

Reviewer Initials: \_\_\_\_\_

Date: \_\_\_\_\_

## REVIEW FORM EEOICPA PART B LUNG CASES

Case ID (last 4 only): \_\_\_\_\_ Date Birth (year only): \_\_\_\_\_ Main location(State): \_\_\_\_\_ Deceased  Yes  No

### **DOE Employment /Exposure information:**

Source Job / Exposure info:  OHQ  SEM  IH  RECA  Other \_\_\_\_\_

Main work site(s), job(s); approx # years worked; exposure(s) of concern (Be, silica, other): \_\_\_\_\_

Do you agree with DOL exposure conclusions?  Yes  No, Why? \_\_\_\_\_

### **Medical Information:**

DOE Med surveillance program?(e.g. ORAU, Denver, Building Trades)  Yes  No  Unknown

Source medical info, conclusions:  Treating physician  CMC  Other \_\_\_\_\_

Physician / CMC appropriate expertise?  Yes  No Unclear: \_\_\_\_\_

### **Part B Lung Claims Diagnoses** (check all applied for):

BS  CBD  Silicosis /pneumoconiosis  Sarcoid  Other \_\_\_\_\_

**Additional Part E Claims Diagnoses:**  Sarcoid  COPD  Pneumoconiosis  Other \_\_\_\_\_

Other relevant medical information, other possible DOE-related conditions (e.g. asbestos): \_\_\_\_\_

BeLPT:  Yes  No Lab  NJMC  ORAU Results: \_\_\_\_\_

Chest x-ray B-read:  Yes  No Results: \_\_\_\_\_

Other relevant testing: (Spirometry, Chest CT scan, Pathology): \_\_\_\_\_

**Criteria used: If CBD:**  Pre-1993  Post-1993  Sarcoid presumption  Unclear/other \_\_\_\_\_

**Criteria used If other B or E condition:**  DOL  RECA  Other/unclear: \_\_\_\_\_

**DOL Final B Claim Decision:**  Accepted  Denied  Other: \_\_\_\_\_

**DOL E Claim decision:**  Accepted  Denied  Remand  Other: \_\_\_\_\_

Reason given by DOL for denial:  Insufficient exposure  Lack disease (or documentation of)

No RECA accepted claim  Unclear/other \_\_\_\_\_

### **Do you agree with DOL decisions? Yes No Why?:**

Patient may/does have the disease  Likely sufficient exposure  Info missing  Other

Is more information likely to change your conclusion?  Yes  No

If Yes, What info? \_\_\_\_\_ Likely available?  Yes  No

Comments /your conclusions re Claim(s): \_\_\_\_\_

### **Other Comments on Claims / Review process / Records:**

If multiple decisions / requests for more information, could the "correct" decision been made earlier?

YES  NO, Explain: \_\_\_\_\_

Appropriate referrals made (CMC, SEM, IH)? (Not needed? Additional?) \_\_\_\_\_

YES  NO, Explain: \_\_\_\_\_

Records provided to us adequate?  Yes  No, Additional records needed: \_\_\_\_\_

**Case worthwhile for others to review?**  Yes  No, Issue to focus on: \_\_\_\_\_

Any Other Comments: \_\_\_\_\_

### **Abbreviations:**

BeLPT - blood beryllium lymphocyte proliferation test

NJMC - National Jewish Medical Center, Denver CO

RECA - Radiation Employees Compensation Act

ORAU Oak Ridge Associated Universities, TN