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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*

<b><u>DIAGNOSIS</u></b>	<b><u>ICD-9-CM Code</u></b>
(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  
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**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  
Chapter 5  
APPENDIX 5D**



**March 21, 1996**

**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  
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2-i  
2-1 through 2E-2

#### Insert pages

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2-i through 2-ii  
2-1 through 2- 7  
2A-1 through 2A-4  
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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  
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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**

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2A-3 through 2A-4  
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**Insert pages**

iii through iv  
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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