

OIF DU EXPOSURE SEMI-ANNUAL PROGRESS REPORT

DU/Fragment Exposure Assessment, Testing, and Results Information

Reporting Period _____

Service	Report Date	POC(Name/Phone Number)										
Exposure Level	No. Personnel Identified	Referral Source				Fragment-Type Injury (Q 37) ¹	Urine Bioassay Results				# Patients Provided with Results	# Patients Referred to the VA
		Self	Service/Command	VA	Other		Initial Positive ²	Confirmed Positive ³	Negative ⁴	Pending/Undetermined/Unknown		
I						*						
II												
III												
Total this report						*						
Cumulative Totals ⁵												

Exposure Level I Fragment Information

Fragment Type	Number of Patients with Fragments	Urine Bioassay Results			
		Initial Positive ²	Confirmed Positive ³	Negative ⁴	Pending/ Undetermined/ Unknown
DU					
Other metal; specify ⁵ _____					
Other metal; specify ⁵ _____					
Other metal; specify ⁵ _____					
Total this report	*				
Cumulative Totals ⁶					

Notes: **1** Positive response to Question 37a or 37b on the DU Exposure Questionnaire— (DoD 2872 Test/SF 600 overprint)

2 Urinalysis \geq 50ng Uranium per gram creatinine

3 Urinalysis \geq 50ng Uranium per gram creatinine, initial and follow up specimens

4 Urinalysis $<$ 50ng Uranium per gram creatinine

5 If fragment types are known, identify them in the space provided

6 Cumulative totals will reflect total of this report as well as those on any previous progress reports

* All three cells with this symbol should reflect the same value