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ENVIRONMENTAL AGENTS SERVICE

Persian Gulf Program

M-10, Part III
August 8, 1995

Veterans Health Administration
Washington, DC 20420

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Washington, DC 20420

The Department of Veterans Affairs, Veterans Health Administration Manual M-10, "Environmental Agents Service," Part III, "Persian Gulf Program," is published for the compliance of all concerned.

Signed by Mike Huges
for
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Under Secretary for Health

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RESCISSIONS

The following material is rescinded:

1. Manuals

M-10, Part III, Chapter 1 and 2, dated December 7, 1992.

2. Directives

10-95-053

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RESCISSIONS

The following material is rescinded:

1. Manuals

M-10, Part III, Chapter 1, dated December 7, 1992.

CHAPTER 1. PERSIAN GULF REGISTRY (PGR) PROGRAM**1.01 PURPOSE**

a. This chapter provides procedures to establish a Persian Gulf Registry (PGR) Program at all Department of Veterans Affairs (VA) health care facilities for concerned participants of "Operation Desert Shield /Storm."

1.02 BACKGROUND

a. According to the Department of Defense (DOD) approximately 690,000 American servicemen and women were involved in the Persian Gulf War. There may be a substantial number of troops actually exposed to unignited petroleum and/or smoke from the sabotage of Kuwaiti oil wells by retreating Iraqi forces as well as other industrial and environmental hazards.

b. Establishment of a PGR will assist VA in initiating a program to identify possible diseases which may result from service of United States (U.S.) military personnel in certain areas of Southwest Asia (see par. 2.02). These diseases may be endemic to the area or due to hazardous exposures, including heavy metals. Furthermore, air pollutants, i.e., carbon monoxide sulfur oxides, hydrocarbons, particulate matter, and nitrogen oxides, singly or in combination, can cause chronic as well as acute health problems.

(1) These health problems may include:

- (a) Chronic bronchitis,
- (b) Chronic obstructive pulmonary disease,
- (c) Pulmonary emphysema,
- (d) Bronchial asthmas, and
- (e) Lung cancer.

NOTE: *U.S. veterans who served in the Persian Gulf theatre of war are henceforth in M-10, Part III, referred to as Persian Gulf veterans.*

(2) Persian Gulf veterans have reported a wide variety of symptoms and exposures as a consequence of Persian Gulf service. These include, but are not limited to exposure to:

- (a) Oil, smoke and other petrochemical agents;
- (b) Leishmaniasis (Sand flies);
- (c) Pyridostigmine bromide, malaria prophylaxis and other prophylactic drug treatments;
- (d) Depleted Uranium (DU);
- (e) Inoculations (Anthrax, botulism, etc.);
- (f) Pesticides;
- (g) Diesel and jet fuels and other petrochemicals and solvents;
- (h) Chemical Agent Resistant Compound (CARC) paint;
- (l) Chemical and/or biological warfare agents; and

- (j) Contaminated food and water obtained in the Persian Gulf.
- (3) The following symptoms have been reported by a number of Persian Gulf veterans:
 - (a) Gastrointestinal problems;
 - (b) Flu-like conditions;
 - (c) Skin rashes;
 - (d) Sinus congestion, post nasal drip;
 - (e) Joint pains and/or muscle soreness;
 - (f) Hair loss;
 - (g) Headaches;
 - (h) Memory loss;
 - (i) Chronic fatigue;
 - (j) Thickened saliva;
 - (k) Loose teeth, sore and/or bleeding gums;
 - (l) Dizziness, vertigo;
 - (m) Sleep disturbance; and
 - (n) Other symptoms and/or exposures.

(4) During the examination process, these exposures and health conditions will be identified and documented in the Consolidated Health Record (CHR) and VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet.

c. The creation of a registry containing medical and other data on exposed veterans will signal VA's commitment to address questions concerning possible future effects of air pollutant exposure, other environmental agents, and serve as the basis for future medical surveillance. **NOTE:** *VA is in the process of requesting support for future computerization of this registry.*

1.03 AUTHORITY AND HEALTH CARE SERVICES PROVIDED

Title 38, United States Code (U.S.C.) Chapter 17, Section 1710, provides for health care only, and a determination that the veteran is eligible for such care does not constitute a basis for service-connection or in any way affect determinations regarding service-connection.

a. Health care services will be provided to veterans who while serving on active duty in the Southwest Asia theater of operations during the Persian Gulf War may have been or were exposed to a toxic substance or environmental hazard. Verification of service in the Persian Gulf during the Persian Gulf era (August 2, 1990 - no ending data established by law) will be required. Inasmuch as VA presumes that a veteran was exposed to a toxic substance or environmental hazard during any service in the Persian Gulf, a verified claim of such in-country service constitutes the required contention of exposure and establishes eligibility for medical care within these provisions.

b. Authorized health care services are limited to:

(1) Hospital, nursing home care and outpatient care in VA facilities on a pre- or post-hospitalization basis or to obviate a need for hospitalization.

(2) Such health care services will be provided without regard to the veteran's age, service-connected status or ability of the veteran to defray the expenses of such care.

(3) Veterans furnished outpatient care under this authority will be accorded priority ahead of most other non service-connected veterans and equal to former Prisoners of War who are receiving care for non service-connected conditions.

(4) Congress made it clear that this authority provides for health care only, and that a determination that the veteran is eligible for such care does not constitute a basis for service-connection or in any way affect determinations regarding service-connection.

NOTE: *Health care services may not be provided under this authority for the care of conditions which are found to have resulted from a cause other than the specified exposures.*

1.04 HEALTH EVALUATION

a. Veterans claiming health conditions related to exposure to toxic substance or environmental hazard will be evaluated clinically by means of a physical examination and appropriate diagnostic studies (see Ch. 2, App. 2B). Where findings reveal a condition requiring treatment, the responsible staff physician shall make a determination as to whether the conditions resulted from a cause not related to Persian Gulf Service.

b. In making this determination, the physician will consider the following types of conditions which are not ordinarily considered to be due to toxic substances or environmental hazards:

- (1) Congenital or developmental conditions, e.g., spina bifida, scoliosis.
- (2) Conditions which are known to have existed before the Persian Gulf.
- (3) Conditions resulting from trauma, e.g., deformity or limitation of motion of an extremity.
- (4) Conditions having a specific and well-established etiology; e.g., tuberculosis or gout.
- (5) Common conditions having a well-recognized clinical course, e.g., inguinal hernia or acute appendicitis.

1.05 EXCEPTIONS TO SERVICES

a. Although the types of conditions listed in paragraph 1.04 are not ordinarily considered to be due to a toxic substance or environmental hazard, if the staff physician finds that a veteran requires care under this provision for one or more of those conditions, the physician should seek guidance from the Chief of Staff (COS) and the Veterans' Registry Physician (VRP) regarding the authorization for treatment.

b. The decision and its basis will be clearly documented in the medical record or chart by the VRP.

c. Veterans who are not provided needed medical care under these provisions may be furnished care if they are eligible under other statutory authority.

d. All non service-connected Persian Gulf veterans who respond affirmatively to the exposure question are means tested before being seen by a physician.

1.06 RESPONSIBILITIES

a. A PGR will be established modeled after the Agent Orange and Ionizing Radiation Registries. All VA facility staff are to be alerted of the PGR through appropriate internal communications, e.g., medical center memoranda providing names, locations, and office telephone numbers of the Veterans' Registry Physician (VRP) and the Veterans' Registry Coordinator (VRC).

(1) The PGR is the responsibility of VA Central Office Environmental Agents Service (EAS), in coordination with:

- (a) VRPs;
- (b) VRCs; and
- (c) The VA Austin Automation Center (AAC), Austin, TX.

(2) It will consist of medical examinations and other data of concerned Persian Gulf War participants. The PGR will be the most effective means of identifying such concerned veterans.

b. The EAS has the responsibility to develop, coordinate, and monitor Veterans Health Administration (VHA) activities relating to the Persian Gulf issue. All policy and clinical questions relating to the identity of possible diseases which may result from service of U.S. (United States) military personnel in certain areas of Southwest Asia should be referred to EAS.

c. The VRP and VRC at each VA facility will assume respective responsibility for coordinating the medical and administrative aspects of the registry. The VRP, VRC, and other medical center staff, will play a key role, beginning with the initial contact in:

(1) Providing registry participants with medical examinations and necessary treatment where medically indicated for eligible veterans;

- (2) Advising veterans of examination results; and
- (3) Submitting properly completed code sheets to the AAC.

d. There will be a time lapse between the date of examination and the processing of examination results. Accordingly, analyses used in speeches or presentations should be qualified to avoid misleading or misinforming the audience.

1.07 MEDIA AND OTHER EXTERNAL CONTACTS

a. **Media Contacts.** Reports of Contact from various media sources (e.g., radio, television, newspapers, etc.) concerning PGR Program activities will be referred by phone to the facility Public Affairs Officer. Interviews should not be given unless approved by the medical center Public Affairs Officer who may appropriately coordinate response with the regional VA public affairs representative.

b. **Contacts to Advise Centers of "Special Cures" for Persian Gulf-Related Illnesses.** Medical centers can expect, on occasion, to be contacted by private sector physicians, researchers, and the general public with information regarding "quick cures" for Persian Gulf-related illnesses. Such individuals should be advised that:

- (1) There are medically accepted mechanisms to introduce new clinical treatments;
- (2) All new treatments suggested must be reviewed by a formally designated and staff Human Subjects Review Committee;
- (3) It is important to have independent confirmation of treatment efficacy;

(4) Provisions exist to permit the originator of new therapies to retain professional credit and be appropriately compensated; and/or

(5) The individual might want to consider presenting the "new approach" at a VA or medical school Grand Rounds or Staff Review Committee meeting.

1.08 SPECIAL HEALTH NEEDS OF PERSIAN GULF FEMALE VETERANS

VHA is committed to providing for the physical and psychological treatment needs of women veterans who have been sexually or physically abused, or engaged in combat.

a. The VRP should be aware of and sensitive to the needs of Persian Gulf women veterans who were:

- (1) Raped;
- (2) Otherwise sexually assaulted;
- (3) Sexually harassed;
- (4) Combatants during military service; or
- (5) Prisoners of War.

b. This can lead to long-term psychiatric and psychosomatic sequelae. When a problem is detected, appropriate counseling and psychotherapy must be provided.

NOTE: *Since this is a highly specialized area, it may be necessary to make appropriate referral to other VA or private sector providers. This should be reported on the CHR as well as under Item 32, Part II of VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, Phase I.*

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RESCISSIONS

The following material is rescinded:

1. Manuals

M-10, Part III, Chapter 2, dated December 7, 1992.

CHAPTER 2. PHASE I, PERSIAN GULF REGISTRY (PGR) EXAMINATION**2.01 PURPOSE**

This chapter sets forth clinical and administrative policies related to the maintenance of Veterans Health Administration's (VHAs) Persian Gulf Registry (PGR) Program for physical examinations of concerned veterans.

2.02 ELIGIBILITY CRITERIA

The Department of Veterans Affairs (VA) will provide a PGR examination to veterans who served on active military duty in Southwest Asia during the Persian Gulf War between August 2, 1990, and the official termination date (to be established). Active duty military personnel who served in Southwest Asia are encouraged to participate in the PGR program, (see par. 2.07).

a. This would include service in one or more of the following areas:

- (1) Iraq;
- (2) Kuwait;
- (3) Saudi Arabia;
- (4) The neutral zone (between Iraq and Saudi Arabia);
- (5) Bahrain;
- (6) Qatar;
- (7) The United Arab Emirates;
- (8) Oman;
- (9) Gulf of Aden,
- (10) Gulf of Oman; and
- (11) Waters of the:
 - (a) Persian Gulf,
 - (b) Arabian Sea; and
 - (c) Red Sea.

NOTE: *Medical Administration Service (MAS) should be consulted to determine whether each veteran applying for this examination meets pertinent eligibility requirements.*

b. Eligible Persian Gulf veterans applying for treatment in a VA medical center and/or outpatient clinic should be encouraged to undergo an initial (i.e., "first-time") PGR examination. The protocol for conducting the physical examination and ordering diagnostic studies is contained in Appendix 2B.

c. Veterans should be advised that examination or treatment does not constitute a formal claim for compensation.

(1) Although the results of a PGR examination may be used to support a compensation claim, the examination will not in and of itself be considered such a claim.

NOTE: *If a compensation examination is performed for a Persian Gulf War veteran and the veteran requests inclusion in the PGR, it is not necessary to schedule an additional registry examination as long as the information is sufficient to adequately complete the PGR code sheet for submission to the Austin Automation Center (AAC).*

(2) Veterans who wish to submit a claim for conditions possibly related to Persian Gulf service should do so via the normal claims process through a Veterans Benefits Counselor (VBC) at the nearest VA medical center or regional office.

2.03 PROGRAM MANAGEMENT

For current information and program activities, Veterans' Registry Physicians (VRPs), Veterans' Registry Coordinators (VRCs) and MAS employees should receive and familiarize themselves with quarterly mailouts and various materials distributed by VA Central Office. In addition, all program officials should attend the periodic Environmental Agents Service (EAS) conference calls from VA Central Office.

2.04 RESPONSIBILITIES

The VRP, or designee, VRC and MAS staff play a significant role in determining the perceptions veterans have concerning the quality of VA health care services and of their individual treatment by VA health care providers.

a. **VRP Responsibilities.** The VRP, or designee, is responsible for clinical management of the veteran on the registry and will serve as their primary health care provider unless another has been assigned. The VRP serves in an advisory capacity for the administrative management of the program. The VRP should be the person to discuss with the patient the results of the examination(s) as well as providing follow-up visits and/or possible referrals to other tertiary medical centers or Persian Gulf Referral Centers (PGRC). Major essential responsibilities include:

- (1) Counseling the veteran as to the purpose of the physical examination;
- (2) Providing focused initial examination and continuum of care to those symptomatic veterans experiencing multiple symptoms after their Persian Gulf experience;
- (3) Conducting and documenting the physical examination in the medical record or Consolidated Health Record (CHR) at the time of the visit;
- (4) Providing a complete medical history including:
 - (a) Family;
 - (b) Occupation;
 - (c) Social, including tobacco, alcohol, and drug use;
 - (d) Civilian exposure to possible toxic agents;
 - (e) Psychosocial condition; and
 - (f) Review of systems.
- (5) Completing Part II (Phase I) and III (Phase II) of VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, and reviewing Part I and completing that section, if necessary.

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Chapter 2**

(a) Reviewing the code sheet to further ensure the form's completeness, the clinical examiner will review the code sheet and, if necessary, obtain and record any missing information from the veteran. **NOTE:** Code sheets should be transmitted to AAC no later than 25 working days after initial examination.

(b) Inquiring whether any of the veteran's natural children have any birth defects and noting in Item 22 and the CHR.

(6) Reviewing records of every Persian Gulf veteran examined to ensure that a complete physical examination was performed and documented;

(7) Personally discussing with each veteran the findings of the physical examination and completed diagnostic studies. The interview will be conducted in such a way as to encourage the veteran to discuss any health concerns, as well as concerns expressed by family members;

(8) Personally discussing each veteran's need for a follow-up examination either recommended by VRP or requested by the veteran;

(9) Documenting these discussions and/or findings in each veteran's CHR.

(10) Encouraging the veteran to contact VA medical center to include additional diagnoses in CHR and PGR if the veteran is subsequently diagnosed with a significant health problem by a non-VA physician. This new diagnosis must be submitted under non-VA physician's signature and on official letterhead. A code sheet identified as, follow-up examination, Type C, will be completed with this diagnosis and subsequently forwarded to AAC for inclusion in PGR.

(11) Preparing and signing a follow-up letter to each veteran explaining the results of the examination and associated laboratory tests. **NOTE:** Sample follow-up letters are provided in Appendix 2G.

(a) These letters are to be mailed to the veteran within 2 weeks of the initial examination appointment and follow-up examination when a new diagnosis is determined. 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 is to be sent no later than 2 weeks after the consultation.

(b) A copy of this dated and signed letter will be filed in the veteran's CHR.

(c) 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.

(d) The letter will explain that:

1. If the veteran who was 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.

2. If it is determined upon examination that the veteran does have medical problems, it is not necessary to specify the problems in the letter.

3. The veteran should be advised in the letter that the recent examination indicated a health condition or problem which may require further examination and/or treatment.

4. If the veteran is eligible for VA medical treatment, the letter should so advise and recommend that the veteran seek follow-up medical care at the VA medical facility.

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

6. The examination does not automatically initiate a claim for VA benefits. For information relating to claims, refer the Persian Gulf veterans to a VBC at the nearest VA medical center or regional office.

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

8. If the veteran changes place of residence, the veteran should provide the new address to the VRC to be recorded on a computerized record or card file and included on a corrected code sheet (Type "E" examination code) for submission to AAC.

b. Veterans' Registry Coordinator (VRC) Responsibilities

(1) The VRC is responsible for the administrative management of the program, including:

- (a) Scheduling of appointments;
- (b) Monitoring timeframe compliance;
- (c) Reviewing records for accuracy and completeness; and
- (d) Collecting data for reporting purposes.

(2) The VRC is responsible for the following:

1. Scheduling. Facilities should make every effort to give each veteran a PGR examination within 30 days of the request date. If numerous consultations are required, all of these should be scheduled on the same day, whenever possible, so that the veteran will not be unduly inconvenienced. When it is not possible to provide all consultations on the same day, the VRC/scheduler should work with the veteran to minimize disruptions in the veteran's life. If a medical center fails to meet the time standard of 30 calendar days from date of request, the medical center Director in coordination with the Regional Office Director shall work together to explore all alternatives; i.e., referrals to other VA facilities, additional staff hours to perform these examinations; and the possibility of the use of fee-basis sources or contracting out some or all examinations with volume health care providers, to bring the medical center in line with the time standard.

2. Disseminating Information. It is important that each Persian Gulf veteran be fully advised of the PGR examination. Facility staff are encouraged to fully communicate all aspects of the PGR examination by any appropriate means. The following alternatives might be considered:

a. Upon distribution by VA EAS, provide each Persian Gulf veteran reporting to the outpatient area, with a VHA Headquarters (131) handout, "VA Persian Gulf Veterans' Illnesses, Questions and Answers," Information Bulletin IB 10-41, describing the purpose of the examination and its limitations. This can be further clarified by the examining physician prior to and during the course of the physical examination.

b. VRCs will also provide each veteran with a brief oral explanation of the purposes of the PGR and the examination process and respond to any questions the veteran might have. This can be accomplished during the VRCs initial contact with the veteran.

c. Computerized Record or Card File. A computer record or card file will be established to include data on all registry participants. Each computer record or card file should include veteran's full name, address, telephone number, date of birth, Social Security Number (SSN), date of initial examination and date(s) of subsequent follow-up examination(s). **NOTE** : *This record will support the statistics included in the Bi-monthly Report of Persian Gulf War Veteran Registry Examinations (RCS 10-0860). In addition to other information updates, every effort should be made by the VRC to maintain the veteran's current address in*

the computer record or card file for outreach purposes. VHA Headquarters is in the process of establishing a VA system-wide computerization of this card file.

3. Code Sheet Completion

a. The VRC, or designee, will complete Part I of VA Form 10-9009A, and will ensure that all information is entered on the code sheet before the veteran is referred to the clinician for the examination.

b. The VRC will complete Part II and III of VA Form 10-9009A. (Refer to instructions and sample code sheet in App. 2C).

c. In the event that a veteran requests a PGR examination but does not wish to be included in the registry database, a registry examination should be performed. Item 32, "Remarks," should indicate the current date and note that the veteran chose not to participate in the registry. This code sheet should be filed in veteran's CHR. Do not submit this code sheet to the AAC.

2.05 CONSOLIDATED HEALTH RECORD (CHR)

The VRC will ensure that a CHR on each registry participant is created if one does not already exist.

a. All Persian Gulf veterans participating in the registry will have a VA Form 10-9009B (Persian Gulf Identification Sticker) affixed to their CHR. VA Form 10-9009B should be affixed to the front of the record in the lower left-hand corner of the "service connected" block.

b. These Persian Gulf registry records are subject to the same retention and disposition policies as other medical record files, i.e., Records Control Schedule 10-1.

2.06 INCARCERATED VETERANS

VA medical facilities can provide assistance to penal authorities or institutions, which agree to provide examinations to veterans, without reimbursement from VA, for purposes of entry in the PGR.

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

b. 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 veteran's behalf, in PGR and in the veteran's CHR.

2.07 VETERANS WITH OTHER THAN HONORABLE DISCHARGES

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

2.08 ACTIVE DUTY MILITARY PERSONNEL

When active duty members of the uniformed services apply to VA facilities for a PGR examination, Department of Defense (DOD) must authorize and provide the appropriate DOD Form 2161, Referral for Civilian Care, requesting this examination or provide services under existing DOD/VA sharing agreement. The requirements of M-1, Part I, Chapter 15, regarding the authorization and billing from the appropriate branch of service will apply. Facilities should also reference the current directive providing the interagency billing rates.

a. Procedures for processing the examination are the same as those for a veteran participating in this program.

b. A military facility may perform the PGR examination according to VA instructions or the corresponding military instructions. **NOTE:** DOD has established a Persian Gulf Hot Line, telephone number 1-800-796-9699 to direct active duty personnel to military hospitals for medical examinations and provide other related information. An additional telephone number has been established (1-800-472-6719) for Persian Gulf War veterans to call with their recollection of "incidents" that might be related to health problems.

c. Military facilities may obtain the pertinent VA administrative issue and appropriate forms from the nearest VA facility. The VA Medical Center, 50 Irving Street, N.W., Washington, DC 20422, Attn: Persian Gulf Coordinator (136), is the processing center for all active duty members of uniformed services stationed overseas. Military facilities will complete code sheets with exception of the following which will be filed in by VA coding clerks:

	<u>Blocks</u>	<u>Code Identifier</u>
<u>Part I</u>	2 to 7 137 to 141	Facility number and suffix County and State

d. Military facilities will provide completed copies of the code sheet, physical examination, laboratory tests, etc., to the nearest VA medical center or outpatient clinic. The VRC will:

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

(2) Complete the code sheet to include facility number/suffix, if applicable, county and state codes.

(3) Submit code sheet to the VA Office of Financial Management, AAC, 1615 Woodward Street, Austin, TX 78722-0001, in accordance with instructions;

(4) Establish a CHR if one does not already exist and file the PGR examination in this folder; and

(5) If requested, and only with written authorization (release of information) from active duty member, VA may supply a copy of these medical records to the military facility.

2.09 UPDATING VRP AND VRC APPOINTMENTS

Separate listings of VRPs and VRC's are maintained within EAS.

a. In an effort to keep these listings current, facilities are required to notify the EAS of any changes in the status of appointments of VRP's and/or VRC's at their respective facilities.

b. As changes in designation occur, submit in writing the name, title, mail routing symbol, FTS and commercial numbers including area code, to the VRC (103A), EAS, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420 (Facsimile Number FTS 700-565-7572). **NOTE:** In order to provide current Persian Gulf information to concerned VA Registry Staff, it is important that any changes in designation of VRPs or VRCs at VA facilities be provided to VA Central Office (103A) as they occur.

2.10 REPORT TO AAC

The PGR report should be prepared monthly and submitted to the AAC as per instructions contained in Appendix 2D:

a. VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, and VA Form 7252, (originally 30-7252) Transmittal Form for the Use in Shipment of Tabulating Data, should be prepared monthly and

submitted to AAC as per instructions contained in Appendix 2D. **NOTE:** *These code sheets should be submitted, based on the following schedule, but no later than 25 working days following initial examination.*

b. The schedule of mailing dates is:

- (1) Region 1 -- 6th of month;
- (2) Region 2 -- 10th of month;
- (3) Region 3 -- 14th of month; and
- (4) Region 4 -- 18th of month.

DEFINITIONS AND ACRONYMS

1. **AAC** - The Office of Financial Management, Austin Automation Center (AAC) was formerly the Data Processing Center in Austin, TX. It is the location of the computerized registry for code sheet collection and database entry.
2. **AMIS** - Automated Management Information System.
3. **ANA** - Anti-Nuclear Antibody.
4. **BAER** - Brainstem Auditory Evoked Response.
5. **CAPS-PTSD** - Clinical Administered-Post Traumatic Stress Disorder.
6. **CARC** - Chemical Agent Resistant Compound paint.
7. **CBC** - Complete Blood Count.
8. **CHR** - Consolidated Health Record - A file containing medical records relating to patient identity, diagnosis, prognosis or treatment at VA facility.
9. **CPK** - Creatine Phosphokinase.
10. **CT** - Computed Tomography.
11. **D.O.** - Doctor of Osteopathy.
12. **DOD** - Department of Defense.
13. **DOD Form 2161**, "Referral for Civilian Care."
14. **DSM-III-R** - Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised.
15. **DU** - Depleted Uranium.
16. **EAS** - Environmental Agents Service - EAS (103A), VA Central Office, has the responsibility to coordinate and monitor all VHA activities, research and otherwise, relating to the Persian Gulf issue.
17. **ECG** - Electrocardiogram.
18. **EEG** - Electroencephalogram.
19. **EGD** - Esophagastroduodenoscopy.
20. **EMG** - Electromyogram.
21. **ENG** - Electronystamogram.
22. **Examinations**
 - a. Initial. The first physical examination which is completed and sent to the AAC for the purpose of entering a veteran into the Persian Gulf Registry system.
 - b. Follow-up. Examination performed subsequent to the initial (first) examination.

23. **Facility** - Any VA entity which provides Persian Gulf Registry examinations to Persian Gulf veterans.
24. **GI** - Gastrointestinal.
25. **GYN** - Gynecology.
26. **HcT** - Hematocrit.
27. **HgB** - Hemoglobin.
28. **HIV** - HumanImmuno-deficiency.
29. **IB-10-41** - VA Information Bulletin entitled "Persian Gulf Veterans' Illnesses, Questions and Answers."
30. **ICD-9-CM** - The International Classification of Diseases, Clinical Modification, 9th Edition provides standardized classification of diseases.
31. **IgG** - Oligoconal.
32. **KIA** - Killed in Action.
33. **KTO** - Kuwait Theater of Operations.
34. **LDH** - Lactic Acid Dehydrogenase.
35. **LP** - Lumbar Puncture.
36. **MAS** - Medical Administration Service.
37. **MIA** - Missing in Action.
38. **MOS**- Military Occupational Specialty.
39. **M.D.** - Doctor of Medicine.
40. **MRI** - Magnetic Resonance Imaging.
41. **MSLT** - Multiple Sleep Latency Test.
42. **NCV** - Nerve Conduction Velocity.
43. **O&P** - Ova and Parasites.
44. **P.A.** - Physician's Assistant.
45. **PFT** - Pulmonary Function Test.
46. **PGR** - Persian Gulf Registry - The PGR is a computerized index of veteran participants, is managed centrally by the EAS in VA Central Office. The coded findings of Persian Gulf Program physical examinations and related diagnostic results are entered into a database by the AAC.
47. **PGRC** - Persian Gulf Referral Centers - Selected tertiary VA Medical Centers (Birmingham, AL, Houston, TX; , Washington, DC; and West Los Angeles, CA), with clinical and academic expertise in such areas a

pulmonary and infectious diseases, immunology, neuropsychology, and toxicology, where medical assistance is provided for those Persian Gulf veterans with symptoms which defy explanation.

48. **Plt** - Platelet.

49. **PPD** - Purified Protein Derivative.

50. **PTF** - Patient Treatment File.

51. **PTSD** - Post Traumatic Stress Disorder.

52. **Persian Gulf Area of Service.** For eligibility purposes, active military duty in Southwest Asia during the Persian Gulf War would include service in one or more of the following areas: Iraq, Kuwait, Saudi Arabia, the neutral zone (between Iraq and Saudi Arabia), Bahrain, Qatar, the United Arab Emirates, Oman, waters of the Persian Gulf, Red Sea, Arabia Sea, and Gulfs of Aden and Oman.

53. **Persian Gulf War Period of Service.** Public Law 102-25 established a Persian Gulf War period of service which will affect persons serving on active duty as of August 2, 1990, with no ending date established by law.

54. **Records Control Schedule (RCS) 10-1.** Provides instructions for record retention and disposition.

55. **Reports Control Symbol (RCS) 10-0860.** Reflects the reporting requirements for VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, Persian Gulf Referral Center Monthly Report, and Bi-monthly Report on Persian Gulf Uniform Case Assessment Protocol.

56. **RCS 10-0875.** The reporting requirements for the Bi-monthly Report on Persian Gulf War Veteran Registry Examinations, under Directive 10-95-053 are rescinded by this manual change.

57. **RHP** - Reproductive Health Problems.

58. **SCID** - Structured Clinical Interview for DSM-III.

59. **SCUDS** - Soviet designed surface to surface missiles.

60. **SED** - Skin Erythema Dose.

61. **SGPT(ALT)** - Transaminase Glutamic Pyruvate.

62. **SGOT(AST)** - Glutamic Oxaloacetic Transaminase.

63. **SMA (6/12)** - SMA is a Manufacturer's Trademark for a Chemistry Analyzer.

64. **SSN** - Social Security Number.

65. **T4** - Thyroxine Total Serum.

66. **TB** - Tuberculosis.

67. **TSH** -Thyroid Stimulating Hormone.

68. **UCAP**- Uniform Case Assessment Protocol.

69. **UGI**- Upper Gastrointestinal.

- 70. **VA** - Department of Veterans Affairs.
- 71. **VBC** - Veterans Benefits Counselor.
- 72. **VDRL** - Venereal Disease Research Laboratory.
- 73. **VHA** - Veterans Health Administration.
- 74. **VRC** - Veterans' Registry Coordinator - A non-physician staff member responsible for the administrative management of the program at each VA facility.
- 75. **VRP** - Veterans' Registry Physician - The VRP is a physician responsible for the clinical management of the Persian Gulf Program at each VA medical facility.
- 76. **VA Form 10-9009A (July 1995)**, Persian Gulf Registry Code Sheet.
- 77. **VA Form 10-9009B** - Identification Sticker entitled "Persian Gulf."
- 78. **VA Form 30-7252** *changed to* **VA Form 7252**, Transmittal Form for Use in Shipment of Tabulating Data.
- 79. **WBC** - White Blood Cells.

September 14, 1995

M-10, Part III
Chapter 2
Change 1
APPENDIX 2A

**PROTOCOL FOR CONDUCTING THE PHYSICAL EXAMINATION
AND ORDERING DIAGNOSTIC STUDIES**

1. It is essential that a complete medical history, physical examination and interview be performed and documented on appropriate forms. The required forms that must be fully completed are: Standard Form (SF) 88, Report of Medical Examination, Department of Veterans Affairs (VA) Form 10-9009A, Persian Gulf Registry Code Sheet, and SF 509, Progress Notes (for follow-up). These are to be maintained in the veteran's Consolidated Health Record (CHR). **NOTE:** *This should be accomplished by or under the direct supervision of the Veterans' Registry Physician (VRP). Examination data will be recorded in the veteran's medical record as routinely as done for any other medical examination.* The complete medical history should address the following:

- (a) Family history;
- (b) Occupational history;
- (c) Social history including tobacco, alcohol, drug use;
- (d) Civilian exposure(s) history to possible toxic agents;
- (e) Psychosocial history; and
- (f) Review of systems.

2. The person actually performing the physical examination will be identified by name, signature and title (i.e., Doctor of Osteopathy, Doctor of Medicine, Physician's Assistant, etc.). A physician's countersignature is required if the examiner is other than a physician. Under normal circumstances, VRP will provide such countersignatures.

3. When a Persian Gulf Registry (PGR) 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 VRP.

4. The physician should be aware of the variety of exposures endemic to the Persian Gulf area. These are listed in Appendix 2C and on VA Form 10-9009A. There has been a wide distribution of major categories of diagnosis reported by VA VRPs; however, no significant variation in occurrence of major categories of medical problems has been identified. We are listing below (for informational purposes) some of the health problems and/or diseases which should be considered:

NOTE: *Unfortunately the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) coding system does not give sufficient codes to correctly identify all symptoms and diagnoses. A number of diagnoses that have been reported by Veterans Registry Physicians do not have ICD-9-CM codes for specific identification in the Veterans Health Administration (VHA) s database. To correct this, three new codes have been created. They are: Apnea, Sleep (99001), Chronic Fatigue Syndrome (CFS) (99002), and Fibromyalgia (99003). Make certain these codes are used when completing the Persian Gulf Registry code sheets for patients who have these diagnoses. As a result of inadequate coding designations, there has been confusion between the symptoms (complaints) and diagnoses listed on the PGR code sheets. Example one: Arthralgia (diagnostic code 7194) has been used for the symptom "pain in the joint," where the symptom code 7819 (other symptoms involving nervous and musculoskeletal systems) would be more appropriate. Example two: Symptom ICD-9-CM code 78051 has been designated for insomnia with sleep apnea; however, sleep apnea is more correctly identified as a specific diagnosis which has the new code 99001. Symptom code 78051 may still be used for insomnia with sleep apnea. Example three: Symptom ICD-9-CM code 7807 has been used to designate CFS and the symptoms of malaise and fatigue. The new code 99002 has been determined for CFS, so ICD-9-CM code 7807 should be used for medical complaints of malaise and fatigue*

<u>DIAGNOSIS</u>	<u>International Classification of Diseases ICD-9-CM Code</u>
(1) Amebiasis	006
(2) Apnea, sleep	99001
(3) Arthralgia	7194
(4) Asthma	493
(5) Brill's Zinsser disease (recrudescence typhus)	0811
(6) Bronchiectasis	494
(7) Bronchopneumonia, organism unspecified	485
(8) Brucellosis	023
(8) Chronic obstructive pulmonary disease, not elsewhere classified	496
(9) Chronic bronchitis	491
(10) Chronic Fatigue Syndrome	99002
(11) Chronic Laryngotracheitis	4761
(12) Chronic respiratory conditions due to fumes and vapors	5064
(13) Emphysema	492
(14) Fibromyalgia	99003
(15) Giardiasis	0071
(16) Leishmaniasis	085
(17) Malaria	084
(18) Other and unspecified diseases of upper respiratory tract	4789
(19) Pneumoconiosis due to other silica or silicates	502
(20) Pneumoconiosis, unspecified	505
(21) Unspecified chronic respiratory disease	5199
(22) Respiratory conditions due to unspecified external agent	5089
(23) Sandfly fever (phlebotomus fever)	0660
(24) Schistosomiasis (bilharziasis)	120
(25) Toxoplasmosis	130

<u>DIAGNOSIS</u>	<u>ICD-9-CM Code</u>
(26) Typhoid fever, also carrier - V02.1	0020
(27) Tuberculosis, specify variant(s)	010-018
(28) Viral hepatitis	070
(29) Memory loss	310
(30) Polyneuropathy	356-357
(31) Skin rash	680-709
(32) Adjustment disorder, including Post Traumatic Stress Disorder (PTSD)	309
(33) Alcohol dependence syndrome	303
(34) Drug dependence	304

5. In gathering these data, it is important to determine and record, the:

- a. Time of onset of the symptoms or conditions,
- b. Intensity,
- c. Degree of physical incapacitation, and
- d. Details of any treatment received.

6. Each veteran will be given the following baseline laboratory studies (Phase I Registry Examination):

- a. Complete Blood Count (CBC);
- b. Electrolyte Glucose (SMA-6, SMA-12), or equivalent blood chemistries and enzyme studies; and
- c. Urinalysis.

7. Appropriate additional diagnostic studies should be performed and consultations obtained as indicated by the patient's symptoms and the physical and laboratory findings. **NOTE:** *If individuals have unexplained illnesses, after a Phase I registry examination is performed, a Phase II examination is mandated. (See Ch. 3, App 3A, for instructions.)*

- a. Other diagnostic studies, such as pulmonary function test, sperm counts, should be performed if medically indicated.
- b. Laboratory tests results should be filed in the CHR.

**SAMPLE AND INSTRUCTIONS FOR COMPLETING
VA FORM 10-9009A (JULY 1995), PERSIAN GULF REGISTRY CODE SHEET, PHASE I**

1. General Instructions for completing Department of Veterans Affairs (VA) Form 10-9009A (July 1995).

a. An original code sheet should be prepared and a legible copy submitted to the Office of Financial Management Austin Automation Center (AAC) in accordance with instructions for the initial and first follow-up examinations (if required). After code sheet data has been reviewed and entered into the computerized database at AAC, the AAC will forward these code sheets to the Senior Registry Coordinator (103A), Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420, for disposition. These code sheets will not be returned to the medical center of origin unless corrections are required.

(1) The original code sheet will be filed in the medical record with any corrections required by AAC. Additional follow-up examinations, as required, will continue to be documented in the Consolidated Health Record (CHR).

(2) A code sheet for additional follow-up examinations 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 Persian Gulf Registry (PGR).

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 "Ø."** For registry coding purposes, use the International Classification of Diseases - Clinical Modification, 9th Edition, (ICD-9-CM) codes. These must be the codes currently in use by AAC.

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

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

(3) Date all code sheets with current date in the upper right hand corner of VA Form 10-9009A (July 1995).

2. Instructions for Completing Part I (Initial Examination)

a. **Item 1. Blocks 2-7. Facility Number and Suffix.** Enter facility code as listed in MP-6, Part XVI, Supplement No. 4.1, Appendix A. Use the AMIS suffix (BY, BZ, etc.) to indicate your satellite facility. DO NOT USE Q, R, OR S. **NOTE:** *If veteran requests the inclusion of his Department of Defense (DOD) registry examination records in VA PGR, submit code sheet with Facility Number as 999 in Blocks 2, 3 & 4 and indicate actual VA facility number in upper left margin of codesheet.*

b. **Item 2. Blocks 8-33. Last Name of Veteran.** Beginning in Block 8, enter veteran's current last name. If veteran had an earlier last name used during the veteran's Persian Gulf service, e.g., an unmarried woman, leave one space blank after the current name and enter "E." If veteran has had any other later name, leave another blank space (i.e., after "E"), and enter the later name followed by another

blank space and then enter "L." Do not use apostrophe and/or hyphen 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.

c. **Item 3. Blocks 34-48. First Name of Veteran.** Beginning in Block 34, enter veteran's first name.

d. **Item 4. Blocks 49-58. Middle Name of Veteran.** Beginning in Block 49, enter veteran's middle name or initial.

e. **Item 5. Block 59. Type of Examination.** The following transaction type must be entered in Block 59 as appropriate:

A - Initial examination. Veteran's first Persian Gulf 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 submitted 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 Persian Gulf examination. Additional follow-up examinations, as required, will continue to be documented in the CHR, but 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 PGR.

D - To delete an entire follow-up PGR 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 change in demographics, i.e., change of address or date of birth enter "E" and complete items with name, SSN, date of birth, and address. No other items need to be completed.

I - To include those veterans whose names are not on the PGR but would like their name and address included on a mailing list for the "Persian Gulf Review" newsletter.

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.

f. **Item 6. Blocks 60-69. SSN.** 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. (See M-1, Part I, Ch. 5, Par. 5.29, for instructions on pseudo SSN assignment.) **NOTE:** *All efforts should be made to obtain veteran's actual SSN.*

g. **Item 7. Blocks 70-75. Date of Birth.** Beginning in Block 70 enter numerical equivalent for the month, day and year in that order (e.g., 01/19/50). All blocks must be completed.

h. **Item 8. Blocks 76-141. Permanent address.**

(1) **Blocks 76-101.** Beginning in Block 76 enter veteran's permanent street address.

(2) **Blocks 102-127.** Beginning in block 102 enter veteran's city or town.

(3) **Blocks 128-132.** Enter zip code of permanent residence (National Zip Code Directory).

- (4) **Blocks 133-136.** Leave Blank (future extended Zip Code).
- (5) **Blocks 137-139.** Enter appropriate county code as listed in M-1, Part I, Chapter 18, Appendix A.
- (6) **Blocks 140-141.** Enter appropriate state code as listed in M-1, Pt. I, Chapter 18, Appendix A.

i. **Item 9. Block 142. Race/Ethnicity.** Enter one of the following codes in Block 142:

- 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
- 6 = Unknown

j. **Item 10. Block 143. Marital Status.** Enter one of the following codes in Block 143:

- 1 = Married
- 2 = Divorced
- 3 = Separated
- 4 = Widowed
- 5 = Single, Never Married

k. **Item 11. Block 144. Sex.** Enter one of the following codes in Block 144:

- M = Male
- F = Female

l. **Item 12. Block 145. Current Status.** Enter one of the following codes in Block 145:

- 1 = Inpatient
- 2 = Outpatient
- 3 = Incarcerated
- 4 = Active Duty (Outpatient)
- 5 = Active Duty (Inpatient)

m. **Item 13. Block 146. Branch of Service.** If veteran was in more than one branch of service, code the latest Persian Gulf service. Enter one of the following codes in Block 146:

- 1 = Army (including Reserves & National Guard)
- 2 = Air Force (including Reserves & National Guard)
- 3 = Navy (including Reserves)
- 4 = Marine Corps
- 5 = Coast Guard
- 6 = Other (e.g., Public Health Service, National Oceanic and Atmospheric Administration)

n. **Item 14, 14A and 14B. Blocks 147-163. Military Service in Persian Gulf.**

(1) Block 147. Enter one of the following codes:

Y = Yes (If yes, list the dates of veterans last two periods of service in Persian Gulf.)

N = No (If the veteran did not serve in Persian Gulf, the veteran is not eligible for a Persian Gulf Registry examination.)

(2) Item 14A. Enter the numerical equivalent of the month and also two digits of the year of last period of service in Persian Gulf (e.g., from 02/91 to 05/91) in Blocks 148 through 155.

(3) Item 14B. If veteran had two or more periods of service in Persian Gulf, the longest period of service should be entered in Blocks 156 through 163. If only one period of service in Persian Gulf, enter in 14A and leave 14B blank.

o. Item 15, 15A and 15B. Blocks 164-165. In What Area(s) Did Veteran Serve?

(1) Item 15A. Block 164. Enter one of the following codes:

- 1 = Combat Zone
- 2 = Other Land Area
- 3 = Sea Duty

(2) Item 15B. Block 165. If other service is indicated or, if the response is "Don't Know" enter appropriate code in Block 165.

- 4 = Other (Specify i.e., Air Force: Ground or Air Crew, etc.)
- 5 = Don't Know

p. Item 16, 16A-16E. Military Units, MOS and Block 166. MOS-Different Duties .

(1) Item 16A. Military Units. Enter the military unit in which the veteran served. Specify complete unabbreviated title, that is, company, battalion, corps, ship, division, etc., (e.g., Company C, 1st Battalion, 4th Army).

(2) Item 16B. Military Occupational Specialty (MOS): Enter the veteran's MOS.

(3) Item 16C. Block 166. Were actual duties different from MOS? Enter one of the following codes in Block 166: If no, go to Item 16E

- Y = Yes
- N = No

(4) Item 16D. If yes, enter actual duties which were different from MOS on code sheet and in CHR.

(5) Item 16E. Enter the name of unit with which the veteran had the longest and next to longest period of service while in the Persian Gulf.

NOTE: *Items 16A & 16E: These units could be different from the one to which the veteran was assigned if the veteran was on detached duty.*

q. Items 17, 17A and 17B. Blocks 167-182. Last two periods of service (If different from 14A and 14B). 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 the Persian Gulf (e.g., from 12/90 to 04/91 and 9/90 to 11/90). If veteran did not have more than one period of service, leave blank. For active duty military personnel, enter date when service began (e.g., 12/90) and enter nines (e.g., 99/99) to indicate the veteran is still actively serving in the military.

r. Items 18, 18A-18Z1. Blocks 183-216. Veteran's Exposure to Environmental Factors. Enter the following codes in appropriate blocks.

- Y = Yes
- N = No

(1) Item 18A. Block 183. Are you currently smoking cigarettes? If no, go to Item 18D.

(2) Item 18B. Blocks 184-185. If yes, how many years have you been smoking cigarettes? Enter number of years.

(3) Item 18C. Blocks 186-187. If yes, on the average, how many packs are you smoking per day?

(4) Item 18D. Blocks 188. Have you smoked cigarettes in the past? If no, go to Item 18G.

(5) Item 18E. Blocks 189-190. If yes, how many years did you smoke?

(6) Item 18F. Blocks 191-192. If yes, on the average how many packs did you smoke per day?

(7) Item 18G-Z1. Blocks 193-212. While in the Persian Gulf do you believe you were exposed to any of the following? Enter the following codes:

Y = Yes

N = No

U = Unknown

(8) Item 18G. Block 193. Smoke from oil fires?

(9) Item 18H. Block 194. Smoke or fumes from tent heaters?

(10) Item 18I. Block 195. Cigarette Smoke (passive) from others?

(11) Item 18J. Block 196. Diesel and/or other petrochemical fumes?

(12) Item 18K. Block 197. Exposure to burning trash/feces?

(13) Item 18L. Block 198. Skin exposure to diesel or other petrochemical fumes?

(14) Item 18M. Block 199. Chemical Agent Resistant Compound (CARC) paint?

(15) Item 18N. Block 200. Other paints and/or solvents and/or petrochemical substances?

(16) Item 18O. Block 201. Depleted uranium?

(17) Item 18P. Block 202. Microwaves?

(18) Item 18Q. Block 203. Personal pesticide use, including creams, sprays, or flea collars?

(19) Item 18R. Block 204. Nerve gas or other nerve agents?

(20) Item 18S. Block 205. Drug (pyridostigmine) used to protect against nerve agents?

(21) Item 18T. Block 206. Mustard gas or other nerve agents?

(22) Item 18U. Block 207. Ate or drank food contaminated with smoke, oil or other chemical?

(23) Item 18V. Block 208. Ate food other than provided by Armed Forces?

(24) Item 18W. Block 209. Bathed in or drank water contaminated with smoke, oil or other chemical?

(25) Item 18X. Block 210. Bathed in water other than provided by Armed Forces?

(26) Item 18Y. Block 211. Immunization against anthrax?

(27) Item 18Z. Block 212. Immunization against botulism?

(28) Item 18Z1. Other exposures? Enter on code sheet and in CHR.

s. **Items 19A-F. Blocks 213-218 Persian Gulf Experience.** Did you have any of the following experiences while in the Persian Gulf?

(1) Item 19A. Block 213. Did you ever go on combat patrols or have other very dangerous duty? Enter the following codes:

- 1 = No
- 2 = 1-3X
- 3 = 4-12X
- 4 = 13-50X
- 5 = 51+times

(2) Item 19B. Block 214. Were you ever under enemy fire, including, Soviet designed surface to surface missiles (SCUDS)? Enter the following codes:

- 1 = Never
- 2 = less than 1 day
- 3 = less than 1 week
- 4 = 1-4 weeks
- 5 = 4 weeks or more

(3) Item 19C. Block 215. What percentage of people in your unit (your immediate group) were Killed in Action (KIA), wounded or Missing In Action (MIA)? Enter the following codes:

- 1 = None
- 2 = 1-25%
- 3 = 26-50%
- 4 = 51-75%
- 5 = 76% or more

(4) Item 19D. Block 216. How often did you see someone hit by incoming or outgoing rounds? Enter the following codes:

- 1 = Never
- 2 = 1-2X
- 3 = 3-12X
- 4 = 13-50X
- 5 = 51 or more

(5) Item 19E. Block 217. How often were you in danger of being injured or killed (i.e., pinned down, overrun, ambushed, near miss, etc.)? Enter the following codes:

- 1 = Never
- 2 = 1-2X
- 3 = 3-12X
- 4 = 13-50X
- 5 = 51 or more

(6) Item 19F. Block 218. Witnessed chemical alarms? Enter the following codes:

- Y = Yes
- N = No
- U = Unknown

t. **Item 20. Block 219. Veteran's Health** (Veteran's evaluation).

(1) Item 20A. Enter one of the following codes which best describes veteran's health after Persian Gulf Service:

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

u. **Item 21. Block 220. Veteran's Functional Impairment.**

(1) Item 21A. Enter code which describes veteran's assessment of the veteran's functional impairment, after Persian Gulf Service, using the following scale:

- 1 = No impairment
- 2 = Slight impairment
- 3 = Moderate impairment
- 4 = Severe impairment

(2) Item 21B. Blocks 221-222. How many workdays were lost by veteran due to illness in the past 90 days? Enter number of days lost in Blocks 221-222 (e.g., 8/Ø). If none fill in the blocks with Øs. If the veteran does not work outside the home, annotate this information in item 32, Remarks.

v. **Item 22. Blocks 223-262. Evidence of Birth Defects and Infant Death(s) among veteran's children and problems with pregnancy and infertility.** *NOTE: Where blanks are indicated complete blocks with Øs.*

(1) Item 22A. Blocks 223-224. How many children does the veteran have? If none, enter Øs, and go to 22C.

(2) Item 22B. Blocks 225-226. Birth Defects. *NOTE: Birth defects are any structural, functional, or biochemical abnormality at birth whether genetically determined or induced during gestation that is not due to injuries suffered during birth.* How many of these children were born with birth defects? Enter number of children in Blocks 225-226. If none, go to Item 22C.

(a) Item 22B1. Blocks 227-228. How many of these children were conceived before Gulf service? If none, enter Øs, and go to Item 22B2.

(b) Item 22B1(a). Blocks 229-230. State maternal age at conception of first child conceived before Gulf service. Enter age in Blocks 229-230.

(c) Item 22B2. Blocks 231-232. How many children were conceived during or after Gulf service? Enter number in Blocks 231-232. If none, enter Øs, and go to Item 22C.

(d). Item 22B2(a) Blocks 233-234. State maternal age at conception of first child conceived during or after Persian Gulf service? Enter age in Blocks 233-234.

(3) Item 22C. Blocks 235-241. Infertility (Problems of veteran or spouse becoming pregnant). *NOTE: Infertility=relative sterility defined as inability to conceive after 12 or more months of intercourse without use of contraception when neither spouse is surgically sterilized.* Has veteran or spouse had infertility problems? Enter one of the following codes in Block 235. If none, go to Item 22D.

- Y = Yes
- N = No

(a) Item 22C1. Block 236. Has veteran or spouse had infertility before Gulf service? Enter one of the following codes:

Y = Yes
N = No

If no, go to Item 22C2.

(b) Item 22C1(a). Blocks 237-238. State maternal age during first attempts to conceive. Enter age in Blocks 237-238.

(c) Item 22C2. Block 239. Has veteran or spouse had infertility after return from Gulf service? Enter one of the following codes.

Y = Yes
N = No

If no, go to Item 22D.

(d) Item 22C2(a). Blocks 240-241. State maternal age during first attempts to conceive. Enter age in Blocks 240-241.

(4) Item 22D. Blocks 242-248. Miscarriage(s). **NOTE:** *Miscarriages are spontaneous expulsion of the products of conception before 20 weeks of gestation (spontaneous abortion).* Has veteran or spouse had miscarriage(s)? Enter one of the following codes in Block 242.

Y = Yes
N = No

If no, go to Item 22E.

(a) Item 22D1. Block 243. If yes, has veteran or spouse had miscarriage(s) before Gulf service? Enter one of the following codes:

Y = Yes
N = No

If no, go to Item 22D2.

(b) Item 22D1(a). Blocks 244-245. State maternal age at conception. Enter age in Blocks 244-245.

(c) Item 22D2. Block 246. Has veteran or spouse had miscarriage(s) after return from Gulf service? Enter one of the following codes:

Y = Yes
N = No

If no, go to Item 22E.

(d) Item 22D2(a). Blocks 247-248. State maternal age at conception. Enter age in Blocks 247-248.

(5) Item 22E. Blocks 249-255. Still Birth(s). **NOTE:** *Still births are births after 20 weeks of gestation of an infant who showed no evidence of life after birth.* Has veteran or spouse had still birth(s)? Enter one of the following codes in Block 249:

Y = Yes
N = No

If no, go to Item 22F.

(a) Item 22E1. Block 250. Has veteran or spouse had still birth(s) before Persian Gulf service? Enter one of the following codes in Block 250.

Y = Yes
N = No

If no, go to Item 22E2.

(b) Item 22E1(a). Blocks 251-252. State maternal age at conception. Enter age in Blocks 251-252.

(c) Item 22E2. Block 253. Has veteran or spouse had still birth(s) after return from Persian Gulf service? Enter one of the following codes in Block 253:

Y = Yes
N = No

If no, go to Item 22F.

(d) Item 22E2(a). Blocks 254-255. State maternal age at conception. Enter age in Blocks 253-254.

(6) Item 22F. Blocks 256-262. Infant Death(s). **NOTE:** *Death that occurred within 1 year of birth among babies born alive.* Has veteran or spouse had babies with infant death(s)? Enter one of the following codes in Block 256:

Y = Yes
N = No

If no, go to Item 22G.

(a) Item 22F1. Block 257. Has veteran or spouse had babies with infant death(s) before Gulf service? Enter one of the following codes in Block 257:

Y = Yes
N = No

If no, go to Item 22F2.

(b) Item 22F1(a). Blocks 258-259. State maternal age at conception. Enter age in Blocks 258-259.

(c) Item 22F2. Block 260. Has veteran or spouse had babies with infant death(s) after return from Gulf service? Enter one of the following code in Block 260: If no, go to Item 22G.

Y = Yes
N = No

(d) Item 22F2(a) Blocks 261-262. State maternal age at conception. Enter age in Blocks 261-262.

(7) Item 22G. If a woman veteran reports she was pregnant in the Persian Gulf, record the date of child's birth and hospital of birth on code sheet and in the veteran's CHR to facilitate follow-up, if needed.

3. Instructions for Completing PGR Code Sheet, Part II (Initial Examination). *To be completed by the examining physician)*

a. **Item 23. Blocks 263-270. Date of Examination.** Enter the numerical equivalent for the month, day, and year in that order (e.g., 09/22/1992).

b. **Item 24. Blocks 271-272. Total Number of Veteran's Complaints.**

c. **Item 25, 25A-M. Blocks 273-417. Veteran's Complaints, Month and Year of Onset, Duration in Months, Whether Symptom is Currently Present, and Most Severe Complaint.**

(1) Item 25A-J. Blocks 273-417. Columns: (1) Veteran's Complaints/Symptoms; (2) ICD-9-CM codes; (3) Month and Year of Onset; (4) Duration in months; and (5) State whether symptom is still present. List up to ten major and current symptoms/complaints. If veteran has more than 10, enter most severe. Any additional symptoms should be listed in CHR. **NOTE: MAS coders, use ICD-9-CM "Symptom" codes in first five numbered blocks of each line. For uncodable symptoms use "78999." For no known complaints, use "78000." (All zeros are to be slashed.) However, ICD-9 code 78999 should ONLY be used if all possible codes have been reviewed, and if necessary, seek physician consultation to make a correct choice.**

(2) Item 25A-J(1). Give a narrative description of ten major, current symptoms as stated by veteran.

(3) Item 25A-J(2). Blocks 273-322. MAS coders are to complete the ICD-9-CM codes as they relate to each symptom.

(4) Item 25A-J(3). Blocks 323-382. For each symptom listed in 25A-J, state month and year of onset.

(5) Item 25A-J(4). Blocks 383-402. For each symptom listed in 25A-J, state duration in months that veteran has been experiencing this symptom.

(6) Item 25A-J(5). Blocks 403-412. For each symptom listed in 25A-J, indicate if symptom is currently present, using one of the following codes:

Y = Yes

N = No

(7) Item 25K. Block 413-417. Most Severe Symptom/Complaint. List ICD-9-CM code for most severe symptom (A symptom from Item A-J, which VETERAN considers the most severe; i.e., Chief Complaint).

d. **Item 26, A-S. Blocks 418-435. Diagnostic workup/consultation.** Enter one of the following codes in Blocks 418-435. All blocks must be completed.

1 = No workup. No consultation done.

2 = Workup/consultation done. Unexplained illness.

3 = Workup/consultation done. Diagnosis established.

4 = Workup/consultation done. No diagnosis.

(1) Item 26A. Block 418. Allergy/Immunology.

(2) Item 26B. Block 419. Audiology.

(3) Item 26C. Block 420. Cardiology.

(4) Item 26D. Block 421. Dentistry.

(5) Item 26E. Block 422. Dermatology.

- (6) Item 26F. Block 423. Ear, Nose and Throat.
- (7) Item 26G. Block 424. Endocrinology.
- (8) Item 26H. Block 425. Gastroenterology.
- (9) Item 26I. Block 426. Hematology/Oncology.
- (10) Item 26J. Block 427. Infectious Diseases/Parasitology.
- (11) Item 26K. Block 428. Nephrology.
- (12) Item 26L. Block 429. Neurology.
- (13) Item 26M. Block 430. Occupational Medicine.
- (14) Item 26N. Block 431. Pulmonary.
- (15) Item 26O. Block 432. Psychiatry.
- (16) Item 26P. Block 433. Psychology/Psychometric Testing.
- (17) Item 26Q. Block 434. Rheumatology.

(18) Item 26R. Block 435. Other. Were any additional workups/consultations performed as part of Persian Gulf examination which were not listed in Items 26A-Q. Enter one of the following codes:

Y = Yes
N = No

(19) Item 26S. Specify on code sheet and CHR any additional workups/consultations performed as part of Persian Gulf examination, which were not listed in Item 26A-Q.

e. Item 27, 27A-B. Blocks 436-485. Diagnoses.

(1) Item 27A. List up to ten major definite medical diagnoses on lines 27A-J. The examining physician will select the 10 most significant/serious in the examining physician's opinion, **listing the primary diagnosis in Item A**. The additional diagnosis(es) should be included in patient's CHR. Blocks 436-485 are to be used for ICD-9-CM coding of each diagnosis listed. Leave blank if no diagnosis is made. **NOTE:** *Diagnostic coding assignment will be completed by MAS. DO NOT REPEAT OR LIST SYMPTOM CODE ALREADY LISTED UNDER ITEM 25A-J.*

f. **Item 28. Block 486. No Diagnosis Made.** If no diagnosis is made, enter a "1" in Block 486; otherwise, leave this block blank. This item must be considered in conjunction with Item 27, "Diagnoses." A "1" should be entered for Item 28 only when no diagnosis is given in Item 27 indicating that no significant defect, disease, injury or history of a relevant diagnosis in the past is detected.

g. Item 29, 29A-F. Blocks 487-494. Disposition. Enter one of the following codes in Block 487-494.

Y = Yes
N = No

- (1) Item 29A. Block 487. Examination completed?
- (2) Item 29B. Block 488. Hospitalized at the VAMC for further tests?

(3) Item 29C. Block 489. Hospitalized at the VAMC for treatment?

(4) Item 29D. Block 490. Referred for outpatient care?

(5) Item 29E. Block 491. Referred to private physician, non-VA clinic or non-VA hospital?

(6) Item 29F. Block 492. Biopsy?

h. Item 30. Block 493. Phase I examination, refer to paragraph 5, has been completed and the physician has determined that veteran has unexplained illness. Enter one of the following codes:

Y = Yes

N = No

i. Item 31. Block 494. Has Phase II examination (refer to Ch. 3) been initiated? Enter the following codes:

Y = Yes

N = No

j. Item 32. Remarks. Utilize this section for any additional information (e.g., see par. 1.07).

k. Item 33. Name of Examiner. Print full name.

l. Item 34. Title of Examiner. Full title of Examiner.

m. Item 35. Signature of Examiner. Signature of examiner.

n. Item 35a. Signature of Physician. Signature of VRP.

4. Follow-up Examinations. Instructions for completing Parts I and II. In addition to initial registry submissions, VA Form 10-9009A, Parts I, II and III (if applicable) 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:

a. Items 1-12 must be completed - Control Data.

b. Items 13-22 require no entry, unless you have follow-up data to report in any of these items.

c. Items 23 must be completed.

d. Items 25-26 may be blank unless you have follow-up data to report in any of these items.

e. Item 27-35 must be completed.

March 21, 1996

**M-10, Part III
Change 2
Chapter 2
APPENDIX 2C**

SAMPLE OF COMPLETED VA FORM 10-9009A (JULY 1995), PART I, II & III

March 21, 1996

**M-10, Part III
Change 2
Chapter 2
APPENDIX 2C**

March 21, 1996

**M-10, Part III
Change 2
Chapter 2
APPENDIX 2C**

March 21, 1996

**M-10, Part III
Change 2
Chapter 2
APPENDIX 2C**

REPORTING REQUIREMENTS

1. **Submission.** **NOTE:** *The use of Persian Gulf Code Sheet, VA Form 10-9009A, December 1991, will be discontinued on September 24, 1995. Existing stock must be destroyed. All completed Persian Gulf Code Sheets dated December 1991, and submitted to Austin Automation Center (AAC) on and after September 24, 1995, will be rejected and returned to the submitting VA facility. The use of revised VA Form 10-9009A, dated July 1995, must be implemented on September 25, 1995.* Requirements for the submission of Department of Veterans Affairs (VA) Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet are as follows:

- a. Legible copies of completed code sheets are submitted to the Office of Financial Management Austin Automation Center (AAC), Austin, TX, for data entry into the Persian Gulf Registry (PGR).
- b. Originals are to be maintained in veteran's Consolidated Health Record (CHR).
- c. Code sheets need to be scanned to ensure all required fields are completed.
- d. No medical record documentation should be attached to these code sheets.
- e. Code sheets will not be returned to facility of origin unless corrections are required.
- f. AAC will send copies of code sheets, once entered into the PGR, to the Senior Registry Coordinator, Environmental Agents Service (103A), Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420, for disposition.

2. Batching of Code Sheets

a. Preparation

(1) VA Form 10-9009A (July 1995) code sheets, Parts I through III, are provided in booklet form. If any of the pages are removed, they should be stapled in the upper-left hand corner.

(2) Completed code sheets must be batched in groups of no more than 25.

(3) Facilities and/or a division of a consolidated facility must keep submissions separate, i.e., each batch will include code sheets from one facility. These code sheets should be arranged in numerical order according to the Social Security Number (SSN), i.e., lowest SSN first and highest SSN last).

NOTE: *Corrected code sheets do not have to be batched separately. They can be mailed with the regular code sheets as long as they are from the same facility.*

b. If a veteran has had two examinations within the same mailing period, that is, an initial and a follow-up examination, only the initial examination code sheet should be submitted in the batch. Hold the follow-up examination code sheet until you are certain the AAC has processed and accepted the initial examination code sheet. If submitted simultaneously, an error message may occur.

3. Transmittal Form (See App. 2E.)

a. Three copies of VA Form 7252 (formerly VA Form 30-7252), Transmittal Form for the Use in Shipment of Tabulating Data, must accompany each batch of code sheets. One copy must be retained at the AAC and the other copy will be returned by the AAC to the transmitting facility acknowledging receipt of code sheets and the third will include any rejected code sheets and the edit analysis printout, entitled "Transaction Change and Error (Reject) Listing."

b. If there were no examinations or code sheets processed for each month, a transmittal form must be completed indicating "0" for the "Code Sheet Count" and sent to the AAC. This will assist the AAC in maintaining a control on the code sheets transmitted by each facility.

(1) As batches are prepared for submission to the AAC an entry should be made on the batch control log.

(2) Using the control log, assign the appropriate number and record it on the transmittal form.

(a) Begin with batch number 001 for January of each year and continue with sequential numbers throughout the year.

(b) **Example:** If there are 50 code sheets to be submitted to the AAC during the month of January, prepare two batches of 25 per batch, with the control log number 001 and 002.

c. The Persian Gulf control log must 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 the 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.

4. Mailing

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

(1) Region 1, the 6th of the month.

(2) Region 2, the 10th of the month.

(3) Region 3, the 14th of the month.

(4) Region 4, the 18th of the month.

b. The mailing address for the AAC is:

Department of Veterans Affairs
Automation Center (200/397A)
ATTN: PERSIAN GULF CLERK
1615 Woodward Street
Austin, TX 78772-0001

c. 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 Veterans Registry Coordinator(s), the Environmental Agents Service, VA Central Office.

d. 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.

5. 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.

(1) This printout will reflect:

(a) Rejected records, i.e., edit errors identified by an asterisk(*);

(b) Other messages not necessarily rejecting records; and

(c) The number of records inputted, i.e., accepted as well as rejected.

(2) Facilities must 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 fields. **NOTE:** *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 as follows:

(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."

Action: AAC will not return a code sheet to the facility since it has been accepted as a follow-up examination. Original code sheet on file at facility should be corrected and card file or computerized record should reflect the facility number where initial examination was performed.

(3) Message. "Transaction accepted but an initial examination is needed. 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. A code sheet will not be returned to the facility on this transaction since it has been accepted in the PGR as a follow-up examination.

(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 the possibility of a coding or entry error. Examination date should be verified using the 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 examination."

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.

6. Miscellaneous

a. Forms Acquisition. Forms can be obtained from the VA Forms and Publication Depot through local channels. VA Form 30-7252 has been changed to VA Form 7252. The form itself has not been revised.

(1) Facilities can use either form when submitting reports. An initial supply of VA Form 10-9009A (July 1995), has been provided to each facility.

(2) Additional forms can be obtained from the Depot.

b. Reports Control Symbol. Reports Control Symbol (RCS) 10-0860 applies to this reporting requirement.

(1) The original code sheet will be filed in the veteran's CHR with the documentation, i.e., laboratory test results, etc., from the PGR examination and one legible copy sent to the AAC to be entered in the PGR.

(2) If a CHR does not already exist for a veteran, one will be established. A locator card will be created with the establishment of the CHR. **NOTE:** *It is highly recommended that all registry records are maintained in a separate section of CHR where they are easily identifiable for quality monitoring and research availability.*

c. Record Disposition. Refer to Records Control Schedule 10-1, Section XXII, Item No. 136-5 for record disposition (see Medical Administration Service).

d. Records Retention. Refer to Records Control Schedule 10-1 for records retention. Persian Gulf examination information will be made part of the perpetual medical record at medical facilities following the same retention requirements specified for VA CHR's Agent Orange and Ionizing Radiation examinations. This includes:

(1) VA Form 10-9009A (July 1995),

(2) Progress notes,

(3) Laboratory reports,

(4) Patient locator cards, and

(5) Any other documentation that may have been part of a PGR examination.

September 14, 1995

**M-10, Part III
Chapter 2
Change 1
APPENDIX 2D**

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

1. **Item 1. Addressee.** Department of Veterans Affairs Automation Center (200/397), 1615 Woodward Street, Austin, TX 78722-0001, ATTN: Persian Gulf Clerk.
2. **Item 2. Facility name and address.** - Enter facility name and address.
3. **Item 3. Reply reference.** - Enter facility number and routing symbol.
4. **Item 4.** Leave blank.
5. **Item 5. Number of packages.** - Enter number of batches.
6. **Item 6. Dispatch Date.** - Enter date submitting to the Office of Financial Management Austin Automation Center (AAC).
7. **Item 6a. Final Batch.** - Leave blank.
8. **Item 7. Official Responsible for Shipment.** - Enter name, title and FTS telephone number of individual responsible for transmitting code sheets to the AAC.
9. **Item 8. Tabulating Data.**
 - a. Column A. Enter Records Control Symbol number 10-0860.
 - b. Column B. Job Number. Enter "1Ø" in first segment and "2ØA1" in second segment.
 - c. Column C. Description.
 - (1) First line enter "PERSIAN GULF;"
 - (2) Second line enter "Facility Number;"
 - (3) Third line enter "Batch Number;"
 - (4) Fourth line enter "Code Sheet Count;" and
 - (5) Fifth line enter "Cumulative Count." **NOTE:** *This figure should be the total number of veterans who have had registry examinations since the onset of the Persian Gulf Registry Program in 1992.*
 - (d) Columns D and E. Leave blank.
10. **Item 9. Remarks.** Enter number of VA Form 10-9009A's uly 1995).

SAMPLE OF COMPLETED VA FORM 7252

August 8, 1995

**M-10, Part III
Chapter 2
APPENDIX 2E**

**INSTRUCTIONS AND SAMPLE FORMAT FOR COMPLETION OF BI-MONTHLY REPORT ON PERSIAN GULF
WAR VETERANS REGISTRY
EXAMINATIONS (RCS 10-0860)**

A bi-monthly report is required from all Department of Veterans Affairs (VA) facilities providing up-to-date statistical information on Persian Gulf Registry (PGR) examinations. Instructions are provided below for the completion and submission of this report.

1. **Date of Report.** Each report should include the date the report was prepared and submitted to the following address:

2. **Mailing Address.** This report should be transmitted to the following address:

Department of Veterans Affairs
Environmental Agents Service (131)
ATTN: Persian Gulf Coordinator
810 Vermont Avenue, N.W.
Washington, DC 20420

3. **Mailing Date.** This report should be sent to the above address NO LATER THAN 5 WORKING DAYS FOLLOWING THE END OF EACH BI-MONTHLY REPORTING PERIOD.

4. The following statistical information is required (see sample 2F-3 and 2F-4).

a. **Initial Examination.** (The first physical examination of the Persian Gulf veteran.) List the total number of completed initial examinations performed during the current 2-month reporting period. **NOTE:** *A completed code sheet has already been sent to Austin Automation Center (AAC) which was completed for the purpose of entering a Persian Gulf veteran into the PGR. This count should be verified with the computerized or card file records maintained at each facility (see par. 2.04) describing the computerized or card file requirement.*

b. **Cumulative Initial Examinations.** The total number of cumulative initial examinations listed in the previous bi-monthly report.

c. **Cumulative Initial Examination.** The total number of "first-time" examinations performed by the medical facility since the beginning of the PGR in 1992. This number should include the current month's initial examinations (par. 4a) plus the sum of the previous month's cumulative initial examinations (par. 4b). **NOTE:** *Examinations performed by satellite outpatient clinics should be included in the total cumulative figure for VA medical center of jurisdiction. Justification for exceptions to this requirement should be directed to EAS (131), VHA Headquarters. Independent outpatient clinics should report in a manner similar to VA medical centers.*

d. **Initial Incomplete Examinations (In process).** The total number of incomplete (code sheet(s) that has/have not been sent to AAC) initial examinations in process during the period of the current report.

e. **Follow-up Examinations.** (A first-time examination subsequent to the initial examination-a completed initial examination code sheet has been sent to AAC.) The total number of follow-up examinations during the period of the current report.

f. **Cumulative Follow-up Examinations.** The total number of follow-up examinations performed by the medical facility since the beginning of the registry in 1992. This total should be the sum of the previous months' cumulative follow-up examination total and the current bi-monthly follow-up examinations.

g. **Follow-up Examinations in Process.** The total number of follow-up examinations being processed (completed code sheet(s) has/have not been sent to AAC).

h. **Pending Examination Appointments.** The total number of initial Persian Gulf examinations for which appointments have been scheduled beyond the end of the bi-monthly report period. **NOTE:** *This is not cumulative and applies to the current bi-monthly report.*

i. **Next Appointment Date.** Indicate the next available appointment date.

j. **Number of Veterans Failing to Keep an Initial Examination Appointment.** The total number of veterans who failed to keep a scheduled appointment during the bi-monthly reporting report. **NOTE:** *This is not cumulative and applies to reporting period only.*

k. **Comments or Problems Regarding Pending Examination Appointments.** Problems or challenges should be documented with comments regarding examination workload. An explanation and action plan to alleviate delays should be provided in situations where a facility has 50 or more examinations pending, and/or the next available appointment is more than 30 days beyond the date of request. If statistics have been adjusted due to AAC acceptance of code sheets, the message "Cumulative statistics adjusted per transaction acceptance at AAC" need to be included in this paragraph.

l. **Name and Telephone Number:** The name and telephone number of the person preparing the report must be indicated.

**SAMPLE FORMAT FOR BI-MONTHLY REPORT ON PERSIAN GULF VETERANS
(RCS-10-0860)**



**DEPARTMENT OF VETERANS AFFAIRS
Medical Center
Anywhere, USA 85012**

In Reply Refer To:

August 7, 1995

Department of Veterans Affairs
Environmental Agents Service (131)
ATTN: Persian Gulf Coordinator
810 Vermont Avenue, N.W.
Washington, DC 20420

SUBJECT: Bi-monthly Report of Persian Gulf War Veteran Registry Examinations,
(RCS-10-0860) - Period Ending July 31, 1995 (Station #600)

The subject report is submitted for the 2-month period ending July 31, 1995:

- a. **Initial Examination (Current Bi-Monthly Reporting Period):**
List total number of completed initial examinations performed for 2-month period ending July 31, 1995 (i.e. total number of Persian Gulf Registry code sheets submitted to Austin Automation Center (AAC): 100
 - b. **Cumulative Initial Examinations from Previous Bi-Monthly Report:** +450
 - c. **Cumulative Number of Completed Initial Examinations Performed Since Onset of Program (August, 1992):**
Total of numbers listed in Paragraphs 1-a and 1-b. 550
- Note: This should be the total number of all initial examination code sheets submitted to AAC since onset of program. If code sheets have not been sent to AAC, do not include in this total.*
- d. **Initial Incomplete Examinations (In process):**
Total number of initial (incomplete) examinations in process: (code sheets have not been sent to AAC): 75
 - e. **Follow-Up Examinations (Code Sheets Sent To AAC):**
Total number of follow-up examinations performed for current reporting period (follow-up examinations are those performed subsequent to the initial examination where a completed code sheet for an initial examination has been sent to AAC): 15
 - f. **Cumulative Follow-up Examinations:**

Includes the total of follow-up examinations performed (this total includes the number listed in above (par. 1-e) and all follow-up examinations previously reported since August, 1992): 75
 - g. **Follow-up Examinations in Process:**

Total number of follow-up examinations in process (code sheets have not been sent to AAC during this reporting period): 12

h. Pending Examination Appointments:

Total number of initial examinations for which appointments have been scheduled beyond the end of the bi-monthly report period: 20

i. The next Available Appointment Date: 8/10/95

j. Number of Veterans Failing to Keep an Initial Examination Appointment:

Total number of veterans who failed to keep a scheduled appointment during the current bi-monthly reporting period. This is not cumulative. 10

k. Comments/problems regarding pending examinations: None

l. The name, address and telephone number of the person preparing this report:

(Signature)

John Doe
Medical Center Director

EXAMPLES OF PERSIAN GULF REGISTRY FOLLOW-UP LETTERS

SAMPLE PERSIAN GULF REGISTRY FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED)



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
Anywhere, U.S.A. Zip

In Response Reply To:

(Date)

(Name/Address)

Dear _____:

We sincerely appreciate your recent participation in the Department of Veterans Affairs (VA) Persian Gulf 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 Southwest Asia during the Persian Gulf War.

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 (telephone 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 Persian Gulf Registry examination, please contact the Veterans' Registry Coordinator at (telephone number) for assistance.

Whether you are entitled to cost-free treatment or will be responsible for partial co-payment will be determined by your income and other factors unless the VA determines that your health problems are service connected. You may wish to file a claim for compensation to establish possible service connection. The injury or illness need not have been incurred in combat; the law requires only that a disease or disability was incurred or aggravated during military service.

Please remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim, please contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (telephone number). 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.

An outreach program has been implemented by which VA notifies all individuals listed in the Registry of significant VA activities, including the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War. You will be receiving a "Persian Gulf Review" which is published periodically by VA's Environmental Agents Service. A copy of this "Review" is enclosed for your reference.

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

Sincerely,

(Signature)

Name of Veterans' Registry Physician

Enclosure

**SAMPLE PERSIAN GULF REGISTRY FOLLOW-UP LETTER
(NO MEDICAL PROBLEMS INDICATED)**



**DEPARTMENT OF VETERANS AFFAIRS
Medical Center
Anywhere, U.S.A. Zip**

In Response Reply To:

(Date)

Name/Address

Dear _____:

We sincerely appreciate your recent participation in the Department of Veterans Affairs (VA) Persian Gulf 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 Southwest Asia during the Persian Gulf War.

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 the Persian Gulf. 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).

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

Please remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim, please contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (telephone number). 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.

An outreach program has been implemented by which VA notifies all individuals listed in the Registry of significant VA activities, including the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War. You will be receiving a "Persian Gulf Review" which is published periodically by VA's Environmental Agents Service. A copy of this "Review" is enclosed for your reference.

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

Sincerely,

(Signature)

Name of Veterans' Registry Physician

Enclosure

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CHAPTER 3. PHASE II, PERSIAN GULF UNIFORM CASE ASSESSMENT PROTOCOL (UCAP)**3.01 PURPOSE**

This chapter provides a Uniform Case Assessment Protocol (UCAP) for the evaluation of Persian Gulf veterans with unexplained illnesses.

3.02 BACKGROUND

a. Many of the almost 690,000 personnel who served in the Persian Gulf have reported health problems since their return to the United States. While most of the health problems of these veterans have been diagnosed as conditions that are readily definable, some veterans have unexplained illnesses which developed after their Persian Gulf service. Many of the Gulf War veterans seen by Department of Veterans Affairs (VA) Veteran's Registry Physicians (VRPs) have complex, multifaceted health problems that provide difficult diagnostic challenges. Veterans are understandably frustrated that definitive answers regarding the cause(s) of their problems are not immediately forthcoming.

b. VA and the Department of Defense (DOD) working cooperatively developed a UCAP for the evaluation of these Persian Gulf veterans who after a thorough routine medical evaluation are determined to have unexplained illnesses. **NOTE:** *This UCAP, grew out of the medical experience in diagnostic evaluation of Gulf War veterans seen at VA Referral Centers. The protocol was then further refined and adapted for use by both VA and DOD facilities.*

c. The UCAP includes a group of supplemental baseline laboratory tests and consultations which should be provided to every veteran with debilitating unexplained illness. It gives guidelines for the minimum diagnostic work-up of the most frequent complaints experienced by Gulf War veterans with unexplained illnesses. This protocol utilizes validated and readily available diagnostic tests to thoroughly evaluate each of the common symptoms reported by Gulf War veterans.

d. The concept behind the protocol was to identify previously unrecognized major diagnostic entities which could provide an explanation for the symptoms commonly reported in Persian Gulf veterans with unexplained illnesses. It should be emphasized that the protocol is not designed to be all-encompassing; therefore, it needs to be carried out with a high degree of clinical judgment. All significant symptoms and abnormalities not specifically outlined in the protocol, must be fully evaluated according to the medical judgment of the VRP who is directing the work-up. The information gathered by this process is to be entered into a computerized database through the use of VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, Part III (see App. 3B), and will be analyzed for patterns of disease.

3.03 AUTHORITY

The UCAP for Persian Gulf veterans with unexplained illnesses was administratively established by the Under Secretary for Health to assist in addressing the unique health concerns of the Persian Gulf veterans. On November 2, 1994, Public Law (Pub. L.) 103-446 amended Title 38 United States Code (U.S.C.) 1117 implementing the uniform and comprehensive medical evaluation protocol for the veterans of the Persian Gulf War.

3.04 POLICY

It is VA policy that all VA health care facilities must examine the available services for Persian Gulf veterans to ensure that quality outreach, diagnostic, and treatment services are furnished as intended; and if these services cannot be provided by the local VA facility, a mechanism must be developed to provide these services by contract, sharing agreements or referral to other VA facilities.

3.05 RESPONSIBILITIES

a. **VRPs.** The responsibility of the VRP is to:

(1) Conduct the Registry examination (Phase I), which is the first step toward diagnosis of the health problems of a Persian Gulf veteran; and

(2) If a diagnosis is not readily apparent after conducting routine medical evaluations, to initiate the UCAP, (Phase II) using the protocol provided in Appendix 3A.

b. **Veterans' Registry Coordinators (VRCs)** The VRC is responsible for:

(1) Reporting instructions as included in Appendix 2D and Appendix 3B.

(2) Providing accurate coding of both symptoms and diagnoses and ,when questions arise about these items, consult with VRP, or designee.

(3) Completing and submitting the UCAP and VA Form 10-9009A (July 1995) through appropriate channels to VA Central Office of Environmental Agents Service (EAS). **NOTE:** *Related questions may be referred to EAS, telephone (202) 565-4183.*

UNIFORM CASE ASSESSMENT PROTOCOL (UCAP)

1. Phase I Level Laboratory Evaluations

- a. Complete Blood Count (CBC),
- b. Urinalysis, and
- c. Blood Chemistry - SMA-6.

2. **Phase II-Level Evaluation Protocol.** Phase II Level Evaluations are recommended for those veterans after complete clinically indicated evaluations are conducted and the physician determines that the patient has an unexplained illness. Individuals who after completing Phase I or Registry evaluations, have a disability and do not have a clearly defined diagnosis which explains their symptoms, must receive the following supplemental baseline laboratory tests and consultations.

a. Supplemental Baseline Laboratory Tests

- (1) CBC,
- (2) Sedimentation Rate Erythrocyte Sedimentation Rate (ESR),
- (3) C-Reactive Protein,
- (4) Rheumatoid Factor,
- (5) Anti-Nuclear Antibody (ANA),
- (6) Liver Function,
- (7) Creatine Phosphokinase (CPK),
- (8) Hepatitis Serology,
- (9) Human Immuno-deficiency (HIV),
- (10) Venereal Disease Research Laboratory (VDRL),
- (11) B-12 and Folate,
- (12) Thyroid function Test,
- (13) Urinalysis, and
- (14) Tuberculosis (TB) skin test Purified Protein Derivative (PPD).

b. Consultations, to include:

- (1) Dental, but only if participant's annual screening is not done.
- (2) Infectious Disease.
- (3) Psychiatry, but only with physician-administered instruments.

(a) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM III-R). **NOTE:** *Delete nodules for mania and psychosis.*

(b) Clinician Administered Post Traumatic Stress Disorder (PTSD) Scale (CAPS).

(4) Neuropsychological Testing, but only as indicated by a psychiatry consult.

c. **Symptom-specific Examination.** Individuals who have the following symptoms should have the listed minimum work-up.

(1) **Diarrhea**, to include:

(a) Gastrointestinal (GI) consult,

(b) Stool for Ova and Parasites (O&P),

(c) Stool Leukocytes,

(d) Stool Culture,

(e) Stool Volume,

(f) Colonoscopy with biopsies, and

(g) Esophagoduodenoscopy (EGD) with biopsies and aspiration.

(2) **Abdominal pain** to include:

(a) GI consult,

(b) EGD with biopsy and aspiration,

(c) Colonoscopy with biopsy,

(d) Abdominal Ultrasound,

(e) Upper Gastrointestinal (UGI) series with small bowel follow-through, and

(f) Abdominal Computed Tomography (CT) Scan.

(3) **Headache**

(a) Magnetic Resonance Imaging (MRI) of the head, and

(b) Lumbar Puncture (LP) to include:

1. Glucose,

2. Protein,

3. Cell Count,

4. VDRL,

5. Oligoclonal (IgG),

- 6. Myelin basic protein,
- 7. Opening pressure, and
- 8. Neurology.

(4) **Muscle Aches and/or Numbness**

- (a) Electromyogram (EMG), and
- (b) Nerve Conduction Velocity (NCV).

(5) **Memory Loss**, only if verified by neuropsychological testing, to include:

- (a) Magnetic Resonance Imaging (MRI),
- (b) LP, **NOTE:** *See tests on headache evaluation.*
- (c) Neurology consult,
- (d) Neuro-psychological testing,

(6) **Vertigo and/or Tinnitus**, to include:

- (a) Audiogram,
- (b) Electronystamogram (ENG), and
- (c) Brainstem Auditory Evoked Response (BAER).

(7) **Chronic Fatigue**, to include:

- (a) Polysomnography, and
- (b) Multiple Sleep Latency Test (MSLT).

(8) **Chronic Cough and/or Shortness of Breath**, to include:

- (a) Pulmonary Consult,
- (b) Pulmonary Function Test (PFT) with exercise and Arterial Blood Gases (ABG),
- (c) If routine PFT's are negative, perform Methacholine challenge test, and
- (d) Bronchoscopy with biopsy and/or lavage which is to be considered if PFTs are normal.

(9) **Chest Pain and/or Palpitations**, to include:

- (a) Electrocardiogram (ECG),
- (b) Exercise Stress Test, and
- (c) Holter monitor.

(10) **Skin Rash**, to include:

- (a) Dermatology consult, and
- (b) Consider a biopsy.

(11) **Reproductive Concerns**, to include for:

- (a) Males, an urology consult; and
- (b) Females, a gynecology (GYN) consult.

(c) Additional elements recommended for the evaluation of Persian Gulf veterans with complaints of Reproductive Health Problems (RHP):

1. Detailed genitourinary history and/or problems, e.g.:
 - a. Sexual,
 - b. Genitourinary symptoms,
 - c. Menstrual,
 - d. Contraceptive practices,
 - e. Pregnancy-related,
 - f. Conception,
 - g. Birth defects,
 - h. Congenital disorders,
 - i. Menopause,
 - j. Prior infections,
 - k. Prior surgery, and
 - l. Exposures to toxic agents, etc.
2. Detailed genital/pelvic examination.
3. Laboratory and ancillary testing, e.g.;
 - a. Pap tests; and
 - b. Tests for genitourinary infections.
4. Urologist consultation for male veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.
5. Gynecology consultation for female veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

(d) Additional elements for evaluation of Persian Gulf veterans with complaints of infertility.

1. Detailed menstrual and reproductive history (such as the Infertility Questionnaire utilized by Walter Reed Army Medical Center*).

2. Semen analysis, e.g.:

a. Volume,

b. pH,

c. Liquefaction,

d. Sperm concentration,

e. Motility,

f. Progressive motility,

g. Sperm viability,

h. Leukocytes, and

i. Morphology.

3. Referral to an infertility specialist or program.

(e). Additional elements for evaluation of Persian Gulf veterans with complaints related to birth defects or genetic disorders in offspring conceived during or after Persian Gulf service.

1. Detailed history of congenital or genetic disorders (such as the Patient Genetic Screen Questionnaire utilized by Walter Reed Army Medical Center*).

2. Detailed occupational exposures questionnaire (such as Worker and Supervisor Questionnaires utilized by National Naval Medical Center*).

3. Referral to a genetic disease specialist or program.

* For copies of these questionnaires (Items d-1 and e-1 and 2) contact VA Environmental Agents Service (103A) at 202-565-4183.

**INSTRUCTIONS AND SAMPLE FORMAT FOR COMPLETION OF
VA FORM 10-9009A (JULY 1995), PERSIAN GULF REGISTRY CODE SHEET, PART III,
UNIFORM CASE ASSESSMENT PROTOCOL (UCAP), PHASE II**

1. General Instructions for Completing Department of Veterans Affairs (VA) Form 10-9009A, Part III, Phase II Persian Gulf Registry Examination.

a. The Phase II examination (VA Form 10-9009A, Part III) should be offered to all eligible Persian Gulf War veterans with unexplained illnesses. The Phase II examination should be performed after the completion of the Phase I registry examination and a thorough clinically-based evaluation of the veteran's symptoms as deemed necessary by the examining physician.

b. Phase II should be performed at the local VA medical facility or if the medical expertise is unavailable, local referral must be made to the nearest regional tertiary care center or Persian Gulf Referral Center.

c. Reporting requirements described in Appendix 2D will apply to, VA Form 10-9009A, Part III.

(1) Part III of the code sheet must be completed at the time of the examination by the veteran's registry physician (VRP). A completed Part III will be returned to Medical Administration Service (MAS) for completion of ICD-9-CM codes where appropriate.

(2) A bi-monthly report of Phase II examinations is to be sent to Department of Veterans Affairs, Environmental Agents Service (131), 810 Vermont Avenue, N.W., Washington, DC 20420, 5 work days following the end of each reporting period (refer to instructions and sample report in App. 3B).

2. Instructions for Completing VA Form 10-9009A, Part III, Phase II

a. **Tests and Consultations** *NOTE: Only those items which are related to the veteran's symptoms and deemed necessary by the examining physicians should be completed; leave test and consult questions that are not applicable blank.*

(1) **Item 1. Blocks 1-24.** Were the following tests performed? Enter one of the following codes in designated blocks:

Y = Yes
N = No

(2) **Item 2. Blocks 1-18. Blood Tests**

(a) Block 1. Complete Blood Count (CBC)?

(b) Block 2. Skin Erythema Dose (SED) Rate?

(c) Block 3. C-Reactive Protein?

(d) Block 4. Rheumatoid Factor?

(e) Block 5. Fluorescent Anti-Nuclear Antibody (ANA)?

(f) Block 6. SGOT (AST) (Glutamic Oxaloacetic Transaminase)?

(g) Block 7. SGPT (ALT) (Transaminase Glutamic Pyruvate)?

(h) Block 8. Lactic Acid Hydrogenase (LDH)?

- (i) Block 9. Alkaline Phosphatase
- (j) Block 10. Creatine Phosphokinase (CPK)?
- (k) Block 11. Hepatitis B Surface Antibody?
- (l) Block 12. Hepatitis B Core Antigen?
- (m) Block 13. Venereal Disease Research Laboratory (VDRL)?
- (n) Block 14. Vitamin B-12?
- (o) Block 15. Folate?
- (p) Block 16. Human Immuno-deficiency (HIV)?
- (q) Block 17. Thyroxine Total Serum (T4)?
- (r) Block 18. Thyroid Stimulating Hormone (TSH)?
- (3) **Item 3. Block 19. Urinalysis?**
- (4) **Item 4. Block 20. Tuberculosis (TB) Skin Test Purified Protein Derivative (PPD)?**
- (5) **Item 5. Block 21. Chest X-ray?**
- (6) **Item 6. Block 22. Psychiatric Consultation?**
- (a) Item 6A. Block 23. Structured Clinical Interview for Diagnoses (SCID) for Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R). Was the SCID interview given?
- (b) Item 6B. Block 24. Clinical Administered Post-Traumatic Stress Disorder (PTSD) Scale (CAPS). Was the CAPS performed?
- (7) **Item 7. Blocks 25-39.** List of Diagnoses. Designated physician staff or physician assistants are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 25-39.
- (8) **Item 8. Block 40.** Psychology-Neuropsychological Test. Was this test performed? Enter one of the following codes in Block 40.

Y = Yes
N = No
- (9) **Item 8A. Blocks 41-55. List of Diagnoses.** Designated physician staff or physician assistants are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 41-55.
- (10) **Item 9. Block 56.** Infectious Disease-Screening Examination. Was this examination performed? Enter one of the following codes in Block 56.

Y = Yes
N = No.

(11) **Item 9A. Blocks 57-66. List of Diagnoses.** Designated physician staff or physician assistants are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 57-66.

(12) **Item 10. Block 67. Dental Examination.** If there was a medical indication, was this examination performed? Enter one of the following codes in Block 67.

Y = Yes
N = No

(13) **Item 10A. Blocks 68-77. List of Diagnoses.** Designated dental staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 68-77.

SYMPTOM-SPECIFIC EXAMINATIONS , PHASE II **NOTE:** Complete only those questions which are appropriate to the veteran's symptoms; otherwise leave these blocks blank.

(14) **Item 11. Blocks 78-98. Diarrhea and/or Abdominal Pain**

(a) Item 11A. Block 78. Did patient receive a GI (Gastroenterology) consult? Enter one of the following codes in Block 78.

Y = Yes
N = No

(b) Item 11B. Blocks 79-98. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 79-98.

(15) **Item 12. Blocks 99-109. Headache and/or Memory Loss**

(a) Block 12A. Block 99. Did patient receive neurology consult? Enter one of the following codes in Block 99:

Y = Yes
N = No

(b). Item 12B. Blocks 100-109. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 100-109.

(16) **Item 13. Blocks 110-120. Muscle Aches or Numbness**

(a) Item 13A. Block 110. Did patient receive a neurology consult? Enter one of the following codes: in Block 110.

Y = Yes
N = No

(b) Item 13B. Blocks 111-120. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 111-120.

(17) **Item 14. Blocks 121-131. Chronic Fatigue**

(a) Item 14A. Block 121. Did patient receive consult(s) relating to chronic fatigue? Enter one of the following codes in Block 121.

(b) Item 14B. Blocks 122-131. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 122-131.

(18) Item 15. Blocks 132-142. Joint Pain

(a) Item 15A. Block 132. Rheumatology Consult. Did patient receive rheumatology consult? Enter one of the following codes in Block 132:

Y = Yes
N = No

(b). Item 15B. Blocks 133-142. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** *MAS coders: Enter ICD-9-CM codes in Blocks 133-142.*

(19) Item 16. Blocks 143-153. Chronic Cough and/or Shortness of Breath

(a) Item 16A. Block 143. Pulmonary Consult. Did patient receive pulmonary consult? Enter one of the following codes in Block 143:

Y = Yes
N = No

(b). Item 16B. Blocks 144-153. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** *MAS coders: Enter ICD-9-CM codes in Blocks 144-153.*

(20) Item 17. Blocks 154-164. Skin Rash

(a) Item 17A. Block 154. Dermatology Consult. Did patient receive a dermatology consult? Enter one of the following codes in Block 154.

Y = Yes
N = No

(b) Item 17B. Blocks 155-164. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** *MAS coders: Enter ICD-9-CM codes in Blocks 155-164.*

(21) Item 18. Blocks 165-175. Vertigo and/or Tinnitus

(a) Item 18A. Block 165. Audiology consult? Did patient receive an audiology consult? Enter one of the following codes in Block 165:

Y = Yes
N = No

August 8, 1995

**M-10, Part III
Chapter 3
APPENDIX 3B**

**SAMPLE OF COMPLETED VA FORM 10-9009A (JULY 1995), PART III
UCAP (UNIFORM CASE ASSESSMENT PROTOCOL) PHASE III**

August 8, 1995

**M-10, Part III
Chapter 3
APPENDIX 3B**

**INSTRUCTIONS AND SAMPLE FORMAT FOR COMPLETION OF BI-MONTHLY REPORT
ON PERSIAN GULF UNIFORM CASE ASSESSMENT PROTOCOL (UCAP), PHASE II
(RCS-10-0860)**

A bi-monthly report is required from all Department of Veterans Affairs (VA) facilities for all Persian Gulf veterans receiving a Uniform Case Assessment Protocol (UCAP). Instructions are provided below for the completion and submission of this report: **NOTE:** *A sample report is provided in Appendix 3C.*

1. **Title of Report:** Bi-monthly Persian Gulf Registry Phase II Examination Report
2. **Reporting Months:** The 2-month reporting period including month and year.
3. **Reporting Facility, Address, and Station Code:** Identify name, address and station code of each reporting facility. If Uniform Case Assessments (UCAs) are performed by satellite outpatient clinics, these clinics should be identified and UCEs reported by VA medical center of jurisdiction.
4. **Column A:** Include the Persian Gulf veteran's name, Social Security Number, (SSN), race, sex and branch of service.
5. **Column B:** If Persian Gulf veteran was an outpatient, indicate this by providing the date of the initial Persian Gulf Registry examination, in Column B.
6. **Column C:** If Persian Gulf veteran was an inpatient, indicate this by providing the date of admission, date of discharge, and the date of the initial Persian Gulf Registry examination in Column C.
7. **Column D:** List up to ten exposures as indicated by veteran.
8. **Column E:** List up to ten symptoms/complaints (with ICD-9 codes) as indicated by veteran.
9. **Column F:** List up to ten diagnoses (with ICD-9 codes). If there are no diagnoses, indicate "None."
10. **Column G:** List all pending tests, consultations, and procedures, if incomplete prior to discharge.
11. **Evaluation:** Summarize the total number of Persian Gulf veterans (inpatients, outpatients receiving UCA's during the current reporting months, and cumulative statistics since the onset of this program (June, 1994). The total number of pending UCA's (those Persian Gulf veterans for whom a UCAE has been scheduled but not performed) should be listed for the current month and not cumulative.
12. **Reporting Information:** Provide the date of this report and the name of the staff member preparing this report and the staff member's telephone contact.
13. **Mailing Address:** This report should be transmitted to the following address:

Department of Veterans Affairs
Environmental Agents Service (103A)
ATTN: Persian Gulf Coordinator
810 Vermont Avenue, N.W.
Washington, DC 20420

SAMPLE FORMAT OF BI-MONTHLY PERSIAN GULF REGISTRY PHASE II UCAP (UNIFORM CASE ASSESSMENT PROTOCOL) REPORT (RCS-10-0860)

SAMPLE FORMAT OF
 BI-MONTHLY PERSIAN GULF REGISTRY PHASE II UCAP (UNIFORM CASE ASSESSMENT PROTOCOL)
 REPORT (RCS-10-0860)
 REPORTING PERIOD-JUNE-JULY, 1994
 VAMC: PHOENIX, AZ (644)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
NAME/SSN/ AGE/RACE/SEX BRANCH OF SERVICE	OUTPATIENT DATE OF EXAMINATIO N	INPATIENT ADMISSION/ DISCHARGE/ PRGR EXAM DATES	LIST OF EXPOSURES (UP TO TEN)	LIST OF SYMPTOMS (UP TO TEN) & ICD-9 CODES	LIST OF DIAGNOSIS (UP TO TEN) & ICD-9 CODES	PENDING TESTS/CON- SULTATIONS/ PROCE-DURES
PRIOR, RICHARD 222-222-2222 30 Y.O.W.M. ARMY	6/17/94		DIESEL FUEL MICROWAVES NERVE GAS ANTHRAX	FATIGUE/ MALAISE (7807)	NEURA- STHENIA (3005)	MRI; THYROID FUNCTION TEST
MAITLAND, JANE 777-77-7777 25 Y.O.B.F. ARMY		7/17/94 7/20/94 6/18/94	SANDFLY OIL WELL SMOKE.	JOINT PAIN(78999); RASH (7821); WEIGHT LOSS (7832); HEADACHES (7840); INSOMNIA (78050); DEPRESSIO N (7809)	MULTIPLE SYMPTOMS OF UNKNOWN ETIOLOGY (7999)	NEURO- PSYCHOLOGICAL

SUMMARIES

	INPATIENT ADMISSIONS	INPATIENT DISCHARGES	OUTPATIENTS:	PENDING UCE'S
CURRENT MONTH:	1	1	1	2
CUMULATIVE:	0	0	0	0
TOTALS:	1	1	1	2

DATE: 8/7/94; PREPARED BY: JANE DOE; PHONE #602-222-2222

* Y.O.W.M. = Year old white male; ** Y.O.B.F.= Year old black female

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CHAPTER 4. PERSIAN GULF REFERRAL CENTERS (PGRCs)

4.01 PURPOSE

This chapter sets forth clinical and administrative policies concerned with program management of Veterans Health Administration (VHA) Persian Gulf Referral Center (PGRC) examination programs established at Department of Veterans Affairs (VA) Medical Centers in Birmingham, AL, Houston, TX, Washington, DC, and West Los Angeles, CA.

4.02 BACKGROUND

a. In August 1992, VA established three PGRCs to medically assist Persian Gulf veterans whose symptoms defy explanation through the usual diagnostic and therapeutic endeavors of local VA medical centers. An additional center was established in June, 1995. The centers were established when it became clear that increasing number of Desert Storm veterans appeared to be incapacitated and had symptoms which eluded routine medical diagnosis despite thorough medical work-ups at VA medical centers. VA determined that for these veterans it was desirable to provide for inpatient stays to allow for observation, multidisciplinary consultation, documentation of lengthy occupational and exposure histories, and an opportunity for frequent re-examination. For such veterans, local VA medical centers make special arrangements for the transfer, following consultation with the referral center clinicians, to the appropriate center.

b. The referral centers, located at VA Medical Center in Birmingham, AL, Houston, TX, Washington, DC, and West Los Angeles, CA, were selected based on availability of clinical and academic expertise in such areas as pulmonary and infectious diseases, neurology, immunology, neuropsychology and access to toxicologic expertise. The centers place an emphasis on specific symptom complexes, such as fevers of unknown origin, chronic fatigue, memory loss, unexplained weight loss and other adverse health conditions possibly associated with chemical/toxic environmental exposures in the Persian Gulf.

4.03 AUTHORITY

Authority for the VHA PGRCs is provided by Persian Gulf-related legislation including:

a. Public Law (Pub. L.) 102-25 which established a Persian Gulf War period of service affecting persons serving on active duty as of August 2, 1990. At this time, there is no ending date established by law.

b. Pub. L. 102-585, Title VII, "Persian Gulf War Veterans' Health Status Act," enacted November 4, 1992, mandates the Secretary of Veterans Affairs to establish and maintain a Persian Gulf Registry and provide health examinations and counseling for eligible veterans;

c. Pub. L. 103-210, enacted December 20, 1993, provides the Secretary of Veterans Affairs, with authority to provide priority health care for eligible Persian Gulf veterans presenting adverse health conditions possibly associated with service in the Persian Gulf.

4.04 POLICY

Persian Gulf veterans already determined to be eligible for a Persian Gulf Registry examination and/or health care under the authorities cited in paragraphs 2.02 and 3.02, and who have been admitted for outpatient and/or inpatient care at a VA medical center, may be considered for referral to a PGRC **NOTE:** *Final eligibility determinations for admission to a PGRC is be left to the discretion of the PGRC Director.*

4.05 PROGRAM GUIDANCE

a. Special directives and other program guidance prepared by VA Central Office's Environmental Agents Service (EAS) (103A), provides the basis for PGRC program activities.

b. Appropriate means, i.e., medical center memoranda, need to be taken to circulate this information throughout each Referral Center.

c. PGRC staff must be aware of educational information and other materials and publications prepared by EAS (e.g., Persian Gulf posters, Persian Gulf Reviews, Persian Gulf Staff Updates, Persian Gulf Fact Sheets, etc.).

d. It is expected that PGRC staff will participate in national education meetings and attend periodic nationwide conference calls conducted by the EAS. **NOTE:** *They should be joined by VA medical center staff concerned with the delivery of health care to Persian Gulf veterans and the maintenance of the Persian Gulf Registry Examination Program.*

4.06 RESPONSIBILITIES

a. PGRC program management requires close coordination and interaction between PGRC staff and VA medical center staff making medical referrals of Persian Gulf veterans with difficult to diagnose health conditions.

b. VA Central Office's EAS (103A) provides program guidance and administratively oversee activities of the PGRCs and referring medical centers.

c. PGRC Responsibilities. A specially dedicated clinical and administrative support staff headed by a "Referral Center Clinical Director" is established at each PGRC. The Director is responsible for the clinical management of all medical and administrative activities associated with the special diagnostic program. Major responsibilities include:

(1) Consulting with VA medical center staff to determine appropriateness of referral of Persian Gulf veteran to the PGRC.

(2) Providing medical consultation to VA medical centers of origin for those cases in which it is determined that a PGRC admission is not required. Such consultative support is to assist the local medical center in arriving at a diagnosis and treatment regimen for Persian Gulf veteran(s) in question.

(3) Providing for all administrative aspects of admission, with the close support and assistance of the medical center's Medical Administration Service (MAS), of patient referrals to the PGRC.

(4) Developing a medical plan of action on each referral, i.e.:

(a) Reviewing and confirming the complete medical history in veteran's Consolidated Health Record (CHR),

(b) Providing a comprehensive physical examination,

(c) Providing routine baseline laboratory tests,

(d) Providing other diagnostic testing as required, and

(e) Arranging specialty consultations as determined medically appropriate.

(5) Advising the veteran(s) if they have not already done so, of the opportunity to participate in, and be included in VA's computerized Persian Gulf Veterans Health Registry Examination Program. If veteran wishes to participate in the registry, the PGRC is to ensure compliance with all registry procedures as outlined in M-10, Part III, Chapter 2. **NOTE:** *Before referral to one of VA's PGRCs, it is requested that all VA medical centers perform a Persian Gulf Registry Examination (Phase I) and if at all possible a Uniform Case Assessment Protocol (UCAP) (Phase II).*

(6) Providing for the documentation in the veteran's CHR of all medical information pertinent to each referral (PGR code sheets, laboratory reports, etc.).

(7) Upon conclusion of the PGRC's diagnostic work-up of each veteran, providing for administrative referral of that individual back to the referring medical center. The PGRC contacts the medical center of referral prior to the veteran's departure from the facility.

(8) Providing each veteran with a final "consultation" by the PGRC Director, and/or other PGRC staff as designated, of results of diagnostic procedures/treatment.

(9) Providing each referral with a follow-up letter discussing the results of the diagnostic work-up at the PGRC including results of examination and laboratory tests with recommendations, as appropriate, personalized to each referral.

(10) Providing copies of pending test or consultation results for each referred veteran to EAS (103A) and VA facility of origin.

(11) Completing a VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, and sending to Austin Automation Center (AAC) as a follow-up examination when there is a new diagnosis or a change in diagnosis since the initial registry examination code sheet should have been completed by the referral facility and sent to AAC as an initial examination.

(12) Maintaining a special file on each referral at PGRC, for easy accessibility.

(13) Providing cumulative monthly reports to EAS (103A) no later than 5 working days following the end of each month, see paragraph 3.05 and Appendix 3B.

(14) Providing copies of discharge summaries, laboratory test results and code sheets (both initial examination and follow-up, if there is a new diagnosis or a change in diagnosis, for each referred Persian Gulf veteran, to EAS (103A) within 5 working days following the end of each monthly reporting period (see par. 3.05 and App. 3B).

d. Originating Medical Center Responsibilities. VA medical centers are responsible for the medical referral to the PGRCs of those Persian Gulf veterans for whom a medical diagnosis cannot reasonably be determined in spite of extensive diagnostic, including comprehensive clinical examination work-ups. Routine responsibilities of the medical centers making the referral are:

(1) Contacting the Director, PGRC, or other appropriate PGRC clinical staff member to discuss patients who meet the necessary criteria for referral. Referral criteria include:

(a) Performing a Persian Gulf Registry examination, Phase I and Phase II (if facility has these medical capabilities), prior to referral consideration; and

(b) Reviewing medical records of those Persian Gulf veterans with multiple symptoms for which a diagnosis has not been determined or those veterans requiring a "second opinion."

(2) Providing, when necessary, the appropriate PGRC with any documentation which will assist the PGRC in making its determination whether a referral is appropriate, i.e., any examination data described in the patient's CHR including, among others, medical history, progress notes, test results, Persian Gulf Registry diagnostic code sheets, and any other relevant medical/demographic information.

(3) Coordinating with the PGRC clinical and medical administrative service staff, all necessary travel and per diem arrangements for the veteran(s), including dates of planned transfer to the referral center and projected return date.

(4) Obtaining the veteran's permission for transfer and providing counseling concerning the reason(s) for referral, projected period of inpatient admission at the PGRC, travel arrangements and responding to any questions the veteran might have concerning the referral. **NOTE:** *In some instances veterans may not wish to be referred. Ensure that documentation of the veteran's decision in this regard is fully documented in the CHR progress notes.*

(5) Upon notification of a referral's return from the PGRC, initiating follow-up contact by telephone and/or letter with the veteran within 2 weeks of discharge from the referral center to determine the veteran's health status and to provide any assistance for which the veteran may be eligible.

(6) Discussing with Referral Center Directors outstanding consultation results, either performed at referral centers or to be completed at the local medical centers, and maintained in patient's files at both facilities (local and referral).

(7) Documenting within the veteran's CHR all results, findings and recommendations of the special diagnostic work-up provided by the PGRC.

4.07 REPORTING REQUIREMENTS

a. Originating VA medical centers

- (1) Prepare an original VA Form 10-9009A (July 1995) for each referred Persian Gulf Registry veteran.
- (2) Submit a legible copy to the ACC in accordance with the general instructions found in Appendix 2C.
- (3) Submit a legible copy of the VA Form 10-9009A (July 1995) to the PGRC with the patients CHR.
- (4) Submit all follow-up results of specialty consultations obtained after the veteran's discharge from a PGRC, including further consultation with the veteran, if appropriate, to:

Department of Veterans Affairs
EAS (103)
ATTN: Senior Registry Coordinator
810 Vermont Avenue, N.W.
Washington, DC 20420

b. **PGRC**

- (1) Submit follow-up Persian Gulf Code Sheets (VA Form 10-9009A (July 1995)) to AAC when new diagnostic code differs from previously submitted code sheets, (see App.2B).
- (2). Submit a PGRC report of admissions and/or discharges to EAS (103A) , Attn.: Senior Registry Coordinator, within 5 working days following the end of each reporting month (refer to App. 2B for instructions and sample format).
- (3) Submit a negative PGRC report if there were no admissions or discharges during the reporting month.
- (4) Submit copies of discharge summaries, laboratory reports, i.e., chest x-ray, blood count, blood chemistries or enzyme studies, urinalysis and code sheets to EAS (103A), Attn.: Senior Registry Coordinator, no later than 10 working days following the end of each month.
- (5) Submit all original medical records to local VA medical center to be maintained in veteran's CHR.
- (6) Maintain copies at PGRC in a special file for each referred patient.
- (7) Submit copies of results of follow-up specialty consultation after discharge of veteran from PGRC to EAS and local VA medical center for patient's CHR and/or further consultation with veteran, if appropriate.

4.08 MEDIA AND OTHER EXTERNAL CONTACTS

a. **Media Contacts.** Reports of Contact from various media sources (e.g., radio, television, newspapers, etc.) concerning PGRC activities will be referred by phone to the facility public affairs officer. Interviews should not be

given unless approved by the medical center Public Affairs Officer who may appropriately coordinate response with the regional VA public affairs representative.

b. **Contacts to Advise Centers of “Special Cures” for Persian Gulf-related Illnesses.** Referral centers can expect, on occasion, to be contacted by private sector physicians, researchers, and the general public with information regarding “quick cures” for Persian Gulf-related illnesses. Such individuals need to be politely advised that:

- (1) There are medically accepted mechanisms to introduce new clinical treatments.
- (2) All new treatments suggested must be reviewed by a formally designated and staffed human subjects review committee.
- (3) It is important to have independent confirmation of treatment efficacy.
- (4) Provisions exist to permit the originator of new therapies to retain professional credit and be appropriately compensated.
- (5) The individual might want to consider presenting the “new approach” at a VA or medical school grand rounds or staff review committee meetings.
- (6) VA and the National Institutes of Health fund quality research proposals.

**INSTRUCTIONS AND SAMPLE FORMAT FOR COMPLETION OF
PERSIAN GULF REFERRAL CENTER MONTHLY REPORT
(RCS 10-0860)**

A monthly report is required from all Department of Veterans Affairs (VA) Persian Gulf Referral Centers (PGRC) receiving an extensive, additional diagnostic and therapeutic work-up to evaluate those Persian Gulf War veterans who are incapacitated and experiencing symptoms that have eluded medical diagnosis despite thorough examinations at local VA facilities. The following instructions are provided for the completion and submission of this reported **NOTE: A sample report is provide on page 4A-2.**

1. **Title of Report.** Monthly Persian Gulf Referral Center Report
2. **Reporting Period.** Month and Year of the reporting period.
3. **Reporting Facility, Address and Station Code.** Identify name, address and station code of each reporting PGRC.
4. **Column A.** Include the Persian Gulf veteran's name, Social Security Number, Race, Sex and Branch of Service.
5. **Column B.** Provide the name, city and state of the VA facility from which the Persian Gulf veteran was referred.
6. **Column C.** Indicate date of admission, date of discharge, and the date of initial Persian Gulf Registry examination.
7. **Column D.** List up to ten exposures as indicated by the veteran.
8. **Column E.** List up to ten symptoms/complaints (with ICD-9 codes) as indicated by the veteran.
9. **Column F.** List up to ten diagnoses (with ICD-9 codes). If there are no diagnoses, -indicate "None."
10. **Column G.** List all pending tests/consultations/procedures, either those that have been performed at the PGRC or those to be performed at the local VA medical center.
11. **Number of Veterans.** List the total number of Persian Gulf veterans admitted, discharged and any pending referrals for current reporting month and cumulative numbers from the onset of this program:
 - a. Total Admissions;
 - b. Total Discharges; and
 - c. Total Referrals Pending: (current month).
12. **Date of Report.** Submit the date of this report.
13. **Contact.** Name of staff member preparing this report and the telephone contact.
14. **Mailing Address.** This report must be transmitted to the following address:

Department of Veterans Affairs
Environmental Agents Service (103A)
ATTN: Persian Gulf Coordinator
810 Vermont Avenue, N.W.
Washington, DC 20420

**M-10, Part III
Change 2
Chapter 3
APPENDIX 3B**

March 21, 1996

**PERSIAN GULF REFERRAL CENTER MONTHLY REPORT (RCS 10-0860)
REPORTING MONTH JULY, 1994
PGRC: HOUSTON, TX (580)**

(A)	(B)	(C)	(D)	(E)	(F)	(G)
NAME/SSN/ AGE/RACE/SEX BRANCH OF SERVICE	REFERRED BY: VAMC/OPC	ADMISSION/ DISCHARGE PGR EXAM DATES	LIST OF EXPOSURES (UP TO TEN)	LIST OF SYMPTOMS (UP TO TEN)& ICD-9 CODES	LIST OF DIAGNOSIS (UP TO TEN) & ICD-9 CODES	PENDING TESTS/CON- SULTATIONS/ PROCEDURES
JONES,HARRY 555-55-5555 40 Y.O.W.M. ARMY	ALBANY, NY VAMC	5/1/94 5/10/94 4/11/93	DU; CARC; PESTICIDES	FATIGUE/ MALAISE (7807)	NEURA- STHENIA (3005)	MRI; THYROID FUNCTION TEST
SMITH,JOHN 333-33-3333 25 Y.O.B.M.* NAVY	MONTROSE, NY VAMC	5/2/94 5/19/94; 3/10/94.	OIL FIRE SMOKE; ANTHRAX VACCINE.	JOINT PAIN (78999); MEMORY LOSS (7809); LOOSE BOWEL STOOLS (7879); FATIGUE (7807); HEARING LOSS (78999); HEADACHES (7840);	MULTIPLE SYMPTOMS OF UNKNOWN ETIOLOGY (7999)	NEURO- PSYCHO- LOGICAL
WRIGHT, ANN 666-66-6666 30 Y.O.W.F.** ARMY	DURHAM VAMC	5/20/94; 5/30/94; 3/4/94.	TENT HEATER SMOKE; ATE LOCAL FOOD; MICROWAVES.	FATIGUE (7807); JOINT PAINS (78999); HEADACHES (7840); SLEEPLESSNESS (78050); LOOSE BOWEL STOOLS (7879)	ARTHRALGIA (7194); DIARRHEA (3064)	NONE

SUMMARIES

	ADMISSIONS	DISCHARGES:	PENDING EXAMS:
CURRENT MO.	3	3	10
CUMULATIVE:	10	10	N/A

DATE: 8/7/94;
PREPARED BY: JOHN DOE; PHONE #713-222-222
*-Y.O.B.M. (Year Old Black Male)
**-Y.O.W.F. (Year Old White Female)

March 21, 1996

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CHAPTER 5. PERSIAN GULF REGISTRY III FOR SPOUSES AND CHILDREN OF PERSIAN GULF WAR VETERANS

5.01 PURPOSE

This chapter sets forth administrative policies for collection of medical and demographic data on the spouses and children of Persian Gulf War veterans (hereafter referred to as Persian Gulf (PGW) veterans) in an additional and separate registry identified as Persian Gulf Registry III (PGR III) to supplement the Persian Gulf Registry initiated in 1992 and revised in 1995 for PGW veterans.

5.02 AUTHORITY

To respond to concerns about health problems of spouses and children of PGW veterans, the Department of Veterans Affairs (VA) will include in PGR III medical data provided by non-VA, licensed physicians (Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.)). Although the VA has no general/blanket authority to provide registry examinations or treatment to spouses or children of PGW veterans, the Secretary of the Department of Veterans Affairs, hereafter referred to as the Secretary, has been mandated by Public Law (Pub. L.) 103-446, dated November 2, 1994, to include any relevant medical data of spouses and children of PGW veterans in the VA PGR III. These examinations can be provided by non-VA licensed physicians who certify that examinations were conducted using standard protocols and guidelines, provided by VA. These registry data will facilitate program and policy development for PGW veterans.

5.03 ELIGIBILITY

VA includes in PGR III relevant medical data as provided by non-VA physicians of any individual who:

- a. Is a spouse or child of a veteran who is: (1) Listed in the PGW Veteran Registry, established under Pub. L. 102-585, Section 702; and (2) Suffering from an illness or disorder.
- b. Is apparently suffering from, or may have suffered from, an illness or disorder (including a birth defect, miscarriage, or stillbirth) which cannot be disassociated from the veterans service in the Southwest Asia theater of operations.
- c. In the case of a spouse, has granted the Secretary permission to include in the Registry relevant medical data (including a medical history and the results of diagnostic testing and medical examinations) and such other information as the Secretary considers relevant and appropriate with respect to such individual.

5.04 RESPONSIBILITIES

The VA Veterans' Registry Physician (VRP), or designee, Veterans' Registry Coordinator (VRC) and Medical Administration Service (MAS) staff play a significant role in carrying out the mandates of Pub. L. 103-446, in conducting outreach activities to PGW veterans, the veteran's spouses and children, and non-VA physicians (M.D. or D.O.) conducting tests and examinations. In order to ensure uniform collection of medical data, standard protocols, guidelines and code sheets have been developed (refer to App. 5C), with a sample letter of enclosure (refer to App. 5E) and should be provided to any PGW veteran, spouse, child (parent), and non-VA physician requesting copies of these protocols and guidelines.

a. **VRP Responsibilities.** The VRP, or designee, is responsible for the clinical management of the program and serves as their primary health care consultant to non-VA physicians, veterans and their families. The VRP will:

- (1) Ensure that the non-VA physician receives guidelines and protocols to be used when performing examinations for spouses and children of PGW veterans.

(2) Ensure that the non-VA physician receives a cover letter (refer to sample in App. E), with protocols and code sheets to provide a brief background describing the purpose of collecting and recording these medical data.

(3) Review the medical records of every PGW veteran spouse and/or children examined to ensure that a complete physical examination was performed and documented.

(4) Review Part II (Phase I) and III (Phase II) of VA Form 10-9009c, Persian Gulf Registry Code Sheet for Spouses and/or Children, before submission to the Austin Automation Center (AAC) for entry into PGR III.

b. **VRC Responsibilities.** The VRC is responsible for the administrative management of the program. The VRC will:

(1) Coordinate outreach activities to ensure that all PGW veterans with spouses and/or children with health problems that may be related to veteran's service are aware of VA's commitment to include the veteran's family members in the PGR III.

(2) Enter the results of diagnostic tests, medical histories and medical examinations conducted by licensed non-VA physicians into VA PGR III if requested by the PGW veteran (who must be a registry participant prior to entry of data on spouse or child), spouse, or child.

(3) Provide the appropriate examination guidelines, protocols, code sheets, with cover letters, and other related documentation (refer to App. 5B) for completion by non-VA physician.

(4) Collect data for reporting purposes.

(5) Review the code sheet to further ensure the form's completeness, and, if necessary, obtain and record any missing information from the non-VA physician. **NOTE:** *Code sheets should be transmitted to AAC no later than 25 working days after receipt from veteran, spouse or non-VA physician.*

(6) Submit completed code sheets to AAC for database entry.

(7) File results of the spouse's or child's diagnostic tests, medical histories, medical examinations, copies of code sheets and other relevant records in PGW veteran's Consolidated Health Record (CHR). **NOTE:** *These Persian Gulf registry records are subject to the same retention and disposition policies as other medical record files; use Records Control Schedule 10-1.*

c. Code Sheet Completion

(1) The non-VA physician (M.D. or D.O.), will complete Part I of VA Form 10-9009c, and will ensure that all information entered on the code sheet is complete.

(2) The non-VA licensed physician will complete Part II and III of VA Form 10-9009c; refer to instructions and sample code sheet in Appendix 5A.

5.05 REPORTING REQUIREMENTS

The VA's VRCs must submit the following report when received from veteran, spouse, or non-VA physician performing evaluation of veteran's spouse and/or children:

a. VA Form 10-9009c (original) must be prepared monthly and submitted to AAC as per instructions contained in Chapter 2, Appendix 2B. Reports Control Symbol 10-0860 reflects the reporting requirement for VA Form 10-9009c.

b. VA Form 7252 (formerly VA Form 30-7252), Transmittal Form for the Use in Shipment of Tabulating Data, must be prepared monthly and submitted to AAC, ensuring that code sheets are identified as VA Form 10-9009c for Persian Gulf Spouses or Children, as per instructions contained in Chapter 2, Appendices 2D and 2E.

NOTE: *These code sheets should be submitted, based on the following schedule, but no later than 25 working days following receipt from veteran, spouse, child (parent) or non-VA physician.*

c. The schedule of mailing dates is as follows for:

- (1) Former Region 1, the 6th of month;
- (2) Former Region 2, the 10th of month;
- (3) Former Region 3, the 14th of month; and
- (4) Former Region 4, the 18th of month.

**PROTOCOL FOR CONDUCTING THE PHYSICAL EXAMINATION, PHASE I,
AND ORDERING DIAGNOSTIC STUDIES**

1. It is essential that a complete medical history, physical examination and interview be performed by the private physician (Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.)) and documented on appropriate forms. The Department of Veterans Affairs (VA) forms that must be fully completed are: Standard Form 88, Report of Medical Examination, VA Form 10-9009c, Persian Gulf Registry Code Sheet, and Standard Form 509, Progress Notes (for follow-up). These are to be submitted to local VA facility for maintenance in veteran's Consolidated Health Record (CHR). These forms must be provided to the non-VA licensed physician for use when performing examinations of spouses and/or children of Persian Gulf veterans. The complete medical history should address the following: **NOTE:** *Non-VA physicians may use their own medical examination reports and progress notes as long as they contain the following information:*

- (a) Family history;
- (b) Occupational history;
- (c) Social history including tobacco, alcohol, drug use;
- (d) Civilian exposure(s) history to possible toxic agents;
- (e) Psychosocial history; and
- (f) Review of systems.

2. The person actually performing the physical examination must be identified by name, address, medical license, signature and title (i.e., M.D., D.O., Physician's Assistant, etc.). A licensed physician's countersignature is required if the examiner is a physician's assistant or nurse practitioner.

3. The physician must be aware of the variety of exposures endemic to the Persian Gulf area. These are listed in Appendix 2C and on VA Form 10-9009c. There has been a wide distribution of major categories of diagnoses reported by VA Veterans' Registry Physicians (VRP) and no significant variation in occurrence of major categories of medical problems has been identified. For informational purposes, some of the health problems and/or diseases which should be considered, are as follows:

Unfortunately the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) coding system does not give sufficient codes to correctly identify all symptoms and diagnoses. A number of diagnoses that have been reported by the VRP do not have ICD-9-CM codes for specific identification in the Veterans Health Administration (VHA) s database. To correct this three new codes have been created. They are : Apnea, Sleep (99001), Chronic Fatigue Syndrome (CFS) (99002), and Fibromyalgia (99003). Make certain these codes are used when completing the Persian Gulf Registry (PGR) code sheets for patients who have these diagnoses. As a result of inadequate coding designations, there has been confusion between the symptoms (complaints) and diagnoses listed on the PGR code sheets. Example one: Arthralgia (diagnostic code 7194) has been used for the symptom "pain in the joint," where the symptom code 7819 (other symptoms involving nervous and musculoskeletal systems) would be more appropriate. Example two: Symptom ICD-9-CM code 78051 has been designated for insomnia with sleep apnea; however, sleep apnea is more correctly identified as a specific diagnosis which has the new code 99001. Symptom code 78051 may still be used for insomnia with sleep apnea. Example three: Symptom ICD-9-CM code 7807 has been used to designate CFS and the symptoms of malaise and fatigue. The new code 99002 has been determined for CFS, so ICD-9-CM code 7807 should be used for medical complaints of malaise and fatigue

<u>DIAGNOSIS</u>	<u>ICD-9-CM Code</u>
(1) Amebiasis	006
(2) Apnea, sleep	99001
(3) Arthralgia	7194
(4) Asthma	493
(5) Brill's Zinsser disease (recrudescence typhus)	0811
(6) Bronchiectasis	494
(7) Bronchopneumonia, organism unspecified	485
(8) Brucellosis	023
(9) Chronic obstructive pulmonary disease, not elsewhere classified	496
(10) Chronic bronchitis	491
(11) Chronic Fatigue Syndrome	99002
(12) Chronic laryngotracheitis	4761
(13) Chronic respiratory conditions due to fumes and vapors	5064
(14) Emphysema	492
(15) Fibromyalgia	99003
(16) Giardiasis	0071
(17) Leishmaniasis	085
(18) Malaria	084
(19) Other and unspecified diseases of upper respiratory tract	4789
(20) Pneumoconiosis due to other silica or silicates	502
(21) Pneumoconiosis, unspecified	505
(22) Unspecified chronic respiratory disease	5199
(23) Respiratory conditions due to unspecified external agent	5089
(24) Sandfly fever (phlebotomus fever)	0660

<u>DIAGNOSIS</u>	<u>ICD-9-CM CODE</u>
(25) Schistosomiasis (bilharziasis)	120
(26) Toxoplasmosis	130
(27) Typhoid fever, also carrier - V02.1	0020
(28) Tuberculosis, specify variant(s)	010-018
(29) Viral hepatitis	070
(30) Memory loss	310
(31) Polyneuropathy	356-357
(32) Skin rash	680-709
(33) Adjustment disorder, including Post Traumatic Stress Disorder (PTSD)	309
(34) Alcohol dependence syndrome	303
(35) Drug dependence	304

4. In gathering these data, it is important to determine and record the:

- a. Time of onset of the symptoms or conditions,
- b. Intensity,
- c. Degree of physical incapacitation, and
- d. Details of any treatment received.

5. Each veteran's spouse or child will be given the following baseline laboratory studies (Phase I Registry Examination): **NOTE:** *As a routine children should not be subjected to laboratory studies such as complete blood count (CBC), electrolyte glucose or equivalent blood chemistries and enzyme studies. Diagnostic testing should only be performed as judged medically necessary by the examining physician.*

- a. CBC;
- b. Electrolyte Glucose (SMA-6, SMA-12), or equivalent blood chemistries and enzyme studies; and
- c. Urinalysis.

6. Appropriate additional diagnostic studies should be performed and consultations obtained as indicated by the patient's symptoms and the physical and laboratory findings. **NOTE:** *If individuals have unexplained illnesses, a Phase II examination is recommended after Phase I registry examination is completed.*

a. Other diagnostic studies, such as pulmonary function test, pap smear, sperm counts, should be performed as medically indicated.

- b. Laboratory tests results will be provided to VA for filing in the CHR.

**SAMPLE AND INSTRUCTIONS FOR COMPLETING VA FORM 10-9009c, PERSIAN GULF REGISTRY
CODE SHEET, PART I AND PART II REGISTRY EXAMINATION PHASE I, FOR SPOUSE OR
CHILDREN OF PERSIAN GULF VETERAN**

1. General Instructions for completing VA Form 10-9009c for spouses and children.

a. An original code sheet should be prepared by the non-VA physician (Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.)), or designee, and submitted to the Veterans' Registry Coordinator (VRC), at a local Department of Veterans Affairs (VA) facility. The VRC and Veterans' Registry Physician (VRP) will review the document, and submit the ORIGINAL CODE SHEET to the Office of Financial Management Austin Automation Center (AAC) in accordance with instructions for the initial and first follow-up examinations (if clinically indicated). After code sheet data has been reviewed and entered into the computerized database at AAC, AAC staff will forward the code sheets to:

Senior Registry Coordinator (131)
Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, DC 20420.

NOTE: *These code sheets will not be returned to the medical center of origin unless corrections are required.*

(1) A legible copy of the code sheet will be filed in the PGW veteran's medical record with any corrections required by AAC. Additional follow-up examinations, as provided by the private physician, as clinically indicated, can be submitted for inclusion in veteran's Consolidated Health Record (CHR).

(2) A code sheet for additional follow-up examinations need not be prepared or submitted to the AAC except when a diagnosis and diagnostic code differs from previously submitted code sheets. For any diagnostic change, a code sheet will be prepared and submitted for entry into the Persian Gulf Registry III (PGR III).

b. The non-VA licensed physician, or designee, should complete this form using the following marking instructions:

(1) PRINT CLEARLY USING A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

(2) DO NOT USE PENS WITH INK THAT SOAK THROUGH THE PAPER.

(3) MAKE SOLID MARKS THAT FILL OVALS COMPLETELY.

(4) COMPLETE ALL HORIZONTAL GRIDS IN ACCORDANCE WITH EXAMPLE SHOWN ON UPPER RIGHT HAND SIDE OF PAGE 1, OF CODE SHEET.

(5) WHERE BLOCKS ARE INDICATED AND/OR NUMBERED; E.G., 2-117, ENTER ONE LETTER OR NUMBER PER BLOCK. VETERAN AND PRIVATE PHYSICIAN SHOULD BE AWARE THAT THE NUMERIC ZERO MUST BE SLASHED "Ø."

(6) MAKE NO STRAY MARKS ON THIS FORM.

(7) DO NOT FOLD, TEAR, OR MULTILATE THIS FORM.

(8) FOLLOW INSTRUCTIONS CAREFULLY TO ENSURE THAT ALL DATA FIELDS ARE COMPLETED ACCURATELY.

c. For registry coding purposes, VA coding clerks should use the International Classification of Diseases - Clinical Modification, 9th Edition, (ICD-9-CM) codes. These must be the codes currently in use by AAC.

(1) Part I of the code sheet should be completed by the non-VA physician (M.D. or D.O.) during the medical history taken from veteran's spouse or in the case of a child, by one of the parents.

(2) Parts II and III of the code sheet should be completed at the time of the examination by the licensed non VA-physician (M.D. or D.O.) Completed Parts I, II and III will be returned to VRC at the local VA facility for review and assignment of the ICD-9-CM codes in appropriate blocks. **NOTE:** VA coders should pay careful attention to assigning the correct code for both complaints (symptoms) and diagnosis. ICD-9 CM 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.

(3) Date all code sheets with current date in the upper right hand corner of VA Form 10-9009c.

2. Instructions for Completing Part I (Initial Examination)

a. **Item 1. Blocks 2-7. Facility Number and Suffix.** VA coders are to enter facility code as listed in MP-6, Part XVI, Supplement No. 4.1, Appendix A. Use the AMIS suffix (BY, BZ, etc.) to indicate your satellite facility. DO NOT USE Q, R, OR S. **NOTE:** If spouse or child requests the inclusion of Department of Defense (DOD) registry examination records in VA PGR, submit code sheet with Facility Number as 999 in Blocks 2, 3 and 4 and indicate actual VA facility number in upper left margin of code sheet.

b. **Item 2. Blocks 8-33. Last Name of Spouse or Child.** Beginning in Block 8, enter spouse's or child's current last name. Do not use apostrophe and/or hyphen 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.

c. **Item 3. Blocks 34-48. First Name of Spouse or Child.** Beginning in Block 34, enter spouse's or child's first name.

d. **Item 4. Blocks 49-58. Middle Name of Spouse or Child.** Beginning Block 49, enter spouse's or child's middle name or initial.

e. **Item 5. Block 59. Type of Examination.** The following transaction type should be entered in Block 59 as appropriate:

A - Initial examination. Spouse's or Child's first Persian Gulf 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. VA staff can submit the code sheets to AAC in the same batch. Examples of this usage are incorrect diagnosis, military statistics, Social Security Number (SSN), etc.

C - Follow-up examination. Second Persian Gulf examination. Additional follow-up examinations, as clinically indicated, will require an additional code sheet only if a new diagnosis is determined. VA staff will submit this code sheet to AAC for entry into PGR III.

D - To delete an entire follow-up PGR III 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 changes in demographics, i.e., change of address or date of birth enter "E" and 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.

f. **Item 6. SSN.** The first shaded block is to be used ONLY if a pseudo SSN is being submitted. In this event, the letter "P" will be entered in this block. Leave this shaded block blank when the actual SSN is used. Beginning in numbered rows enter the actual SSN, or pseudo SSN by using solid marks to completely fill each appropriate numbered oval. (VA Coders see M-1, Pt. I, Ch. 5, par. 5.29, for instructions regarding a pseudo SSN assignment.) **NOTE:** *All efforts should be made to obtain actual SSN.*

g. **Item 7. Blocks 60-65. Date of Birth.** Beginning in Block 60 enter numerical equivalent for the month, day and year in that order (e.g., 01/19/50). All blocks must be completed.

h. **Item 8. Blocks 66-131. Permanent address**

(1) **Blocks 66-91.** Beginning in Block 66 enter permanent street address.

(2) **Blocks 92-117.** Beginning in block 92 enter city or town.

(3) **Blocks 118-122.** Enter zip code of permanent residence (National Zip Code Directory).

(4) **Blocks 123-126.** Leave Blank (future extended Zip Code).

(5) **Blocks 127-129.** VA coders will enter appropriate county code as listed in VHA M-1, Part I, Chapter 18, Appendix A.

(6) **Blocks 130-131.** VA coders will enter appropriate state code as listed in VHA M-1, Part I, Chapter 18, Appendix A.

i. **Item 9. Race/Ethnicity.** Make solid mark in correct oval block on code sheet using one of the following options:

- () = American Indian or Alaskan Native
- () = Asian or Pacific Islander
- () = Black, not of Hispanic Origin
- () = White, not of Hispanic Origin
- () = Hispanic
- () = Unknown

j. **Item 10. Marital Status.** Make solid mark in correct oval on code sheet to indicate marital status, using one of the following options:

- () = Married
- () = Divorced
- () = Separated
- () = Widowed
- () = Not Applicable (Child)

k. **Item 11. Sex.** Make solid mark to fill correct oval on code sheet to indicate sex, using one of the following options:

- () = Male
- () = Female

I. **Item 12. Relationship to Veteran:** Make solid mark to fill correct oval on code sheet to indicate one of the following:

- () = Spouse
- () = Child

m. **Items 13, 13A-F. Smoking History:** Mark appropriate ovals on code sheet:

(1) Item 13A. Are you currently smoking cigarettes? Make a solid mark to fill correct oval on code sheet:

- () = Yes
- () = No

NOTE: If no, go to Item 13D.

(2) Item 13B. If yes, how many years have you been smoking cigarettes? Enter number of years in horizontal grid, filling number in left hand block(s) and using a solid mark to fill the appropriate numbered oval(s) on code sheet (see example in upper right hand corner of page 1 of code sheet).

(3) Item 13C. If yes, on the average, how many packs are you smoking per day? Enter the number of packs in horizontal grid, filling number in left hand block(s) and using a solid mark to fill the appropriate numbered oval(s) on code sheet.

(4) Item 13D. Have you smoked cigarettes in the past? Use a solid mark to fill the appropriate oval on code sheet, using the following options:

- () = Yes
- () = No.

NOTE: If no, go to Item 14.

(5) Item 13E. If yes, how many years did you smoke? Enter number of years in the horizontal grid, filling number in left hand block(s) and using a solid mark to fill the appropriate numbered oval(s) on code sheet.

(6) Item 13F. If yes, on the average how many packs did you smoke per day? Enter number of packs in the horizontal grid, filling number in left hand block(s) and using a solid mark to fill by marking the appropriate numbered ovals on code sheet.

n. **Item 14. Have you had contact with or experienced any of the following?**

(1) Item 14A. Did you come in contact with any military equipment that the Persian Gulf veteran brought back from the Gulf War; e.g., helmets, canteens, armaments? Enter "Yes" or "No" by making a solid mark to fill the correct oval on the code sheet.

- () = Yes
- () = No

(2) Item 14B. During intercourse with your Persian Gulf spouse, do you experience vaginal or skin burning after he ejaculates or "comes?" Enter "Yes" or "No" by making a solid mark to fill the correct oval on the code sheet.

- () = Yes
- () = No

NOTE: Since this question is directed to a female spouse, no response is required of a male spouse or a child.

(3) **Item 14C.** Do you believe your health problems are related to the veteran's Persian Gulf service? Enter "Yes" or "No" by making a solid mark to fill the correct oval on the code sheet.

- () = Yes
- () = No

o. Item 15. Spouse or Child's Health Evaluation. Make a solid mark to fill the correct oval on the code sheet, using the following options which best describes the spouses' or child's health after veteran's Persian Gulf Service:

- () = Very good
- () = Good
- () = Fair
- () = Poor
- () = Very poor

p. Item 16. Spouse or Child's Functional Impairment.

(1) **Item 16A.** Make a solid mark to fill the correct oval on the code sheet which describes spouse's or parents' assessment of child's functional impairment, after Persian Gulf Service, using the following scale:

- () = No impairment
- () = Slight impairment
- () = Moderate impairment
- () = Severe impairment

(2) **Item 16B.** Is spouse employed outside the home? Make a solid mark to fill the correct oval on the code sheet, using one of the following options:

- () = Yes
- () = No

(3) **Item 16C.** If spouse is employed outside the home, how many workdays were lost by spouse due to illness? Enter the number of workdays in horizontal grid, filling number in left hand block(s) and make a solid mark to fill the correct oval on the code sheet.

NOTE: If none, enter \emptyset s, and go to Item 17.

q. Item 17. Evidence of Birth Defects and Infant Death(s) among veteran's children and problems with pregnancy.

(1) **Item 17A.** How many children does veteran have? Enter the number of children in horizontal grid, filling number in left hand blocks(s) and make a solid mark to fill the correct oval on the code sheet.

NOTE: If none, enter \emptyset , and go to Item 17C.

(2) **Item 17B. Birth Defects.** **NOTE:** Birth defects are any structural, functional, or biochemical abnormality at birth whether genetically determined or induced during gestation that is not due to injuries suffered during birth. How many of these children were born with birth defects? Enter the number of

children in horizontal grid, filling number in left hand block(s) and make a solid mark to fill the correct oval on the code sheet.

NOTE: *If none, enter Øs, and go to Item 17C.*

(a) Item 17B1. How many of these children with birth defects were conceived before Gulf service? Enter the number of children with birth defects, in horizontal grid, filling number in left hand block(s) and make a solid mark to fill the correct oval on the code sheet.

NOTE: *If none, enter Øs and go to Item 17B2.*

(b) Item 17B1(a). State maternal age at conception of first child with birth defects, conceived before Gulf service. Enter age in horizontal grid, filling number in left hand block(s) and make a solid mark to fill the correct oval on the code sheet.

(c) Item 17B2. How many of these children with birth defects, were conceived during and after Gulf service? Enter the number of children with birth defects, in horizontal grid, filling number in left hand block(s) and make a solid mark to fill the correct oval on the code sheet.

NOTE: *If none, enter Øs and go to Item 17C.*

(d) Item 17B2(a). State maternal age at conception of first child with birth defects, conceived during and after Gulf service. Enter age in horizontal grid, filling number in left hand block(s) and make a solid mark to fill the correct oval on the code sheet.

(3) **Item 17C**. Infertility; i.e.; problems of veteran or spouse becoming pregnant. **NOTE:** *Infertility=relative sterility defined as inability to conceive after 12 or more months of intercourse without use of contraception when neither spouse is surgically sterilized.* Has veteran or spouse had infertility problems? Make a solid mark to fill the correct oval on the code sheet, using one of the following options:

- () = Yes
- () = No

NOTE: *If no, go to Item 17D.*

(a) Item 17C1. Has veteran or spouse had infertility before Gulf service? Make a solid mark to fill the correct oval on the code sheet, using one of the following options:

- () = Yes
- () = No

NOTE: *If no, go to Item 17C2.*

(b) Item 17C1(a). State maternal age during first attempts to conceive. Enter the age in horizontal grid, filling number in left hand block(s) and make a solid mark to fill the correct oval on the code sheet.

(c) Item 17C2. Has veteran or spouse had infertility after return from Gulf service? Make a solid mark to fill the correct oval on the code sheet, using one of the following options:

- () = Yes
- () = No

NOTE: *If no, go to Item 17D.*

(d) Item 17C2(a). State maternal age during first attempts to conceive. Enter the age in horizontal grid, filling number in left hand block(s) and make solid mark to fill correct oval on code sheet.

(4) **Item 17D**. Provide information on all of spouse's pregnancies. For multiple outcomes, make a separate entry for each (e.g., two entries for twins). If there is uncertainty about details, provide best estimate.

(a) Items 17D1-D8. Lists first through eighth pregnancy. Complete appropriate adjoining column; e.g., "Outcomes," which lists one "Normal Live Birth" and five reproductive health problems, as follows:

1. Normal Live Birth.

2. Live Birth with Birth Defects.

3. Still Birth. **NOTE:** *Still births are births after 20 weeks of gestation of an infant who showed no evidence of life after birth.*

4. Miscarriage(s). **NOTE:** *A miscarriage is a spontaneous expulsion of the products of conception before 20 weeks of gestation (spontaneous abortion).*

5. Infant Death(s). Death that occurred within 1 year of birth among babies born alive.

6. Ectopic Pregnancy(ies). **NOTE:** *An ectopic pregnancy is gestation (conception) outside of the uterus.*

NOTE: *Make make solid mark to fill correct oval on code sheet. Leave blank if they do not apply.*

(b) Items 17D1-D8. *Date of Outcome*. Enter month by filling in ovals; day and year of outcome by filling in blocks and ovals on grid.

(c) Item 17D1-D8. *Length of Pregnancy*. Enter months or weeks of pregnancy by filling in blocks and ovals on grid.

3. Instructions for Completing PGR III code sheet, Part II (Initial Examination). **NOTE:** *This part must be completed by the examining non-VA physician (M.D. or D.O.). This protocol constitutes a set of clinical practice guidelines for the evaluation of individuals with unexplained illnesses after their service, or their spouse's/parent's military service, in the Persian Gulf. As such, these guidelines should be utilized with a high degree of medical judgment dependent on numerous factors such as type and severity of complaints, general health status, age, etc. After completion of the relevant portions of the protocol the non-VA physician (M.D. or D.O.) should complete the code sheet in the following manner:*

a. **Item 18. Date of Examination.** Enter Month, Day and Year of examination - make solid mark to fill correct oval for month, day and year and complete blocks for day and year in vertical grid on code sheet.

b. **Item 19. Total Number of Spouse or Child's Complaints.** Enter total number of examinee's complaints in upper blocks of vertical grid and make a solid mark to fill each correct oval in vertical grid of code sheet.

c. **Item 20, 20A-K. Spouse or Child's Complaints, Month and Year of Onset, Duration in Months, whether Symptom is Currently Present, and Most Severe Complaint.**

(1) Item 20A-J. Grid Columns: (1) Spouse or Child's Complaints/Symptoms; (2) ICD-9-CM codes (VA coders will enter these codes); (3) Month and Year of Onset; (4) Duration in months; and (5) State whether symptom is still present. List up to ten major and current symptoms/complaints. If PGW veteran's spouse or child has more than 10, enter most severe. Any additional symptoms should be listed in Persian Gulf Veteran's Consolidated Health Record (CHR). **NOTE:** *MAS coders use ICD-9-CM*

“Symptom” codes in first five numbered blocks of each line. For uncodable symptoms use “78999.” For no known complaints, use “78000.” However, 78999 should ONLY be used if all possible codes have been reviewed, and if necessary, seek physician consultation to make a correct choice.

(2) Item 20A-J(1). Give a narrative description clearly and concisely of ten major, current symptoms as stated by spouse or child (parent). Indicate on first line (20A1) the symptom/complaint which the veteran's spouse or child(parent) considers the most severe.

(3) Item 20A-J(2). VA MAS coders are to complete the ICD-9-CM codes as they relate to each symptom. VA MAS coders will make a solid mark to fill correct oval and fill in ICD-9-CM codes in upper blocks of grid on code sheets.

(4) Item 20A-J(3). For each symptom listed in 22A-J, on code sheets provide month and year of onset by making a solid mark to fill correct oval for month and year of onset and filling in the two upper blocks of grid with the year of onset; i.e., 96.

(5) Item 20A-J(4). For each symptom listed in 22A-J, state duration in months that veteran's spouse or child has been experiencing this symptom. On code sheet indicate month by making a solid mark to fill correct oval and two upper blocks of grid.

(6) Item 20A-J(5). For each symptom listed in 22A-J, indicate if symptom is currently present, make a solid mark to fill correct oval, using one of the following options:

- () = Yes
- () = No

(7) Item 20K. Most Severe Symptom/Complaint. Non-VA physician should provide in concise, clear narrative form the most severe symptom (Line 20A1). VA coders will provide related ICD-9 code by making a solid mark to fill correct ovals and list ICD-9-CM codes in upper blocks of grid on code sheet.

d. **Item 21, A-S. Diagnostic workup/consultation.** On code sheet enter one of the following codes in the ovals on the grid for each consultation listed in Items A-Q: All items must be completed.

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

- (1) Item 21A. Allergy/Immunology.
- (2) Item 21B. Audiology.
- (3) Item 21C. Cardiology.
- (4) Item 21D. Dentistry.
- (5) Item 21E. Dermatology.
- (6) Item 21F. Ear, Nose, and Throat.
- (7) Item 21G. Endocrinology.
- (8) Item 21H. Gastroenterology.
- (9) Item 21I. Hematology/Oncology.

- (10) Item 21J. Infectious Diseases/Parasitology.
- (11) Item 21K. Nephrology.
- (12) Item 21L. Neurology.
- (13) Item 21M. Occupational Medicine.
- (14) Item 21N. Pulmonary.
- (15) Item 21O. Psychiatry.
- (16) Item 21P. Psychology/Psychometric Testing.
- (17) Item 21Q. Rheumatology.

(18) Item 21R. Other. Were any additional workups/consultations performed as part of Persian Gulf examination which were not listed in Items 21A-Q. On the code sheet make a solid mark to fill one of the ovals, using one of the following options:

- () = Yes
- () = No

(19) Item 21S. Specify on code sheet and CHR, in narrative form, clearly and concisely, any additional workups/consultations performed as part of Persian Gulf examination, which were not listed in Item 21A-Q.

e. Item 22, 22A-J. Diagnoses

(1) Item 22A-J. The non-VA physician (M.D. or D.O.) will list up to 10 major definite medical diagnoses in narrative form, clearly and concisely, on lines 22A-J, with the primary diagnosis listed on Line A. The examining non-VA physician will select the 10 most significant/serious in diagnoses. The additional diagnosis(es) must be included in patient's (veteran's) CHR. Grid ovals and blocks are to be used by VA coders for ICD-9-CM coding of each diagnosis listed. Leave blank if no diagnosis is made. **NOTE:** *Diagnostic coding assignment will be completed by VA coders. DO NOT REPEAT OR LIST SYMPTOM CODE ALREADY LISTED UNDER ITEM 20A-J.*

f. **Item 23. No Diagnosis Made.** If no diagnosis is made, make a solid mark in oval on code sheet, otherwise leave oval blank. This item must be considered in conjunction with Item 22, "Diagnoses."

g. **Item 24, 24A-D. Disposition.** On code sheet make a solid mark in one of the ovals under each item (24A-D), using one of the following options:

- () = Yes
- () = No

- (1) Item 24A. Examination completed?
- (2) Item 24B. Hospitalized for further tests?
- (3) Item 24C. Hospitalized for treatment?
- (4) Item 24D. Referred for further outpatient care?

h. **Item 25. After the completion of the Phase I examination, the non-VA physician has determined that the examinee has an unexplained illness?** On the code sheet make a solid mark in the oval, using one of the following options:

- () = Yes
- () = No

i. **Item 26. Has Phase II (Uniform Case Assessment Protocol) examination been initiated?** On code sheet, make a solid mark in the oval, using one of the following options:

- () = Yes
- () = No

j. **Item 27. P.G. Veteran's Last Name:** On code sheet print veteran's current last name.

l. **Item 28. First Name of PGW Veteran.** On code sheet print veteran's first name.

m. **Item 29. Middle Initial of PGW Veteran.** On code sheet print veteran's middle initial.

k. **Item 30. PGW Veteran's SSN:** On code sheet the first shaded block is to be used ONLY if a pseudo is being submitted. In this event, the letter "P" will be entered in this block. Leave this first block blank when the actual SSN is used. Beginning in second block, enter the actual SSN, or pseudo SSN. (VA coders see M-1, Pt. I, Ch. 5, par. 5.29, for instructions regarding SSN assignment.) In addition to the SSN appearing in the horizontal blocks of this grid, make a solid mark in the correct oval to designate the SSN. **NOTE:** *All efforts should be made to obtain actual SSN.*

n. **Item 31. Remarks.** Utilize this section for any additional information pertinent to this examination.

o. **Item 32. Name of Examiner.** Print full name.

p. **Item 33. Title of Examiner.** Full title of Examiner.

q. **Item 34. Signature of Examiner.** Signature of individual who conducted examination.

r. **Item 35. Signature of Physician (If other than Examiner).** A physician's countersignature is necessary if examiner is other than a physician (physician's assistant or nurse practitioner).

4. Follow-up Examinations. Instructions for completing Parts I and II. In addition to initial registry submissions, VA Form 10-9009c, Parts I, II and III (if applicable) must be completed in reporting the first follow-up examination, and subsequent follow-up examinations if diagnostic code is different from previous examinations as follows:

a. **Items 1-12** must be completed - Control Data.

b. **Items 13-17** require no entry.

c. **Items 18-20** must be completed.

d. **Item 21** may be blank unless you have follow-up data to report in any of these items.

e. **Item 22-35** must be completed.

March 21, 1996

**M-10, Part III
Change 1
Chapter 5
APPENDIX 5B**

SAMPLE OF COMPLETED VA FORM 10-9009c, PART I, II

March 21, 1996

**M-10, Part III
Change 1
Chapter 5
APPENDIX 5B**

March 21, 1996

**M-10, Part III
Change 1
Chapter 5
APPENDIX 5B**

March 21, 1996

**M-10, Part III
Change 1
Chapter 5
APPENDIX 5B**

VA UNIFORM CASE ASSESSMENT PROTOCOL (UCAP), PHASE II

1. Phase I Level Laboratory Evaluations

- a. Complete Blood Count (CBC)
- b. Urinalysis
- c. Blood Chemistry - SMA-6

2. Phase II-Level Evaluation Protocol. Phase II Level Evaluations are recommended for those spouses or children of Persian Gulf War (PGW) veterans after complete clinically indicated evaluations are conducted and the non-VA licensed physician (Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.)) determines that the patient (spouse or child) has an unexplained illness. Individuals who after completing Phase I or Registry evaluations have disability and do not have a clearly defined diagnosis which explains their symptoms, must receive the following supplemental baseline laboratory tests and consultations. **NOTE:** *Diagnostic testing of children should only performed as judged medically necessary by the examining physician.*

a. Supplemental Baseline Laboratory Tests

- (1) CBC,
- (2) Sedimentation Rate Erythrocyte Sedimentation Rate (ESR),
- (3) C-Reactive Protein,
- (4) Rheumatoid Factor,
- (5) Anti-Nuclear Antibody (ANA),
- (6) Liver Function,
- (7) Creatine Phosphokinase (CPK),
- (8) Hepatitis Serology,
- (9) Human Immuno-deficiency (HIV),
- (10) Venereal Disease Research Laboratory (VDRL),
- (11) B-12 and Folate,
- (12) Thyroid Function Tests,
- (13) Urinalysis, and
- (14) Tuberculosis (TB) Skin Test Purified Protein Derivative (PPD).

b. Consultations

- (1) Dental. If clinically indicated and only if participant's annual screening is done.
- (2) Infectious Disease.

(3) Psychiatry (with physician-administered instruments):

(a) Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders (DSM III-R) Third Edition, Revised, also known as SCID. Delete nodules for mania and psychosis.

(b) Clinician Administered Post Traumatic Stress Disorder (PTSD) Scale (CAPS).

(4) Neuropsychological Testing (only as indicated by psychiatry consult).

c. Symptom-specific Examination:

Individuals who have the following symptoms should have the following minimum workup.

(1) **Diarrhea**

(a) Gastrointestinal (GI) Consult,

(b) Stool for Ova and Parasites (O&P),

(c) Stool Leukocytes,

(d) Stool Culture,

(e) Stool Volume,

(f) Colonoscopy with biopsies, and

(g) Esophagoduodenoscopy (EGD) with biopsies and aspiration.

(2) **Abdominal pain**

(a) GI Consult,

(b) EGD with biopsy and aspiration,

(c) Colonoscopy with biopsy,

(d) Abdominal Ultrasound,

(e) Upper Gastrointestinal (UGI) series with small bowel follow-through, and

(f) Abdominal Computed Tomography (CT) Scan.

(3) **Headache**

(a) Magnetic Resonance Imaging (MRI) of the head

(b) Lumbar Puncture (LP) to include:

1. Glucose,

2. Protein,

3. Cell Count,

4. Venereal Disease Research Laboratory (VDRL),
5. Oligoclonal, (IgG),
6. Myelin basic protein,
7. Opening Pressure, and
8. Neurology consult.

(4) Muscle Aches/Numbness

- (a) Electromyogram (EMG) and
- (b) Nerve Conduction Velocity (NCV).

(5) Memory Loss (only if verified by neuropsychological testing)

- (a) Magnetic Resonance Imaging (MRI),
- (b) Lumbar Puncture (LP), (see tests on headache evaluation, subpar (3),
- (c) Neurology Consult, and
- (d) Neuro-psychological Testing.

(6) Vertigo/Tinnitus

- (a) Audiogram,
- (b) Electronystamogram (ENG), and
- (c) Brainstem Auditory Evoked Response (BAER).

(7) Chronic Fatigue

- (a) Polysomnography, and
- (b) Multiple Sleep Latency Test (MSLT).

(8) Chronic Cough/Shortness of Breath

- (a) Pulmonary Consult,
- (b) Pulmonary Function Test (PFT) with exercise and Arterial Blood Gases (ABG),
- (c) If routine PFT's are negative, perform Methacholine challenge test, and
- (d) Bronchoscopy with biopsy/lavage (to be considered if PFTs are normal).

(9) Chest Pain/Palpitations

- (a) Electrocardiogram (ECG),
- (b) Exercise Stress Test, and

(c) Holter Monitor.

(10) **Skin Rash**

(a) Dermatology Consult, and

(b) Consider biopsy.

(11) **Reproductive Concerns**

(a) Males -Urology consult, and

(b) Females - Gynecology (GYN) consult.

(c) Additional elements recommended for the evaluation of spouses and children of PGW veterans with complaints of Reproductive Health Problems (RHP):

1. Detailed genitourinary history and problems as follows:

a. Sexual,

b. Genitourinary symptoms,

c. Menstrual,

d. Contraceptive practices,

e. Pregnancy-related,

f. Conception,

g. Birth defects,

h. Congenital disorders,

i. Menopause,

j. Prior infections,

k. Prior surgery, and

l. Exposures to toxic agents, etc.

2. Detailed genital and/or pelvic examination.

3. Laboratory and ancillary testing, to include:

a. Pap tests; and

b. Tests for genitourinary infections.

4. Urologist consultation for male veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

5. Gynecology consultation for female veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

(d) Additional elements for evaluation of spouses of PGW veterans with complaints of infertility.

1. Detailed menstrual and reproductive history (such as the Infertility Questionnaire utilized by Walter Reed Army Medical Center).

2. Semen analysis, to include:

a. Volume,

b. pH,

c. Liquefaction,

d. Sperm concentration,

e. Motility,

f. Progressive motility,

g. Sperm viability,

h. Leukocytes, and

i. Morphology.

3. Referral to an infertility specialist or program.

(e) Additional elements for evaluation of PGW veteran's spouses and/or children with complaints related to birth defects or genetic disorders in offspring conceived during or after PGW service.

1. Detailed history of congenital or genetic disorders (such as the Patient Genetic Screen Questionnaire utilized by Walter Reed Army Medical Center).

2. Detailed occupational exposures questionnaire (such as Worker and Supervisor Questionnaires utilized by National Naval Medical Center).

NOTE: For copies of these questionnaires (Items (d)1., (e) 1., and 2. contract VA Environmental Agents Service (131), 810 Vermont Avenue, N.W., Washington, DC 20420, (202-565-4183).

3. Referral to a genetic disease specialist or program.

SAMPLE AND INSTRUCTIONS FOR COMPLETING VA FORM 10-9009c, PERSIAN GULF REGISTRY CODE SHEET, PART III, UNIFORM CASE ASSESSMENT PROTOCOL (UCAP), PHASE II, FOR SPOUSES AND CHILDREN OF PERSIAN GULF WAR VETERANS

1. General Instructions for Completing VA Form 10-9009c, Part III, Phase II Persian Gulf Registry Examination.

a. The Phase II examination should be performed after the completion of the Phase I registry examination and a thorough clinically-based evaluation of the patient's symptoms as deemed necessary by the examining non-VA physician (Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.)). This protocol constitutes a set of clinical practice guidelines for the evaluation of individuals with unexplained illnesses after their service, or their spouse's and/or parent's military service, in the Persian Gulf. These guidelines should be utilized with a high degree of medical judgment dependent on numerous factors such as type and severity of complaints, general health status, age, etc. After completion of the relevant portions of the protocol, the non-VA physician (M.D. or D.O.) should complete the code sheet in the following manner:

b. VA Veterans' Registry Coordinators (VRC) will follow reporting requirements described in Chapter 2, Appendix 2D, will apply to Part III, VA Form 10-9009c.

c. Part III of the code sheet should be completed at the time of the examination by the non-VA physician. A completed Part III will be returned to VA Medical Administration Service (MAS) for completion of ICD-9-CM codes where appropriate.

2. Instructions for Completing VA Form 10-9009c, Part III (Phase II).

a. Tests and Consultations (Only those items which are related to the veterans symptoms and deemed necessary by the examining physician should be completed; leave test and consult questions that are not applicable blank.)

(1) **Item 1.** Were the following tests performed? Make a solid mark in one of the appropriate ovals (Items 2 through 6B) on the code sheet, using the following options:

() = Yes

() = No

(2) Item 2. Blood Tests

(a) Complete Blood Count (CBC)?

(b) Skin Erythema Dose (SED) Rate?

(c) C-Reactive Protein?

(d) Rheumatoid Factor?

(e) Fluorescent Anti-Nuclear Antibody (ANA)?

(f) Glutamic Oxaloacetic Transaminase (SGOT) (AST)?

(g) Transaminase Glutamic Pyruvate (SGPT) (ALT)?

(h) Lactic Acid Hydrogenase (LDH)?

(i) Alkaline Phosphatase?

- (j) Creatine Phosphokinase (CPK)?
- (k) Hepatitis B Surface Antibody?
- (l) Hepatitis B Core Antigen?
- (m) Venereal Disease Research Laboratory (VDRL)?
- (n) Vitamin B-12?
- (o) Folate?
- (p) Human Immunodeficiency Virus (HIV)?
- (q) Thyroxine Total Serum (T4)?
- (r) Thyroid Stimulating Hormone (TSH)?

(3) **Item 3. Urinalysis?**

(4) **Item 4. Tuberculosis (TB) Skin Test Purified Protein Derivative (PPD)?**

(5) **Item 5. Chest X-ray?**

(6) **Item 6. Psychiatry Consult?**

(a) **Item 6A. Structured Clinical Interview for Diagnoses (SCID) for Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R).** Was the SCID interview given?

(b) **Item 6B. Clinical Administered Post-Traumatic Stress Disorder (PTSD) Scale (CAPS).** Was the CAPS PTSD performed?

(7) **Item 7. List of Diagnoses.** Based on any of the tests or consultations listed in Items 1-6B, non VA-physician (M.D. or D.O) should provide a clear, concise narrative description of diagnoses on the code sheet. If none, leave blank. **NOTE: VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid. When using alpha/numeric ICD-9-CM coding sections; i.e., V191, complete horizontal blocks with the alpha/numeric code, then leave the first vertical (numeric) column blank, completing the second and remaining columns by filling in appropriate ovals.**

(8) **Item 8. Block 40. Psychology-Neuropsychological Test.** Was this test performed? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- () = Yes
- () = No

Item 8A. List of Diagnoses. Non VA-physician should provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE: VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.**

(9) **Item 9. Infectious Disease-Screening Examination.** Was this examination performed? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- () = Yes
- () = No

Item 9A. List of Diagnoses. Non-VA physician should provide narrative description of diagnoses. If none, leave blank. **NOTE:** VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(10) **Item 10. Dental Examination.** Was this examination performed? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

Item 10A. List of Diagnoses. Dentist will provide narrative description of diagnoses. If none, leave blank. **NOTE:** VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

SYMPTOM-SPECIFIC EXAMINATIONS , PHASE II

NOTE: Complete only those questions which are appropriate to the veteran's symptoms. Otherwise leave these blocks blank.

(11) **Item 11. Diarrhea and/or Abdominal Pain**

(a) **Item 11A.** Did patient receive a Gastrointestinal (GI) consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 11B.** List Diagnoses. Non-VA physician should provide provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(12) **Item 12. Headache and/or Memory Loss**

(a) **12A.** Did patient receive Neurology Consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b). **Item 12B.** List Diagnoses. Non-VA physician will provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(13) **Item 13. Muscle Aches or Numbness**

(a) **Item 13A.** Did patient receive a Neurology consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 13B.** List Diagnoses. Non-VA physician will provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(14) Item 14. Chronic Fatigue

(a) **Item 14A.** Did patient receive consult(s) relating to chronic fatigue? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 14B.** List Diagnoses. Non-VA physician will provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(15) Item 15. Joint Pain

(a) **Item 15A. Rheumatology Consult.** Did patient receive Rheumatology consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 15B.** List Diagnoses. Non-VA physician will provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(16) Item 16. Chronic Cough and/or Shortness of Breath

(a) **Item 16A. Pulmonary Consult.** Did patient receive Pulmonary consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 16B.** List Diagnoses. Non-VA physician will provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA MAS coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(17) Item 17. Skin Rash

(a) **Item 17A. Dermatology Consult.** Did patient receive a dermatology consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 17B.** List Diagnoses. Non-VA physician will provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(18) Item 18. Vertigo and/or Tinnitus

(a) **Item 18A. Audiology Consult?** Did patient receive an audiology consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 18B.** List Diagnoses. Non-VA physician will provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(19) **Item 19. Chest Pain and/or Palpitations**

(a) **Item 19A. Cardiology Consult?** Did patient receive a cardiology consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 19B.** List Diagnoses. Non-VA physician will provide are to provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(20) **Item 20. Reproductive Concerns**

(a) **Item 20A.** Did male patient receive a urology consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(b) **Item 20B.** Did female patient receive a gynecology consult? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

(c) **Item 20C.** List Diagnoses. Non-VA physician will provide clear, concise narrative description of diagnoses. If none, leave blank. **NOTE:** VA coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks and a solid mark in the ovals of the grid.

(21) **Item 21A-J. Final Diagnoses.** Non-VA physician will provide a clear, concise narrative description of up to 10 major definite medical diagnoses on lines 20A-J, listing primary diagnosis in Item 21A. Leave blank if no diagnosis is made. **NOTE:** VA coders: Enter ICD-9-CM corresponding to diagnostic narrative in the upper blocks of the grid and a solid mark in the ovals of the grid.

(22) **Item 22.** After completing UCAP, Phase II, the non-VA physician feels that the veteran's spouse or child has an unexplained illness? On the code sheet, make a solid mark in one of the appropriate ovals, using one of the following options:

- = Yes
- = No

**SAMPLE OF COMPLETED VA FORM 10-9009c, PART III
UCAP (UNIFORM CASE ASSESSMENT PROTOCOL), PHASE II**

March 21, 1996

**M-10, Part III
Change 2
Chapter 5
APPENDIX 5D**

March 21, 1996

**M-10, Part III
Change 2
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**M-10, Part III
Change 2
Chapter 5
APPENDIX 5D**

March 21, 1996

M-10, Part III
Change 2
Chapter 5
APPENDIX 5E

SAMPLE COVER LETTER TO NON-VA PHYSICIAN

(Date)

Name/Address

Dear _____:

Some Persian Gulf War veterans have expressed concerns about health problems of their spouses and children. Although the Department of Veterans Affairs (VA) has no authority to provide registry examinations or treatment to these family members, the Secretary of the Department of Veterans Affairs, as mandated by Public Law 103-446, dated November 2, 1995, has authorized, recording medical data of veteran's family members which is submitted by Non-VA licensed physicians. This information will be entered into a Persian Gulf Veterans' Spouse and Children Registry.

We are providing you with a protocol including a set of clinical practice guidelines for the evaluation of the Persian Gulf veteran's spouse or child. These guidelines should be utilized with a high degree of medical judgment. The extent of diagnostic testing performed is dependent on numerous factors, such as type and severity of complaints, general health status, age, etc.

After completion of the portions of the enclosed protocol, which you deem clinically indicated, you should enter the relevant information onto the code sheet following the instructions in enclosed Chapter 5, Appendix 5B. We will be pleased to respond to any questions relating to these documents. Our telephone number is

_____.

Once the code sheet is completed, this document and related medical history with progress notes should be returned to the following address to be included in the veteran's medical record and VA Persian Gulf Registry database.

Your assistance in evaluating, treating and providing the requested documentation medical data, is appreciated.

Sincerely,

(Signature)

(Type Name and Title)

1. Transmitted is a revision to the Department of Veterans Affairs, Veterans Health Administration M-10, "Environmental Agents Service," Part III, "Persian Gulf Program."

2. This revision provides the following:

- a. **Chapter 1:** States the authority for providing health care and describes the services authorized.
- b. **Chapter 2:** Defines the Persian Gulf Registry (PGR) and describes eligibility criteria and program management.
- c. **Chapter 3:** Provides an uniform case assessment protocol for veterans that have unexplained illnesses after their Persian Gulf Service.
- d. **Chapter 4:** Defines the clinical and administrative policies concerned with the program management of Persian Gulf Referral Centers (PGRC) and PGRC reporting requirements.

3. Filing Instructions

Remove pages

Cover through iii
1-i through 1-ii
1-1 through 1-3
2-i
2-1 through 2E-2

Insert pages

Cover through iv
1-i through 1-ii
1-1 through 1-5
2-i through 2-ii
2-1 through 2- 7
2A-1 through 2A-4
2B-1 through 2B-4
2C-1 through 2C-16
2D-1 through 2D-4
2E-1 through 2E-2
2F-1 through 2F-4
2G-1 through 2G-2
3-i
3-1 through 3-2
3A-1 through 3A-4
3B-1 through 3B-8
3C-1 through 3C-2
4-i
4-1 through 4-5
4A-1 through 4A-2

4. **RESCISSIONS:** M-10, Part III, Chapters 1 and 2, dated December 7, 1992, and VHA Directive 10-95-053.

Signed by Mike Hughes
for 8/10/95

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

Distribution: **RPC: 1323**
FD

Printing Date: 8/95

**Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420**

**M-10, Part III
Change 1**

September 14, 1995

1. Transmitted is a change to the Department of Veterans Affairs (VA), Veterans Health Administration M-10, "Environmental Agents Service," Part III, "Persian Gulf Program."

2. Principal changes are:

a. **Appendix 2A:** This change adds to "Definitions and Acronyms", "RHP, Reproductive Health Problems."

b. **Appendix 2C:** Changes the VHA manual references for pseudo Social Security Numbers, Facility, County and State Codes.

c. **Appendix 2D:** Changes to the "Reporting Requirements," specifies date of the discontinuation of VA Form 10-9009A, Persian Gulf Code Sheet, dated December 1991, and the date of implementation of VA Form 10-9009A, Persian Gulf Code Sheet, dated July 1995.

d. **Appendix 3A:** Changes the "Uniform Case Assessment Protocol (UCAP)" which provides additional elements for the evaluation of Persian Gulf veterans with complaints of Reproductive Health Problems (RHP).

3. Filing Instructions

Remove pages

2A-3 through 2A-4
2C-1 through 2C-2
2D-1 through 2D-4
3A-3 through 3A-4

Insert pages

2A-3 through 2A-4
2C-1 through 2C-2a
2D-1 through 2D-4
3A-3 through 3A-5

4. **RESCISSIONS:** None.

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

Distribution: **RPC: 1323**
FD

Printing Date: 9/95

March 21, 1996

1. Transmitted is a change to the Department of Veterans Affairs (VA), Veterans Health Administration manual M-10, "Environmental Agents Service," Part III, "Persian Gulf Program."

2. Principal change is the addition of the new Chapter 5, "Persian Gulf Registry III Specifically for Spouses and Children of Persian Gulf War Veterans."

3. Filing Instructions

Remove pages

iii through iv
2-3 through 2-7
2A-3 through 2A-4
2B-1 through 2B-2
2C-7 through 2C-19
2F-1 through 2F-4
3B-1 through 3B-4

Insert pages

iii through iv
2-3 through 2-7
2A-3 through 2A-4
2B-1 through 2B-3
2C-7 through 2C-19
2F-1 through 2F-4
3B-1 through 3B-4
5-i
5-1 through 5-3
5A-1 through 5A-3
5B-1 through 5B-17
5C-1 through 5C-5
5D-1 through 5D-10
5E-1

4. **RESCISSIONS:** None.

S/ by Thomas Garthwaite, M.D. for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

Distribution: **RPC: 1323**
FD

Printing Date: 3/96