

IONIZING RADIATION REGISTRY (IRR) PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive, which describes the criteria for participation in the VHA Ionizing Radiation Registry (IRR) and the IRR program's clinical and administrative procedures, is being recertified. The IRR program provides free clinical evaluations (history, physical and ancillary testing) and health risk communication for eligible Veterans with a history of ionizing radiation exposure during qualifying military service.

2. SUMMARY OF MAJOR CHANGES: This directive reorganizes and modifies content to be consistent with other VHA Special Registry directives (e.g., Agent Orange, Gulf War) and updates sample letters to the Veteran, educational guidance, and program office names and descriptions. It provides improved guidance for potential radiation exposures (e.g., Operation Tomodachi) not defined as "radiation at-risk" activities by regulation or law.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Chief Consultant, Post-Deployment Health Services (10P4Q), within the Office of Patient Care Services, is responsible for the contents of this directive. Questions may be referred to 202-461-1020 or by Email to VHA10P4QPostDeploymentAction@va.gov.

5. RESCISSIONS: VHA Directive 1301, dated August 13, 1999, and VHA Handbook 1301.01, dated January 24, 2006, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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IONIZING RADIATION REGISTRY (IRR) PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive sets forth the clinical and administrative policies of the VHA Ionizing Radiation Registry (IRR) program. The program consists of free clinical evaluations (history, physical and ancillary testing) and health risk communication for Veterans with a history of ionizing radiation exposure while on active duty. **AUTHORITY:** Public Law (Pub. L.) 99-576, Veterans Benefits Improvement and Health Care Authorization Act of 1986, Section 232; Title 38 United States Code (U.S.C.) 1154 Note; Pub. L. 102-585, Veterans Health Care Act of 1992, Section 703; and 38 U.S.C. 1112(c), 1710(e), and 1720E.

2. BACKGROUND

a. Public Law (Pub. L.) 99-576, Veterans Benefits Improvement and Health Care Authorization Act of 1986, enacted October 28, 1986 (codified as a note to 38 U.S.C. 1154, required the Veterans Administration (now Department of Veterans Affairs (VA)) to establish and maintain an Ionizing Radiation Registry (IRR) of Veterans exposed to radiation under conditions described in 38 U.S.C. 1710(e)(1)(B). Title 38 U.S.C. 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 in paragraph 3 of this directive.

b. 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 irradiation treatments.

3. DEFINITIONS

a. **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.

b. **Ionizing Radiation Registry (IRR).** The IRR, managed centrally by the Post-9/11 Era Environment Health Program in the Office of Post-Deployment Health Services, VA Central Office, is a computerized index of Veteran participants, and the coded findings of radiation physical examinations, including related diagnostic data.

c. **Radiation Risk Activity.**

(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 (over 200,000 such Veterans having been identified, according to the Department of Defense);

(2) Participation in the occupation of Hiroshima or Nagasaki from August 6, 1945, through July 1, 1946, (Over 255,000 such Veterans having been identified, according to the Nuclear Test Personnel Review Program);

(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 VA, 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; or

(4) Service in a capacity which, if performed as an employee of the Department of Energy, would qualify the individual for inclusion as a member of the Special Exposure Cohort under section 3621(14) of the Energy Employees Occupational Illness Compensation Program Act of 2000 (42 U.S.C. 7384 et seq.). VA's authority to provide care to these individuals is contained in section 703(b)(2) of Pub. L. 102-585 (1992). VA's regulations, Title 38 Code of Federal Regulations (CFR) 3.309(d)(3)(ii)(D) defines this criterion as meaning service at:

(a) Department of Energy gaseous diffusion plants at Paducah, Kentucky, Portsmouth, Ohio, or the K25 area at Oak Ridge, Tennessee, 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

(b) Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, Arkansas, before January 1, 1974. **NOTE:** See 38 U.S.C. § 1710(e)(4)(B), referencing 38 U.S.C. § 1112(c) (3).

4. POLICY

It is VHA policy that ionizing radiation registry (IRR) examinations and treatment of potentially radiogenic conditions will be provided to Veterans exposed under conditions described in 38 U.S.C. § 1710(e)(1)(B) and § 1720E.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for ensuring VHA program offices comply with this directive.

b. **Chief Consultant, VHA Office of Patient Care Services Post Deployment Health Services.** The Chief Consultant, VHA Office of Patient Care Services, Post Deployment Health Services (10P4Q), is responsible for:

(1) Monitoring all VHA activities, epidemiological research, and other activities related to ionizing radiation occurring during military service;

(2) Ensuring that listings of the Environmental Health Clinicians and Environmental Health Coordinators are maintained and published on the Internet and Intranet Web

sites at <http://www.publichealth.va.gov/exposures/> and <https://vaww.publichealth.va.gov/exposures/>. **NOTE:** The latter Web site is an internal VA site that is not available to the public.

(3) Ensuring that updated information on current understanding of Veterans' deployment related disease is provided at the [VA Web page on environmental exposures related to deployment](#); and that relevant educational materials, e.g., research journal reprints, minutes from Environmental Health Program (EHP) telephone conferences with VA medical facilities, and slides or reports from EHP electronic presentations, are distributed to all EH Clinicians and Coordinators.

c. **Veterans Integrated System Network (VISN) Director.** The VISN Director, or designee, is responsible for:

(1) Designating one official VISN Lead Environmental Health Clinician and one official VISN Lead Environmental Health Coordinator.

(2) Notifying the Chief Consultant, PDHS of changes in either the VISN Environmental Health Clinician or the VISN Lead Environmental Health Coordinator at VHA10P4QPostDeploymentAction@va.gov. The notification must be made within 10 business days of the change and include the new name, title, mail routing symbol, and commercial telephone and fax numbers with area code.

d. **VISN Environmental Health Clinician.** The VISN Environmental Health Clinician is responsible for:

(1) Disseminating clinical program information forwarded from the PDHS.

(2) Collecting medical data and other clinical information requested by the PDHS.

(3) Responding to inquiries from medical facility Environmental Health Clinicians or forwarding them to the Program Office for response as appropriate.

(4) Notifying Post Deployment Health Services (PDHS) of changes in the Environmental Health Clinician at any site within the Network within 10 business days of the change and include the new name, title, mail routing symbol, and commercial telephone and fax numbers with area code. This information must be submitted to PDHS by emailing VHA10P4QPostDeploymentAction@va.gov.

e. **VISN Environmental Health Coordinator.** The VISN Environmental Health Coordinator is responsible for:

(1) Disseminating administrative information forwarded from the PDHS.

(2) Collecting data and other information requested by PDHS.

(3) Responding to inquiries from medical facility Environmental Health Coordinators or forwarding them to the PDHS for response.

(4) Notifying PDHS of changes in the Lead Environmental Health Coordinator at any site within the Network within 10 business days of the change and include the new name, title, mail routing symbol, and commercial telephone and fax numbers with area code. This information must be submitted to PDHS by emailing VHA10P4QPostDeploymentAction@va.gov.

(5) Ensuring the distribution of up-to-date information on IR health effects to Veterans, VA medical center staff (e.g., at staff conferences or grand rounds), Veterans organizations, and community groups.

f. **VA Medical Facility Director.** The VA medical facility Director, or designee, is responsible for:

(1) Designating one or more medical facility Environmental Health (EH) Clinician(s) and one Facility EH Coordinator and alternate and ensuring proper training consistent with assigned duties.

(2) Notifying the VISN Environmental Health Coordinator of changes in medical facility EH Coordinators and the VISN Environmental Health Clinician of changes in medical facility EH Clinicians at their respective facilities and/or satellite clinics. The notification must be made within 10 business days of the change and include the new name, title, mail routing symbol, and commercial telephone and fax numbers with area code. This information must be submitted to PDHS by emailing VHA10P4QPostDeploymentAction@va.gov.

(3) Ensuring that IRR examinations are conducted within 30 calendar days from the date the Veteran wishes to be seen. If the medical facility fails to meet the appointment scheduling time standard, the medical facility director must explore all alternatives, e.g., referrals to other VA facilities, additional staff hours to perform these examinations, in order to bring the medical facility into compliance with the time standard. If these alternative measures have been explored and the time standard still cannot be met, an exemption needs to be requested by emailing PDHS at VHA10P4QPostDeploymentAction@va.gov.

(4) Ensuring that Environmental Health Clinicians possess appropriate clinical training in the health effects of military occupational and environmental exposures. This can be met by a combination of formal professional training, certifications, and continuing education, such as Veterans Health Initiative (VHI) modules.

g. **VA Medical Facility Environmental Health Clinician.** The EH Clinician is responsible for the program's clinical management and serves in an advisory capacity for the IRR Program's administrative management. Major responsibilities of the Environmental Health Clinician, or alternates, include:

(1) Completing initial and ongoing recommended clinical training in the health effects of military occupational and environmental exposures to ionizing radiation. Provider training information, including Veterans Health Initiative (VHI) modules, is posted at <http://www.publichealth.va.gov/exposures/radiation/providers/index.asp>.

(2) Providing counseling and clinical services related to the IRR Examination:

(a) Counseling and advising Veterans of all aspects of the IRR examination, including the purpose of the examination and its limitations.

(b) Providing, or ensuring that participating Veterans receive the IRR exam, including a thorough medical history, physical examination, interview, and documentation in the Consolidated Health Record (CHR) and/or the Computerized Patient Record System (CPRS). See appendix A).

(c) Making a recommendation for follow-up IRR examination when appropriate, and providing or ensuring that the IRR follow-up examination is provided.

(d) Ensuring that, as appropriate, Veterans are referred to specialty and sub-specialty consultations to evaluate for a suspected diagnosis or assess difficult-to-diagnose symptoms. In general, these consultants need to determine whether or not invasive procedures and/or very specialized tests need to be performed.

(e) Informing the Veteran how the data supplied by and obtained during each registry examination may be used:

1. Advising the Veteran that the information supplied by the Veteran and the medical data obtained during the examination allows VHA to track patient demographics, medical diagnosis, and related medical data for workload analysis to assist in budget planning and possibly generating hypotheses for future research studies.

2. Informing the Veteran that by participating in the registry, the Veteran is consenting for the use and disclosure of information outside of VA to Federal, State, and local government agencies as stated in the Notice of Systems of VA Records 69VA131, published in the Federal Register in accordance with the Privacy Act of 1974. This Notice is available at <https://www.federalregister.gov/documents/2001/06/05/01-14131/privacy-act-of-1974-system-of-records>. **NOTE:** For information about the privacy and release of information regarding the Veteran's medical information in general, the clinician and/or Veteran may refer to VHA Handbook 1605.04, Notice of Privacy Practices at the [VHA Publications Web site](#).

(f) Preparing and signing follow-up letters to Veterans. See appendices B and C.

(3) Disseminating information:

(a) Emailing VHA10P4QPostDeploymentAction@va.gov to provide contact information to facilitate enrollment in the electronic mail distribution group entitled "VHA Environmental Health Coordinators."

(b) Responding to inquiries about the IRR from Veteran and medical facility staff, and, as necessary, forwarding inquiries to the VISN for response.

(c) Educating primary care services at the medical facility level to ensure primary care teams are aware of registry programs and EH Clinician subject matter expertise.

h. **VA Medical Facility Environmental Health Coordinator.** The Facility EH Coordinator is responsible for:

(1) Completing recommended initial and ongoing training in IRR eligibility criteria, program administration, and reporting procedures.

(2) Administrative management of the program, including:

(a) Ensuring appointments are scheduled according to the following:

1. Ensure every effort is made to schedule Veterans IRR examinations within 30 days of the date the Veteran wishes to be seen.

2. If numerous consultations are required for the examination, attempt to schedule them on the same day. When it is not possible to provide all consultations on the same day, the EH Coordinator or the scheduler needs to work with the Veteran to minimize the number of disruptions to the Veteran.

3. Ensure that the registry examination appointment is scheduled within 30 calendar days from the date the Veteran wishes to be seen.

(b) Completing the IRR Worksheet (see appendix D) and, no later than 10 business days after the exam, reviewing and reporting the worksheet data to the [VA Web portal for Environmental Agent Service \(EAS\) Registry data](#) located at the Austin Information Technology Center. (This website includes a User's Guide that provides instructions for obtaining access to the secured registry databases.) **NOTE:** *This is an internal VA website and is not available to the public.*

(c) Establishing (where necessary) and updating the Consolidated Health Record (CHR) and/or Computerized Patient Record System (CPRS) for each Veteran participant.

(d) Reviewing all required records, e.g., follow-up letters, registry worksheets of Veteran participants, and CHR and/or CPRS entries for completeness and accuracy.

(e) Monitoring program compliance with required timelines.

(f) Reporting change in appointment of the medical facility EH Clinicians and Coordinators changes to PDHS within 10 business days. This information must be submitted to PDHS by emailing VHA10P4QPostDeploymentAction@va.gov.

(3) Disseminating IRR Program information to Veterans and others:

(a) Ensuring that each Veteran is provided an oral explanation of the purposes of the examination and the examination process and responding to any questions the Veteran might have.

(b) Encouraging non-enrolled Veterans to consider enrolling in VA health care (Online enrollment information is at <https://www.1010ez.med.va.gov>).

(c) Responding to administrative inquiries and communicating appropriate information to Veterans and staff, and, as necessary, forwarding inquiries to the VISN for response.

(d) Displaying current outreach and informational materials (e.g., Newsletters, Office of Public Affairs News Service Fact Sheets, and OPH Registry Brochure) in prominent areas such as outpatient clinics and admission areas and to other interested individuals (<http://www.publichealth.va.gov/exposures/publications/index.asp>). **NOTE:** PDHS provides either copies of outreach (fact sheets, newsletters, and registry brochures) or other materials to national Veterans Service Organization offices, or makes a print ready copy available.

(e) Publicizing the Registry Program for VA Staff (e.g., Patient Aligned Care Teams (PACT), Social Work, Care Managers and OEF/OIF Coordinators).

i. **VHA War Related Illness And Injury Study Center.** The VHA War Related Illness And Injury Study Center (WRIISC) is responsible for:

(1) Providing consultations to health care providers regarding deployment related illness. **NOTE:** Contact information is located at: <http://www.warrelatedillness.va.gov>.

(2) Providing environmental exposure assessments and comprehensive medical evaluations for Veterans who have chronic, medically unexplained symptoms and/or difficult to diagnose symptoms that Veterans believe are related to their deployment. To refer a patient for either type of evaluation, see the WRIISC Web sites at: <http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/referral/index.asp>.
<http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/referral/va-referrals.asp>

(3) Providing educational services and materials for providers and Veterans (see <http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/index.asp> for up-to-date offerings).

6. ELIGIBILITY CRITERIA FOR IONIZING RADIATION REGISTRY EXAMINATIONS

a. Veterans with qualifying participation in a radiation-risk activity are encouraged to undergo an Ionizing Radiation Registry (IRR) examination, if they have not previously done so. Veterans requesting IRR examinations do not have to be enrolled in VA's health care system, and they are not subject to co-payments in connection with the receipt of the IRR examination. IRR examinations and treatment of potentially radiogenic conditions will be provided to veterans exposed under conditions described in 38 U.S.C. 1710(e) (1) (B) and 1720E. These conditions include:

(1) On-site participation in a test involving the atmospheric detonation of a nuclear device (between 1945 and 1962), (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;

(3) Internment as a Prisoner-of-War (POW) in Japan during World War II which the Secretary of Veterans Affairs determines resulted in an opportunity for exposure to ionizing radiation comparable to that of veterans involved in the occupation of Hiroshima or (see 38 U.S.C. § 1112(c)(3)).

b. Veterans with head or neck complaints or who are concerned about possible adverse effects of their Nasopharyngeal (NP) radium treatments, who have:

(1) Documentation of NP radium treatment in active military, naval or air service;

(2) Served as an aviator in the active military, naval or air service before the end of the Korean conflict; or

(3) Undergone submarine training in active naval service before January 1, 1965.

c. Enrolled Veterans with health concerns related to ionizing radiation who do not qualify as participating in “radiation at-risk activities” (e.g. Operation Tomodachi, McMurdo Station, etc.) are encouraged to discuss their concerns with their primary care provider who may consult or schedule an appointment with an Environmental Health Clinician to discuss their concerns. However, these Veterans are not eligible for inclusion in the registry database. Additional information concerning known “radiation at-risk” exposures is available at <http://www.publichealth.va.gov/exposures/radiation/sources/index.asp>.

d. Veterans must be advised that participation in the IRR examination program does not constitute a formal claim for compensation. Although the results of such an IRR examination may be used to support a compensation claim, the examination must not, by itself, be considered such a claim. Veterans should be advised of the routine procedure to file a claim through the Veterans Benefits Representative (VBR) at the nearest VA facility, medical center (VAMC), or regional office. Claims processing is centralized; all claims should be marked for submission to the Jackson, Mississippi, VA Regional Office (VARO).

7. RECORD CONTROL AND RETENTION

a. **Records Control.** Records control includes the following requirements:

(1) If a Veteran receives an IRR examination and a medical record for the Veteran does not exist, the Environmental Health Coordinator or Clinician must ensure one is established in the CHR and/or CPRS.

(2) The Veteran’s current address must be updated and maintained in the Veteran’s electronic health record and in the Veterans Health Information Systems and Technology Architecture (VistA) computerized information system.

b. **Records Retention.** Following are retention requirements for the IRR worksheet and the medical examination documents.

(1) Completed IRR worksheets (formerly called code sheets). After data are entered into the IRR (EAS) master database and verified for accuracy, the originals of the completed IRR worksheets may be scanned into VistA Imaging with access through CPRS and then destroyed, or maintained with the permanent patient record. Any duplicate hard copies of the IRR worksheet must be destroyed. For further information, please see VA Records Control Schedule 10-1, <https://www.va.gov/vhapublications/>

(2) Documents associated with the medical examination become part of the patient's medical records; once filed with the veterans' health record folder, the originals will take on the records schedule for the veteran's health records. These documents include:

- (a) Dated follow-up letters;
- (b) Progress notes;
- (c) Ancillary test reports; and
- (d) Any other documentation that may have been part of an IRR examination.

8. REFERENCES

a. Pub. L. 99-576, Veterans Benefits Improvement and Health Care Authorization Act of 1986, Section 232.

b. Pub. L. 102-585, Veterans Health Care Act of 1992, Section 703

c. 38 U.S.C. 1154, Note.

d. 38 U.S.C. 1112(c), 1710(e), and 1720E.

e. Military Exposures: Radiation. VA Web site with resources:
<http://www.publichealth.va.gov/PUBLICHEALTH/exposures/radiation/index.asp>.

f. Provider Resources on Radiation Exposures. VA Web site:
<http://www.publichealth.va.gov/exposures/radiation/providers/index.asp>.

g. VA War Related Illness and Injury Study Center (WRIISC). VA Web site:
<http://www.warrelatedillness.va.gov/>.

h. Defense Threat Reduction Agency. Nuclear Test Personnel Review (NTPR) Fact Sheets. *Hiroshima and Nagasaki Occupation Forces*. September 2015.
http://www.dtra.mil/Portals/61/Documents/NTPR/1-Fact_Sheets/NTPR_Hiroshima_Nagasaki.pdf .

APPENDIX A

CONDUCTING THE IONIZING RADIATION REGISTRY EXAMINATION

- a. It is essential that a complete medical history, physical examination, and exposure assessment (to include exposures that may contribute to increased cancer risks, e.g. home radon exposure and tobacco use) be performed and documented on appropriate medical record standard forms, by or under the direct supervision of the Environmental Health Clinician, or alternate.
- b. Before the Veteran is referred to the clinician for the examination, the Environmental Health Coordinator completes the IRR Worksheet: VA Form 10-0020A, Ionizing Radiation Registry Work Sheet.
- c. The Environmental Health Clinician must ensure the completeness of the worksheet completed by the coordinator. The clinician reviews the worksheet 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 (as)," "N (o)," or "U (known)." These defects also must be described in the "Remarks" section on page 2 of the worksheet and in the Consolidated Health Record (CHR) or Computerized Patient Record System (CPRS.) **NOTE:** *Refer to instructions in appendix D.*
- d. In the event that a Veteran requests an examination, but does not wish to be included in the registry database, a registry examination should still be performed. In the "Remarks" of the IRR Worksheet indicate the current date and note that the Veteran chose not to participate in the registry. This worksheet needs to be filed in the Veteran's electronic health record. Do not enter the data from the worksheet into VA Web portal for Environmental Agent Service (EAS) Registry data.
- e. The person performing the physical examination must be identified with their 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.
- f. 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 equivalent.
- g. Advise the Veteran of potential costs associated with treatment and evaluation of conditions not related to ionizing radiation. Advise the Veteran that a means test must be completed on the initial visit. Except for a registry examination, a clinician must make a determination on each visit for each Veteran in Priority Group 6 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.

h. The interview must be conducted in a manner that encourages the Veteran to discuss concerns about their health as well as the health of family members as it relates to ionizing radiation exposure. This examination involves taking a complete medical history to include information about exposures that may contribute to increased cancer risks; e.g., home radon exposure and tobacco use. Specific elements of the history shall include:

- (1) Familial traits or conditions with increased susceptibility to carcinoma;
- (2) Occupations with increased carcinogen exposure;
- (3) Social activities (noting tobacco, alcohol, and drug use);
- (4) Civilian non-occupational exposure to carcinogenic chemicals or ionizing radiation;
- (5) Psychosocial conditions that may affect the Veterans ability to engage in health risk modifying behaviors;
- (6) Review of systems with specific attention paid to symptoms of relevant diseases (see item 8); and
- (7) History of relevant illness (see item 8).
- (8) Special attention must be given to the following diagnoses that VA has recognized, by statute or regulation, as being associated with radiation exposure (see 38 CFR 3.309(d)2 for a list of presumptive diseases and 3.311(b)2 for a list of "radiogenic diseases"). **NOTE:** *Other conditions may be recognized in the future; therefore the examination is to include documentation of other malignancies not listed in the following diagnoses.*
 - (a) Leukemia, Lymphoid (except chronic lymphocytic leukemia);
 - (b) Leukemia, Myeloid;
 - (c) Leukemia, Monocyte;
 - (d) Leukemia, Hairy Cell;
 - (e) Leukemia, other;
 - (f) Leukemia, unspecified cell type;
 - (g) Thyroid Cancer;
 - (h) Breast Cancer;
 - (i) Lung Cancer (malignant neoplasm of trachea, bronchus, and lung);

- (j) Bone Cancer;
- (k) Primary Liver Cancer;
- (l) Skin Cancer;
- (m) Esophageal Cancer;
- (n) Stomach Cancer;
- (o) Colon Cancer;
- (p) Pancreatic Cancer;
- (q) Kidney Cancer;
- (r) Urinary Bladder Cancer;
- (s) Salivary Gland Cancer (malignant neoplasm of major salivary gland);
- (t) Multiple myeloma;
- (u) Posterior sub capsular cataracts;
- (v) Non-malignant Thyroid Nodular Disease;
- (w) Ovarian Cancer;
- (x) Parathyroid Adenoma;
- (y) Malignant tumors of the brain and central nervous system; and
- (z) Lymphomas other than Hodgkin's disease;
- (aa) Cancer of the rectum;
- (bb) Cancer of the small intestine;
- (cc) Cancer of the pharynx;
- (dd) Cancer of the bile duct;
- (ee) Cancer of the gall bladder;
- (ff) Cancer of the renal pelvis, ureters, and urethra;
- (gg) Cancer of the prostate;
- (hh) Bronchio-alveolar carcinoma (a rare lung disease);

(ii) Benign neoplasms of the brain and central nervous system; and

(jj) Other malignancies not listed in the preceding diagnoses.

i. The following laboratory tests may be indicated (test results are to be filed in the CHR or CPRS):

(1) Chest X-ray (if determined to be medically necessary);

(2) Complete blood count;

(3) Basic Metabolic Panel (BMP) and Comprehensive Metabolic Panel (CMP), or equivalent blood chemistries and enzyme studies; and

(4) Urinalysis.

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

k. Non-routine diagnostic studies, such as computed tomography (CT) or magnetic resonance imaging (MRI), are to be performed only if medically indicated.

l. Advise the Veteran that if subsequently diagnosed with a significant radiation-related health problem by a non-VA provider the Veteran should contact the Veteran's local VA medical center so that the additional diagnoses can be included in CHR or CPRS, and the IRR.

m. This new diagnosis must be submitted on letterhead with the non-VA provider's signature.

n. An IRR Worksheet must be completed with this diagnosis and transmitted to the Austin Information and Technology Center (AITC) via the [VA Web portal for Environmental Agent Service \(EAS\) Registry data](#) for inclusion in the IRR. See appendix D. **NOTE:** *This is an internal VA website and is not available to the public.*

o. Document the exam and findings in each Veteran's health record: Consolidated Health Record (CHR) or scanned into VistA Imaging with access through Computerized Patient Record System (CPRS). VA Form 10-1079 is the Emergency Medical Identification sticker which is to be affixed to the front of CHR.

p. Personally discuss the results and follow-up plan with each Veteran:

(1) Explain the findings of the physical registry examination and completed diagnostic studies.

(2) Explain the need for a follow-up examination either recommended by the Environmental Health Clinician or requested by the Veteran. These follow-up exams

are not performed routinely but need to be based on likelihood of exposure above occupational guidelines and presence of new symptoms reported by the Veteran.

q. Document these discussions in the Veteran's medical record.

r. Ensure that appropriate follow-up letters which explain the results of the examination and laboratory studies have been signed and mailed to the Veteran. See appendices B and C. **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 needs to be exercised in the preparation of this correspondence.*

(1) Follow-up letters must be mailed (using the Department's preferred carrier) to the Veteran within 10 business days 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 10 business days after the consultation is completed.

(2) A dated copy of the follow-up letter must be filed in the Veteran's CHR or CPRS.

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

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

(5) 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 should indicate this, and suggest that the Veteran contact the nearest VA health care facility if health problems appear later.

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

(c) If the Veteran requires medical treatment, the letter should advise the Veteran to apply for enrollment and the name of a contact person, including telephone number, within the facility should be provided.

s. **Incarcerated Veterans.** IRR examinations may be provided to incarcerated Veterans with the following considerations.

(1) The examination may be provided in the prison or jail if the penal institution has acceptable medical facilities and the safety of VA personnel can be guaranteed.

(2) VA may conduct such an examination in a VA facility, but only if accompanied by officials of the releasing agency who is responsible for custodial restraint and safe return of the inmate. VA is encouraged to work with the penal institution to avoid potential disruptions at the VA medical center upon reporting for the examination. For example, the wearing of prison uniforms and restraints are to be discouraged.

(3) The clinic director, or designee, must notify the prison authorities when the GWR examination is completed.

(4) A bill is not issued to the penal institution for the IRR examination of an incarcerated Veteran conducted at a VA facility. VA will not reimburse the penal authorities when they conduct these IRR examination.

(5) For purposes of entry into the IRR, VA medical facilities can provide assistance to penal authorities or institutions agreeable to conducting examinations to Veterans.

(6) Copies of IRR examinations provided at their institutions are to be returned to the VA facility of jurisdiction for inclusion, on the Veteran's behalf, in VA's IRR.

(7) 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 and provided to the individual upon release from the penal institution.

April 6, 2017

VHA DIRECTIVE 1301
APPENDIX B

**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. Your participation will be helpful in assisting us to provide you with appropriate care as a result of your possible exposure to radiation.

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 Web site that provides up-to-date [information on the VA ionizing radiation program](#).

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). Claims are centrally processed at the Jackson, MS, office. Compensation claims do not have to be from an 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 or access the [Veterans Benefits Administration \(VBA\) Web site](#).

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)

April 6, 2017

VHA DIRECTIVE 1301
APPENDIX C

**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. Your participation will be helpful in assisting us to provide you with appropriate care as a result of your possible exposure to radiation.

As discussed at the conclusion of your visit, results of your examination and laboratory tests indicate that you have no detectable medical problems at this time that are related to your exposure to ionizing radiation. Your risk of future disease depends on your specific radiation dose estimate. You are encouraged to follow the screening recommendations of the U.S. Preventive Services Task Force (USPSTF) and maintain a healthy lifestyle to reduce your chance of future disease. Information on USPSTF recommendations and VHA programs is available at www.publichealth.va.gov. The decision to perform additional tests, beyond those recommended for the general U.S. population, should be an individual decision you make in discussion with your provider and considering your specific radiation dose estimate.

If a non-VA physician subsequently evaluates you and makes a new diagnosis, you are encouraged to provide VA with this information, which will be included in your VA medical record.

You may be interested in our Web site that provides up-to-date [information on the VA's Ionizing Radiation program](#).

We trust this information is helpful to you.

Sincerely,

(Name)

(Environmental Health Clinician)

**INSTRUCTIONS FOR COMPLETING, ENTERING DATA AND TRANSMITTING
IONIZING REGISTRY WORKSHEET, VA FORM 10-0020A**

- a. Instructions for completing, entering and transmitting Ionizing Radiation Registry data to the Ionizing Radiation Registry Worksheet, Department of Veterans VA Form 10-0020A, are in the Users Guide at the [VA Web portal for Environmental Agent Service \(EAS\) Registries database](#). **NOTE:** *This is an internal VA website and is not available to the public.*
- b. Follow instructions provided in the User's Guide carefully to ensure that all data fields are accurately completed.
- c. The work sheet must be printed from the Web site and filed in the Consolidated Health Record (CHR) or the Computerized Patient Record System (CPRS) with the medical records. **NOTE:** *As of October 1, 2003, the AITC no longer accepts hard copies of code sheets mailed to its offices in Austin, TX.*
- d. The most current copy of the Ionizing Radiation Registry Worksheet, Department of Veterans Affairs (VA) Form 10-00020A, is available at the [VA Web portal for Environmental Agent Service \(EAS\) Registries database](#). **NOTE:** *This is an internal VA website and is not available to the public.* Since this is a low-use form, it is not stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).
- e. Worksheet Transmission. The registry worksheets for must be entered in the AITC database via the [VA Web portal for Environmental Agent Service \(EAS\) Registries database](#) no later than 10 working days following the registry examination. **NOTE:** *Required registry data must be obtained from the Veteran or family and entered into the IRR dataset via the AITC registry intranet Web site.* These AITC electronic IRR data reports are available to the VA Central Office PDHS via this EAS Registris Web portal.
- f. Data from the first follow-up examination are to be entered in Web site. Data from subsequent follow-up examinations, if performed, do not have to be entered into the IRR Web site unless there is a change in diagnosis.