by an asterisk (*);
- (2) Other messages not necessarily rejecting records; and
- (3) The number of records inputted, i.e., accepted as well as rejected.

NOTE: Facilities should verify the number of code sheets sent to the AAC against the printout.

b. Corrections are to be made on the returned code sheet with RED pen or RED felt-tipped pen or a new code sheet can be made with the correction in the appropriate field(s). If a new code sheet is prepared for the return of a correction, do not complete just the corrected field(s)--ALL of the fields must be completed as if it were an initial input.

c. Examples of the messages on the listing and the corrective action to be taken are listed:

- (1) "Message - This Record rejected for edit errors"

Action - Correct error(s) (*) and resubmit code sheet.

- (2) "Message - Transaction accepted, initial examination already established at (facility number); transaction will be processed as a follow-up examination for your facility."

May 16, 1994

M-10,

Part

I

Chapter 2
APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

Action - This code sheet does not have to be resubmitted to the AAC, it has been accepted as a follow-up examination. Indicate facility number where initial examination was obtained on card file. Also the cumulative number of examinations in the monthly statistical report must be adjusted accordingly.

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

(3) "Message - Transaction accepted but an initial examination is needed. No Action Required."

Action - The registry does not contain an initial examination record for this veteran, but the registry has accepted the follow-up examination record that was submitted. Reconstruct, if possible, the initial examination record and submit to the AAC. DO NOT resubmit the follow-up examination. This message will also appear if code sheets on the same veteran are submitted in the same batch, i.e., initial examination code sheet should be processed first and accepted into the registry before the follow-up examination code sheet is submitted.

(4) "Message - Duplicate Follow-up Segment"

Action - This message will appear if the examination date on the code sheet submitted on the veteran is identical to an examination date already existing in the registry. There is also the possibility of a coding or entry error. Examination date should be verified using the microfiche or veteran's medical record. If there is a duplicate record, it should be deleted by submitting a code sheet in accordance with instructions for deleting a record.

(5) "Message - No matching initial exam"

Action - When deletion of an initial record in the registry is attempted, the code sheet submitted with a type "B" must have the identical information as on the original record previously accepted into the registry, otherwise deletion process cannot be carried out. Correct code sheet and resubmit.

7. Microfiche

a. Listing. A microfiche listing of AOR participants will be generated monthly for each facility.

(1) The microfiche listing will indicate the:

(a) Veteran's full name,

(b) Social Security Number (SSN),

(c) Date of birth,

(d) Address,

(e) State and county codes,

(f) Record type (see Master Record Type par. (4)),

(g) Mail code ("M" = veteran's record contains mailing address; "(blank)" = veteran is not provided with materials from AAC),

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

- (h) Information code (blank),
- (i) Date of initial examination, and
- (j) Facility number where the examination was performed.

May 16, 1994

M-10,

Part I
Chapter 2
APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

(2) The date(s) of subsequent follow-up examinations will be indicated on the facility's microfiche where the veteran obtained the initial examination. That is, if a veteran obtained an initial examination at facility #688 and obtained a follow-up examination at facility #652, the follow-up examination date will be reflected on facility #688's microfiche listing.

b. Verification. The microfiche listing should be reviewed with the card file to ensure that all initial examination code sheets have been accepted. If an examination has not been rejected and the name does not appear on the microfiche listing, check the Master Microfiche File List or contact the AOR Coordinator in VA Central Office to check the current master microfiche listing for verification before preparing and resubmitting another code sheet to the AAC.

(1) It is possible that the facility number was transposed when entered, i.e., facility #523 (Boston) was transposed to #532 (Canandaigua). If this occurs, then the examination would be accepted at #532, and subsequently be reflected on that facility's microfiche listing.

(2) Corrective action should be taken by #523 contacting #532 and then providing them with the code sheet to be deleted, which will then be sent to the AAC in their next batch to be processed. The requesting facility (#523) would in turn resubmit the code sheet to the AAC in the next batch to be processed.

NOTE: Check error messages in the reject listing printout and to update the card file when appropriate.

c. Master Microfiche File List. Twice annually (February and August) AAC will provide all facilities with a microfiche listing entitled, "Agent Orange Registry Master File List." This is a listing of all veterans who have been examined and accepted into the automated registry system. This AAC-generated master listing will assist in the verification of veterans who have been accepted into the system nationwide.

d. Master Record Type (MTR). The MRT or record type, associated with each transaction (i.e., each veteran's examination) is listed on the microfiche.

(1) The MRT is generated by the automated AGO system after processing of the code sheets (transactions) submitted by facilities to the AAC.

NOTE: The MRT should not be confused with the transaction "Type" (Item 5) which is indicated on VA Form 10-9009.

MRT

Definition

Automated AGO Master Record Type (MRT) consists of:

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

1

An initial examination submitted by an initial/revised code sheet (1979-1981) and accepted into this automated registry on or before March 1983.

(The record may or may not have follow-up examinations. The follow-up examination dates may be before or after March 1983.)

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

A An initial examination submitted by a new/revised code sheet (1982-1992) and accepted into this automated registry after March 1983.

(The record may or may not have follow-up examinations. Follow-up examination dates will be after March 1983.)

X At least one follow-up examination which was submitted by code sheet and accepted into this automated registry system prior to March 1983. The record may or may not contain an address.

(The follow-up examination date and data are located where the initial examination date and data would be. The record may or may not have more follow-up examinations.)

C At least one follow-up examination submitted by the new and/or revised code sheet (1982-1992) and accepted into this automated registry after March 1983.

(Blank) A mailing address only. No initial examination or follow-up examinations have been submitted by code sheet and accepted into this automated registry. This record was added to the automated AGO registry as a result of a "Mailout Campaign" conducted during 1982. Medical facilities were requested to make copies of the 3x5 cards and send them to the AAC where the names and addresses were entered onto a file and the file was processed against the AGO master file. Where the name and SSN matched an AGO master record, the address was placed in the AGO master record. Where the name and SSN did not match an AGO master record, a new AGO master record was created having only a name, SSN and mailing address. The new AGO master records were given a " " (blank) as a master record type.

(The record does not have medical data.)

B Automated AGO master record at a minimum consists of a name and an address. There will be no record of an initial examination, although there may be data on any follow-up examinations. NOTE: The AGO master record may have originated from a mail-out campaign described in the preceding paragraph, master record types, or submitted into the automated registry by VA Central Office or VA AAC personnel as an "Information Only" record (i.e., a veteran or interested person requesting literature on Agent Orange and a code sheet with a transaction type of 'I' is then submitted).

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994

SAMPLE OF COMPLETED VA FORM 7252, TRANSMITTAL FORM FOR USE
IN SHIPMENT OF TABULATING DATA

Not available on WANG

A copy may be xeroxed in the Under Secretary for Health's Library
Room 674 in Techworld

May 16, 1994

M-10,

Part

I

Chapter 2

APPENDIX 2D

M-10, Part I
Chapter 2
APPENDIX 2D

May 16, 1994