

IONIZING RADIATION REGISTRY (IRR) PROGRAM PROCEDURES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook establishes new procedures for the Department of Veterans Affairs (VA), VHA, Environmental Agents Service (EAS), Ionizing Radiation Registry (IRR) Program. It clarifies statutory amendments made by Public Laws 104-262, and 105-368.

2. SUMMARY OF MAJOR CHANGES: The principal changes to VHA Handbook 1301.1, are the result of amendments by Title 38 Code of Federal Regulations, Section 3.309.

a. It reorganizes and clarifies the eligibility of the additional categories of veterans who are requesting ionizing radiation registry examinations at VA facilities. These include those who participated in the following radiation-risk activities at the:

(1) Department of Energy gaseous diffusion plants at Paducah, KY, Portsmouth, OH, or the K25 area at Oak Ridge, TN, at least 250 days before February 1, 1992.

(2) Underground nuclear tests at Amchitka Island, AK, before January 1, 1974.

b. It implements new electronic method of transmitting registry data to the Austin Automation Center via website <http://vaww.registries.aac.va.gov>, replacing the manual process.

c. It implements a title change: Registry Physicians and Coordinators are now identified as Environmental Health Clinicians and Coordinators based on additional responsibilities beyond registries, i.e., 112/SHAD, Afghanistan, etc.

3. RELATED ISSUES: VHA Directive 1301.

4. RESPONSIBLE OFFICIALS: The Program Chief for Clinical Matters, Office of Public Health and Environmental Hazards (13), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8463. **NOTE:** *Questions relating to eligibility for VA care, including enrollment, are to be directed to the eligibility staff at the local VA facility and/or access the Veterans Benefit Administration (VBA) website <http://www.vba.va.gov/>*

5. RESCISSIONS: This VHA Handbook 1301.1, dated September 26, 2002, is rescinded.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working day of October 2008.

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Under Secretary for Health

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IONIZING RADIATION REGISTRY (IRR) PROGRAM PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth clinical and administrative policies related to the maintenance of the VHA Ionizing Radiation Registry (IRR) program of physical examinations for eligible, concerned veterans.

2. AUTHORITY TO FURNISH IRR EXAMINATIONS AND IDENTIFICATION OF VETERANS ELIGIBLE FOR THESE EXAMINATIONS

a. Public Law (Pub. L.) 99-576, "Veterans Benefits Improvement and Health Care Authorization Act of 1986," enacted October 28, 1986, required the Veterans Administration (now Department of Veterans Affairs (VA)) establish and maintain an IRR of veterans exposed to radiation under conditions described in Title 38, United States Code (U.S.C.), § 1710(e)(1)(B). Section 1710(e)(1)(B) and (e)(4)(B) refer to "radiation-exposed veteran[s]" as that term is defined in 38 U.S.C. § 1112(c)(3); a "radiation-exposed veteran" means a veteran who participated in a "radiation-risk activity." The term "radiation-risk activity" is defined as:

(1) On site participation in a test involving the atmospheric detonation of a nuclear device, whether or not the testing nation was the United States;

(2) Participation in the occupation of Hiroshima or Nagasaki from August 6, 1945, through July 1, 1946; or

(3) Internment as a Prisoner of War (POW) in Japan (or service on active duty in Japan immediately following such internment) during World War II which the Secretary of Veteran Affairs, henceforth referred to as the Secretary, determines resulted in an opportunity for exposure to ionizing radiation comparable to that of veterans involved in the occupation of Hiroshima or Nagasaki. **NOTE:** See 38 U.S.C. § 1710(e)(4)(B), referencing 38 U.S.C. § 1112(c)(3).

b. In addition, VA regulations, Title 38 Code of Federal Regulations (CFR) § 3.309(d)(3)(ii)(D), provide that "radiation-risk activity" means service at:

(1) Department of Energy gaseous diffusion plants at Paducah, KY, Portsmouth, OH, or the K25 area at Oak Ridge, TN, for at least 250 days before February 1, 1992, if the veteran was monitored for each of the 250 days using dosimetry badges to monitor radiation to external body parts or if the veteran served for at least 250 days in a position that had exposures comparable to a job that was monitored using dosimetry badges; or

(2) Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK, before January 1, 1974.

NOTE: Veterans whose service is described in subparagraphs 2b(1) and 2b(2) are eligible to participate in the IRR program under VA's general authority ((703(b) of Pub.L. 102-585 (1992)) to provide registry examinations to veterans who are eligible for listing or inclusion in a VA health-related registry.

c. Section 901 of Pub. L. 105-368, "Veterans Programs Enhancement Act," enacted on November 11, 1998, and codified at 38 U.S.C. § 1720E, specifically authorizes VA to furnish, in part, a medical examination to veterans who received nasopharyngeal (NP) radium irradiation treatments while in the active military, naval, or air service who are concerned about possible adverse effects of their NP radium treatments.

NOTE: Eligibility for an IRR examination does not constitute a basis for service connection or in any way affect determination regarding service connection. In the absence of evidence to the contrary, a veteran's assertion of exposure to a radiation-risk activity will be accepted, if the exposure occurred.

3. INFORMATION EXCHANGE

a. The IRR consists of physical examinations with access to supplemental data on compensation claims and radiation exposures from VBA and the Department of Defense's (DOD's) Defense Threat Reduction Agency (DTRA), (formerly the Defense Special Weapons Agency (DSWA) and the Defense Nuclear Agency (DNA). VA must compile and consolidate all pertinent information maintained by relevant elements of VA or DOD. According to DTRA, over 200,000 test participants have been identified as to their specific involvement and their recorded radiation exposure. Approximately an equal number of service personnel were involved in occupation duties at Hiroshima and/or Nagasaki.

b. The Environmental Epidemiology Service (EES), in conjunction with DTRA, shares files, when deemed appropriate, to obtain updated information on each veteran in the IRR, i.e., radiation exposures, unit assignments, etc.

c. Although the results of an IRR examination may be used to support a compensation claim, the examination will not, in and of itself, be considered such a claim. Veterans who wish to submit a claim for conditions possibly related to radiation exposure need to do so via the normal claims process at the nearest VA Regional Office of jurisdiction, or through a veterans benefits representative physically located at a VA health care facility.

4. PROGRAM MANAGEMENT

NOTE: The Environmental Health Clinician, Environmental Health Coordinator, and health administration staff of each VA facility play a significant role in determining the perceptions Ionizing Radiation (IRAD) veterans have concerning the quality of VA health care service and of their individual treatment by VA health care providers. Veterans with qualifying participation in a radiation-risk activity are to be encouraged to undergo an ionizing radiation examination, if they have not previously done so. Veterans requesting IRR examinations do not have to be enrolled in the VA's health care system and are not subject to co-payments in connection with the receipt of the IRR examination.

a. **Environmental Health Clinician** The facility Chief of Staff (COS) designates an Environmental Health Clinician and one or more alternates. In order to keep abreast of current information and program activities, these clinicians and assistants need to be familiar with various materials distributed by VHA Central Office. All program officials need to attend the

periodic Environmental Agents Service (EAS) conference calls from VHA Central Office. All Environmental Health Clinicians, with computer access, need to contact EAS, VHA Central Office, to be enrolled in the electronic mail group, "Environmental Health Clinicians," in Microsoft (MS) Exchange.

b. **Environmental Health Coordinator**. The facility Director, or designee, designates the Environmental Health Coordinator and alternate(s). All these coordinators need to attend the periodic EAS conference calls from VHA Central Office, and all need to contact VHA Central Office EAS, to be enrolled in the electronic mail group, "Environmental Health Coordinators," in MS Exchange. These coordinators are responsible for:

(1) Receiving all IRAD related inquiries, and communicating appropriate information.

(2) Posting and communicating the names, locations, and office telephone numbers of the Environmental Health Clinicians and Coordinators to concerned VA facility staff. **NOTE:** *An appropriate method is the use of medical center memoranda providing registry policies and procedures and identifying those responsible for carrying them out.*

(3) Displaying IRR posters in admission areas and/or other prominent places. **NOTE:** Include labels identifying the Environmental Health Coordinator's name, location and telephone.

c. **Environmental Health Clinician and Coordinator Listings**. Separate listings of the Environmental Health Clinicians and Coordinators are maintained by EAS. In an effort to keep these listings current, facilities are requested to notify EAS of changes, as they occur, in status of these clinicians and coordinators at their respective facilities and/or satellite clinics. These listings must include the name, title, mail routing symbol, and commercial telephone and FAX numbers with area code. This information must be submitted, in writing, to EAS (131), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

5. ENVIRONMENTAL HEALTH CLINICIAN RESPONSIBILITIES

The Environmental Health Clinician is responsible for the program's clinical management and serves in an advisory capacity for the IRR Program's administrative management. Major responsibilities include:

a. **Counseling**. The Environmental Health Clinician advises the veteran of all aspects of the IRR examination.

b. **Documenting the Physical Examination**. The Environmental Health Clinician must:

(1) Conduct and document the physical examination in the Consolidated Health Record (CHR) and/or the Computerized Patient Record System (CPRS).

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

1. Family;

2. Occupation;

3. Social activities noting tobacco, alcohol, and drug use; and

4. Psychosocial condition.

(b) If a veteran is subsequently diagnosed with a significant radiation-related health problem by a non-VA physician, the veteran is to be encouraged to contact the veteran's local VA medical center to include additional diagnoses in the CHR, and/or CPRS, and IRR.

1. This new diagnosis must be submitted over the non-VA physician's signature on official letterhead.

2. A code sheet identified as follow-up examination, Type P, must be completed with this diagnosis and transmitted to the Austin Automation Center (AAC) via website for inclusion in the IRR.

(2) Review and complete Part I of VA Form 10-0020A, Ionizing Radiation Code Sheet, if necessary.

(3) Complete Part II of VA Form 10-0020A (see App. D).

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

(5) Personally discuss with each veteran the:

(a) Findings of the physical examination and completed diagnostic studies. *NOTE: The interview must be conducted in such a way as to encourage the veteran to discuss health concerns, as well as those of family members, as they relate to ionizing radiation exposure. This information must be documented in the veteran's CHR and/or scanned into Veterans Health Information Systems and Technology Architecture (VistA) imaging with access through CPRS. Every effort needs to be made to maintain the veteran's current address in the veteran's health care records and in VistA's computerized information system.*

(b) Need for follow-up examination(s), either as recommended by the Environmental Health Clinician, or as requested by the veteran.

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

(1) Follow-up letters must be mailed to the veteran within 2 weeks of the initial examination. The only exception to this timeframe is 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 must be sent within 2 weeks after the consultation.

(2) A dated copy of the follow-up letter must be filed in the veteran's CHR and/or CPRS. *NOTE: It is essential that this letter be written in language that can be easily understood by the veteran. Inappropriate wording could unduly alarm or confuse the veteran. A great deal of sensitivity and care should be exercised in the preparation of this correspondence.*

(3) The follow-up letter must explain the results of the examination and laboratory studies in the following manner:

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

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

(c) If the veteran requires medical treatment, the letter is to advise the veteran to apply for enrollment and provide the name of a contact person, including telephone number, within the facility.

(d) If veteran is already enrolled in VA health care, a copy of the letter should be sent to the VA Primary Care clinician unless the Primary Care clinician is the Environmental Health Clinician and the originator of the letter.

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

6. ENVIRONMENTAL HEALTH COORDINATOR RESPONSIBILITIES

The Environmental Health Coordinator is responsible for the administrative management of the program, including:

a. **Scheduling of Appointments.** Every effort should be made to give veterans ionizing radiation examinations within 30 days of the request date.

b. **Monitoring Timeframe Compliance.** All of the following require timeframe compliance:

(1) **Follow-up Letters.** Mail to veteran within 2 weeks of initial registry examination.

(2) **Registry Examination Appointment.** Schedule within 30 days of request date.

(3) **VA Staff (Environmental Health Clinicians and Coordinators) Changes.** Advise VHA Central Office (131) as they occur.

(4) **Registry Code Sheets (VA Form 10-0020A) for Initial and Follow-up Examinations.** Transmit to AAC via website <http://vaww.registries.aac.va.gov> no later than 10 working days following the registry examination..

c. **Reviewing Records for Accuracy and Completion.** All required records, e.g., follow-up letters, registry code sheets of veteran participants, and CHR and/or CPRS entries, are to be completed and reviewed for accuracy.

d. **Data for Reporting Purposes.** Required registry data needs to be obtained from the veteran or family, entered on IRR Code Sheets in the IRR dataset via the AAC website. The AAC provides electronic IRR data reports to VHA Central Office based on VA facility input.

e. **Disseminating Information.** It is important that each veteran be fully advised of the IRR examination program and if possible, in advance of the means test policy. Facility staff is encouraged to fully communicate all aspects of the IRR examination program by any appropriate means. The following suggestions might be considered:

(1) Advise the veteran that the veteran must complete a means test on the initial visit.

Except for a registry examination, a clinician must make a determination on each visit that such care is related to ionizing radiation exposure in order to exempt the visit from medical care co-payment requirements. Having a means test on file ensures that VA can provide a full range of services to the veteran whether the care is related to exposure or not.

(2) Provide each veteran reporting to the Outpatient and Admission areas with a handout describing the purpose of the examination and its limitations. The examining physician during the course of the physical examination can further clarify this, preferably prior to beginning the physical examination process.

(3) Provide each veteran and local Veteran Service Organizations with a copy(ies) of current Office of Public Affairs News Service Fact Sheets, and Office of Public Health and Environmental Hazards Radiation Programs Information Letters. Display these in prominent areas (outpatient clinics, admission areas, etc.) to ensure availability to veterans and other interested individuals.

(4) Display IRR posters in admission areas and/or other prominent places, include a label identifying the Environmental Health Coordinator's name, location and telephone.

g. **Completing VA Form 10-0020A**

(1) The Environmental Health Coordinator completes Part I of VA Form 10-0020A, before the veteran is referred to the clinician for the examination (see App. D).

(2) To further ensure the form's completeness, the clinical examiner reviews it and, if necessary, enters missing items at the veteran's direction. In addition, the clinician must inquire whether any of the veteran's natural children or grandchildren have any birth defects, and note "Y(es)," "N(o)," or "U(nknown)," in Item 15; these defects must be described in Item 18, the "Remarks" section of the code sheet and in the CHR and/or CPRS. **NOTE:** *Refer to instructions in Appendix D.*

(3) In the event the veteran applying for care, who claims exposure to IRAD, does not wish to participate in the registry, a code sheet must be completed and retained in the veteran's CHR and/or CPRS. **NOTE:** *Do not transmit to AAC.* In the "Remarks" section, Item 18, indicate the current date and note that at this time the veteran did not want to participate in the registry.

(4) **Establishing and updating the CHR and/or CPRS.** The Environmental Health

Coordinator must establish a medical record if one does not already exist. VA Form 10-1079, Emergency Medical Identification, is to be affixed to the front of the CHR record and the word "RADIATION" circled. Any veteran claiming exposure to ionizing radiation and all veterans participating in the registry, need to have VA Form 10-1079 affixed to the front of the CHR unless the records are maintained in CPRS. Completed code sheets (VA Form 10-0020A) printed from the website, dated follow-up letters, all medical records of registry examinations, and laboratory and/or test results must be maintained in veteran's CHR and/or CPRS. Code sheets may be scanned into VistA Imaging with access through CPRS.

7. INCARCERATED VETERANS

a. Ionizing Radiation examinations may be provided to incarcerated veterans. The examination may be provided either in the prison or jail, or in the VA facility.

b. If an incarcerated veteran is accepted for an Ionizing Radiation examination, VA may conduct such an examination in a VA facility, but only after the veteran has been released by an official under circumstances where there is no obligation placed on VA to exercise custodial restraint, or to ensure the return of the veteran to custody upon completion of the exam.

***NOTE:** The clinic Director, or designee, must notify the civil authorities when the IRR examination is completed.*

c. A bill is not issued for the IRR examination of an incarcerated veteran.

d. For purposes of entry into the IRR, VA medical facilities can provide assistance to penal authorities or institutions agreeable to conducting examinations to veterans. ***NOTE.** VA will not reimburse the penal authorities when they conduct these IRR examinations.*

(1) Copies of Handbook 1301.1, directives, code sheets, etc., are to be provided to penal institutions upon request.

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

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

8. VETERANS WITH OTHER THAN HONORABLE DISCHARGES

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

9. CONDUCTING THE IRR EXAMINATION

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

b. The person actually performing the physical examination must be identified with the signature and title (Doctor of Osteopathy (D.O.), Doctor of Medicine (M.D.), Physician's Assistant (PA), Certified Nurse Practitioner (CNP), etc). An examination completed by someone other than a physician must be completed by medical personnel privileged to do physical examinations.

c. When an IRR examination is done as part of a compensation and pension examination, the physical examination must be done by/or under the direct supervision of the Environmental Health Clinician, or alternate.

d. Special attention must be given to the following conditions that VA has recognized, by statute or regulation, as being associated with radiation exposure:

DIAGNOSIS

- (1) Leukemia, Lymphoid (except chronic lymphatic leukemia);
- (2) Leukemia, Myeloid;
- (3) Leukemia, Monocytic;
- (4) Leukemia, Hairy Cell;
- (5) Leukemia, other;
- (6) Leukemia, unspecified cell type;
- (7) Thyroid Cancer;
- (8) Breast Cancer;
- (9) Lung Cancer (malignant neoplasm of trachea, bronchus, and lung);
- (10) Bone Cancer;
- (11) Primary Liver Cancer;
- (12) Skin Cancer;
- (13) Esophageal Cancer;
- (14) Stomach Cancer;

- (15) Colon Cancer;
- (16) Pancreatic Cancer;
- (17) Kidney Cancer;
- (18) Urinary Bladder Cancer;
- (19) Salivary Gland Cancer (malignant neoplasm of major salivary gland);
- (20) Multiple myeloma;
- (21) Posterior subcapsular cataracts;
- (22) Non-malignant Thyroid Nodular Disease;
- (23) Ovarian Cancer;
- (24) Parathyroid Adenoma;
- (25) Malignant tumors of the brain and central nervous system;
- (26) Lymphomas other than Hodgkins Disease;
- (27) Cancer of the rectum;
- (28) Cancer of the small intestine;
- (29) Cancer of the pharynx;
- (30) Cancer of the bile duct;
- (31) Cancer of the gall bladder;
- (32) Cancer of the renal pelves, ureters, and urethra;
- (33) Cancer of the prostate;
- (34) Brochio-alveolar carcinoma (a rare lung disease);
- (35) Benign neoplasms of the brain and central nervous system; and
- (36) Other malignancy(ies), not listed in the preceding diagnoses.

NOTE: *Other conditions may be recognized in the future.*

e. In gathering medical history data, it is important that the clinician record the:

- (1) Time of the onset of the veteran's symptoms or conditions,
- (2) Intensity of symptoms or conditions,
- (3) Degree of physical incapacitation, and
- (4) Details of any treatment received.

f. Each veteran must be given the following baseline laboratory studies:

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

g. Appropriate additional diagnostic studies are to be performed and consultations obtained as indicated by the patient's symptoms and physical and laboratory findings.

h. Non-routine diagnostic studies, such as computed tomography or magnetic resonance imaging, are to be performed only if medically indicated.

i. Laboratory test results are to be filed in the CHR and/or CPRS.

10. REPORTING REQUIREMENTS

a. **Code Sheet Transmission.** Reports Control Number 10-0110, applies to this reporting requirement.

b. **Environmental Health Clinician and Coordinator Listings.** Separate listings of the Environmental Health Clinicians and Coordinators are maintained by the EAS. In an effort to keep these listings current, facilities are required to notify the EAS of any changes at their respective facilities and/or satellite clinics (refer to subpar 4c).

11. RECORDS CONTROL AND RETENTION

a. **Records Control**

(1) CHR and/or CPRS documentation must be established if one does not exist.

(2) A VA Form 10-1079 sticker must be affixed to the front of the CHR and word "Radiation" circled. **NOTE:** *This is not required if documentation is in CPRS.*

(3) The code sheet printed from the website must be maintained in the veteran's CHR and/or CPRS.

(4) The medical records including laboratory test results, progress notes, etc., must be filed in the CHR and/or CPRS.

b. **Records Retention.** IRR examination documents become part of the patient's CHR and/or CPRS, i.e., medical records, and must be retained in accordance with VHA Records Control Schedule 10-1. This includes:

- (1) VA Form 10-0020A,
- (2) Progress notes,
- (3) Laboratory reports,
- (4) X-rays, and
- (5) Any other documentation that may have been part of a radiation examination.

12. EDUCATION AND TRAINING

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

(1) Telephone Conferences with VA medical facilities are held periodically by EAS, VHA Central Office. **NOTE:** *Minutes of these telephone conferences, research journal reprints, and other educational items, such as: the current Office of Public Affairs News Service VA Fact Sheet on "VA Programs for Veterans Exposed to Radiation," "VA Radiation Programs Information for VHA Environmental Health Clinicians and Coordinators," and VA Fact Sheet on "Nasopharyngeal Radium Therapy," which are distributed by EAS to all Environmental Health Clinicians and Coordinators.*

(2) VHA website <http://www.va.gov/irad/> provides the current Fact Sheets and on-line training for clinicians and coordinators.

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

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

(2) Acquisition of an in-depth knowledge of the specific processes, designated responsibilities, and time standard requirements of the Ionizing Radiation Program. Access VHA website <http://www.va.gov/irad/> for on-line training, i.e., Veterans Health Initiative (VHI) - Veterans and Radiation.

**SAMPLE IONIZING RADIATION FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED)**

(Date)

(Name and Address)

Dear _____:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Ionizing Radiation Registry (IRR) Program. This effort should prove to be helpful in assisting us to serve you with the possible health problems that may have resulted from a radiation-risk activity:

- a. During active military service, or
- b. As a member of a reserve component of the Armed Forces during a period of active duty for training or inactive duty training, or
- c. During active military service for those persons who received nasopharyngeal irradiation treatments.

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

If you have any questions or concerns about your IRR examination, please contact the Environmental Health Coordinator (phone number) for assistance. You may be interested in our website that provides up-to-date information on our ionizing radiation program:

<http://www.va.gov/irad>

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

<http://www.va.gov/>

If a non-VA physician subsequently evaluates you and finds a new diagnosis, you are encouraged to provide VA with all additional diagnoses, which will be included in your medical record, as well as the IRR.

We trust this information is helpful to you.

Sincerely,

_____ (Name) _____

_____ (Environmental Health Clinician) _____

**SAMPLE IONIZING RADIATION REGISTRY FOLLOW-UP LETTER
(NO MEDICAL PROBLEMS)**

(Date)

(Name and Address)

Dear _____:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Ionizing Radiation Registry (IRR) Program. This effort should prove to be helpful in assisting us to serve you with the possible health problems that may have resulted from a radiation-risk activity:

- a. During active military service, or
- b. As a member of a reserve component of the Armed Forces during a period of active duty for training or inactive duty training; or
- c. During active military service for those persons who received nasopharyngeal irradiation treatments.

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 active military service (either during the American occupation of Hiroshima and/or Nagasaki, Japan, and/or at Department of Energy (DOE) gaseous diffusion plants at Paducah, KY and Portsmouth, OH, and/or the K25 area at Oak Ridge, TN, and/or underground nuclear tests at Amchitka Island, AK, before January 1, 1974, and/or the testing of a nuclear device, and/or as Prisoner of War during World War II with possible exposure to ionizing radiation, and/or treatment with Nasopharyngeal Radiation).

If a non-VA physician subsequently evaluates you and finds a new diagnosis, you are encouraged to provide the VA with all additional diagnoses, which will be included in your medical record, as well as the IRR.

You may be interested in our website that provides up-to-date information on our ionizing radiation program: <http://www.va.gov/irad> .

We trust this information is helpful to you.

Sincerely,

_____ (Name) _____

_____ (Environmental Health Clinician) _____

DEFINITIONS AND ACRONYMS

1. **Austin Automation Center (AAC).** The AAC, Austin, TX, is the location of the Ionizing Radiation Registry (IRR) database of veteran participants, and the findings of radiation physical examinations, including related diagnostic data.
2. **Automated Management Information System (AMIS).**
3. **Certified Nurse Practitioner (CNP).**
4. **Chief of Staff (COS).**
5. **Computerized Patient Record System (CPRS).**
6. **Consolidated Health Record (CHR).** The CHR is a file containing medical records relating to patient identity, diagnosis, prognosis, or treatment at a Department of Veterans Affairs (VA) health care facility.
7. **Defense Special Weapons Agency (DSWA).** The DSWA was formerly the Defense Nuclear Agency (DNA) and is now identified as the Defense Threat Reduction Agency (DTRA).
8. **Defense Threat Reduction Agency (DTRA).** The DTRA was formerly the DSWA and DNA.
9. **Department of Defense (DOD).**
10. **Department of Veterans Affairs (VA).**
11. **Doctor of Osteopathy (D.O.).**
12. **Doctor of Medicine (M.D.).**
13. **Environmental Agents Service (EAS).** The EAS, Veterans Health Administration (VHA) Central Office, has the responsibility of coordinating and monitoring all VHA activities, research and otherwise, relating to the ionizing radiation issue.
14. **Environmental Epidemiology Service (EES).** The EES, VA, is the Service responsible for providing epidemiological expertise to support clinical care, as well as performing relevant research studies.
15. **Facility.** A facility is any VA entity that provides IRR examinations to veterans.
16. **Follow-up Examination.** A follow-up examination is an examination that is performed subsequent to the completed initial (first) examination. ***NOTE:** This is not a consultation associated with the initial examination.* Code sheets for the first follow-up examination are to be transmitted to AAC. Code sheets for subsequent follow-up examinations, if performed, do not have to be transmitted to the AAC unless there is a change in diagnosis.

17. **Initial Examination.** An initial examination is the first physical examination that is completed and transmitted to the AAC for the purpose of entering a veteran into the IRR system.
18. **Ionizing Radiation (IRAD).** Ionizing Radiation is any of the various forms of radiant energy that causes ionization when it interacts with matter. The most common types are alpha radiation, made up of helium nuclei; beta radiation, made up of electrons; and gamma and x rays, consisting of high-energy electromagnetic radiation.
19. **Ionizing Radiation Registry (IRR).** The IRR, managed centrally by the EAS in VA Central Office, is a computerized index of veteran participants, and the coded findings of radiation physical examinations, including related diagnostic data.
20. **Patient Treatment File (PTF).**
21. **Physician's Assistant (P.A.).**
22. **Prisoner of War (POW).**
23. **Records Control Schedule (RCS) 10-1.** The RCS-10-1 is a document providing instructions for record retention and disposition.
24. **SMA (6/12).** The SMA (6/12) is the Manufacturer's Trademark for a Chemistry Analyzer.
25. **Social Security Number (SSN).**
26. **Veterans Benefits Administration (VBA).**
27. **Veterans Service Representative (VSR).**
28. **VA Form 10-0020A.** VA Form 10-0020A, the August 2003 edition, is the updated Ionizing Radiation Registry code sheet replacing the July 1999 edition of VA Form 10-0020A.
29. **VA Form 10-1079.** VA Form 10-1079 is the Emergency Medical Identification sticker which is to be affixed to the front of CHR.
30. **Veterans Health Administration (VHA).**
31. **Veterans Health Information Systems and Technology Architecture (VistA).** VA computer system (formerly called Decentralized Hospital Computer Program (DHCP)) that supports day-to-day operations at local VA health care facilities.
32. **Veterans Integrated Service Network (VISN).**

**INSTRUCTIONS FOR COMPLETING AND TRANSMITTING VA FORM 10-0020A,
IONIZING REGISTRY CODE SHEET****1. General Instructions for Completing VA Form 10-0020A**

a. Electronic entry of Ionizing Radiation code sheet data should be completed and transmitted via website <http://vaww.registries.aac.va.gov> to the Austin Automation Center (AAC), Austin, TX database. Instructions for accessing this website are included on the home page. The home page includes a User's Guide, Frequently Asked Questions, Validation Reports and Logon functions. Edits are automatically accomplished at the time of entry. The code sheet must be printed from the website and filed in the Consolidated Health Record (CHR) and/or the Computerized Patient Record System (CPRS) with the medical records.

NOTE: As of October 1, 2003, the AAC no longer accepts hard copies of code sheets mailed to their offices in Austin, TX.

b. Follow instructions carefully to ensure that all data fields are accurately completed.

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

(2) Part II of the code sheet should be completed at the time of the examination by the Environmental Health Clinician or alternate. Once completed, this code sheet is to be returned to the Environmental Health Coordinator for review and transmission to AAC.

2. Instructions for Completing Part I

Item 1. Facility Number and Suffix. Enter facility code as listed in the Department of Veterans Affairs (VA) Manual MP-6, Part XVI, Supplement Number 4.1, Appendix A. Use the Automated Management Information Systems (AMIS) suffix (BY, BZ, etc.) to indicate your satellite facility.

Item 2. Last Name of Veteran. Enter veteran's last name. If the last name is followed with JR, SR, I, II, III, do not use commas, etc.

Item 3. First Name of Veteran. Enter the veteran's first name.

Item 4. Middle Name of Veteran. Enter the veteran's middle name or initial.

Item 5. Type of Examination. The following are transaction types that appear at the registry logon:

A - Initial examination, i.e., the veteran's first IRR examination. If an initial examination code sheet has already been entered for the veteran, "A" is not available.

B - Deletes an entire initial examination that was originally submitted through the manual batch process. Do not use this to delete an initial examination that was entered via the web site.

If the transaction was entered using the registries website, simply edit the original transaction. This will automatically create a Type “B” that deletes the original and adds the corrected transaction to the master file.

C - Follow-up examination(s), i.e., the veteran’s second and subsequent IRR examinations. Data from the second and subsequent follow-up examinations must be entered into website <http://vaww.registries.aac.va.gov>. *NOTE: These are not consultations relating to the initial examination.*

D – Deletes an entire follow-up examination that was originally submitted through the manual batch process. Do not use this to delete an initial examination that was entered via the web site. If the transaction was entered using the registries website, simply edit the original transaction.

E – Submits a change in demographics, i.e., name, address, or date of birth. Enter “E.” Complete items with the name, Social Security Number (SSN), date of birth, and address. No other items need to be completed.

X – Identifies and verifies that a registry participant is deceased. Complete items with the name, SSN, and date of birth. No other items need to be completed.

Item 6. SSN. The SSN that entered at Registry Search appears in these spaces.

Item 7. Service Serial Number. Enter the Service Serial Number. If the Service Serial Number is unknown, enter a “U.” However, every effort must be made to obtain the Service Serial Number as it allows research staff to link this questionnaire to exposure data at the Defense Threat Reduction Agency (DTRA).

Item 8. Date of Birth. Enter numerical equivalent for the month, day and four-digit year (e.g., 01/19/1950). All blocks must be completed.

Item 9. Claim Number. Enter the VA claim number. If unknown, enter “U.”

Item 10. Claimant’s Telephone Number, including the Area Code. (Optional) Enter the veteran’s current telephone number, including area code.

Item 11. Address (Street Name and Apartment Number (if applicable)). Enter the veteran's current street address, Post Office Box, etc. Leave one space between street number and the street name.

Item 12. City or Town, County, State, and Zip Codes

- a. Enter veteran’s city or town.
- b. County and State. Enter name of county and state.

- c. Enter the five-digit Zip Code.
- d. (Optional) Enter the extended four digit Zip Code.
- e. The user does not enter the County Code, as it is entered automatically.
- f. The user does not enter the State Code, as it is entered automatically.

Item 13. Sex. - Enter either “M” for Male or “F” for Female. Enter from the pull-down menu.

Item 14. Did veteran receive nasopharyngeal radium treatments while in active duty naval or air service? Enter one of the following codes: Y(es); N(o); or U(nknown) from the pull-down menu.

INSTRUCTIONS FOR COMPLETING PART II

Items 15 through 22 must be completed as indicated:

Item 15. Has the veteran reported birth defects among veteran’s children or grandchildren? Enter one of the following codes: Y(es); N(o); or U(nknown) from the pull-down menu. If “Yes,” please describe birth defects in Item 18, “Remarks.”

Item 16. Date of Examination. Enter the numerical equivalent for the month, day, and year (e.g., 11/17/1988). If the veteran did not want an examination, note this in the Item 18, "Remarks," section. Do not transmit the code sheet to the AAC; file this code sheet in veteran’s CHR or CPRS. All eligible veterans claiming exposure to ionizing radiation need to be offered the IRR examination.

Item 17. Possible Radiogenic Related Disease(s)

a. Enter one of the following codes in sub-items A through LL, listing possible radiogenic-related diseases by using the pull-down menu: Y(es); N(o); or U(nknown).

b. All sub-items must be completed, as indicated on code sheet.

(A) None (If there were no radiogenic-related diseases, use the pull-down menu and enter a Y(es) and then go to Item 18, “Remarks.”) A “No” response will automatically be entered in sub-items (B) through (LL).

(B) Leukemia, Lymphoid (except chronic lymphatic leukemia to be included in Item II below).

(C) Leukemia, Myeloid.

(D) Leukemia, Monocytic.

- (E) Leukemia, Hairy Cell.
- (F) Leukemia, other.
- (G) Leukemia, unspecified cell type.
- (H) Thyroid Cancer.
- (I) Breast Cancer.
- (J) Lung Cancer (malignant neoplasm of trachea, bronchus and lung).
- (K) Bone Cancer.
- (L) Primary Liver Cancer.
- (M) Skin Cancer.
- (N) Esophageal Cancer.
- (O) Stomach Cancer.
- (P) Colon Cancer.
- (Q) Pancreatic Cancer.
- (R) Kidney Cancer.
- (S) Urinary Bladder Cancer.
- (T) Salivary Gland Cancer (malignant neoplasm of major salivary gland).
- (U) Multiple Myeloma.
- (V) Posterior Subcapsular Cataracts.
- (W) Non-malignant Thyroid Nodular Disease.
- (X) Ovarian Cancer.
- (Y) Parathyroid Adenoma.
- (Z) Tumors of the brain and central nervous system.
- (AA) Lymphomas other than Hodgkin's Disease.

(BB) Cancer of the rectum.

(CC) Cancer of the small intestine.

(DD) Cancer of the pharynx.

(EE) Cancer of the bile duct.

(FF) Cancer of the gall bladder.

(GG) Cancer of the renal pelves, ureters, and urethra.

(HH) Cancer of the prostate.

(II) Bronchio-alveolar carcinoma (a rare lung disease).

(JJ) Benign neoplasms of the brain and central nervous system.

(KK) Any other malignancies not previously listed; if Y(es), list on code sheet.

(LL) Other possible radiogenic diseases; if Y(es), list on code sheet. **NOTE:** *Other conditions may be recognized in the future.*

Item 18. Remarks. This section is to be used for noting informational comments, if applicable, such as elaborating on birth defects, noting if the examination was not performed, identifying the veteran's military unit assignment, etc. Also, if veteran is deceased, indicate so, and give the date of death, if available. (Limit 250 characters)

NOTE: *Enter one of the following codes in Item 18 from the pull-down menu indicating that you have or have not made any remarks in Item 18: Y=Y(es) or N=N(o)*

Item 19. Name of Examiner

a. Name of Examiner or Environmental Health Clinician (Print in Full).

b. Is the examiner a private physician (non-VA)? Enter: Y=Yes or N=No

Item 20 . Title of Examiner (Full Title).

Item 21. Signature of Examiner. (if electronic signature is available)

Item 22. Signature of Environmental Health Clinician (if other than Examiner). The name and title of the examiner are to be printed in the spaces provided and accompanied by the signature (if electronic signature is available).

IONIZING RADIATION REGISTRY CODE SHEET, Continued	NAME	SSN	
17. POSSIBLE RADIOGENIC-RELATED DISEASE(S), CONTINUED FROM PAGE 1		BLOCK	CODE
<i>Choose one of the following codes: Y=Yes N=No U=Unknown. (Enter code in blocks 192-217)</i>			
(10) LUNG CANCER, (malignant neoplasm of trachea, bronchus, &		192	
(11) BONE CANCER		193	
(12) PRIMARY LIVER CANCER		194	
(13) SKIN CANCER		195	
(14) ESOPHAGEAL CANCER		196	
(15) STOMACH CANCER		197	
(16) COLON CANCER		198	
(17) PANCREATIC CANCER		199	
(18) KIDNEY CANCER		200	
(19) URINARY BLADDER CANCER		201	
(20) SALIVARY GLAND CANCER (malignant neoplasm of major salivary gland)		202	
(21) MULTIPLE MYELOMA		203	
(22) POSTERIOR SUBCAPSULAR CATARACTS		204	
(23) NONMALIGNANT THYROID NODULAR DISEASE		205	
(24) OVARIAN CANCER		206	
(25) PARATHYROID ADENOMA		207	
(26) TUMORS OF THE BRAIN & CENTRAL NERVOUS SYSTEM		208	
(27) LYMPHOMAS OTHER THAN HODGKINS DISEASE		209	
(28) CANCER OF THE RECTUM.		210	
(29) CANCER OF THE SMALL INTESTINE		211	
(30) CANCER OF THE PHARYNX		212	
(31) CANCER OF THE BILE DUCT		213	
(32) CANCER OF THE GALL BLADDER		214	
(33) CANCER OF THE RENAL PELVES, URETERS & URETHRA		215	
(34) CANCER OF THE PROSTATE		216	
(35) ANY OTHER MALIGNANCIES NOT PREVIOUSLY LISTED (Enter one code at right Y = Yes N=No) If Yes, list below:		217	
(36) OTHER POSSIBLE RADIOGENIC DISEASES (Other conditions may be recognized in the future.) (Enter one code at right Y = Yes N=No) If Yes, list below:		218	
18. REMARKS (Please indicate whether you have made any remarks by entering one code at right.		219	
19. NAME OF EXAMINER/REGISTRY PHYSICIAN (PRINT FULL NAME)			
20. TITLE OF EXAMINER (FULL TITLE)			
21. SIGNATURE OF EXAMINER			
22. SIGNATURE OF REGISTRY PHYSICIAN			