

**FORMER BERYLLIUM VENDOR MEDICAL SURVEILLANCE PROGRAM  
INFORMED CONSENT STATEMENT**

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Sponsor: Department of Energy/Office of Health Services

**PARTICIPANT'S AUTHORIZATION**

I have read: (Initial items to indicate you have read them.)

the attached information about the DOE Former Beryllium Vendor Medical Surveillance Program including the BeLPT and other medical tests I may be asked to take. I have had the opportunity to discuss any questions that I may have. I have read that the test results are confidential, but not anonymous, which means that my name will remain on my test results, but that testing staff will only discuss these results with me or people approved by me. I have read that I am free to withdraw without penalty or loss of benefits at any time from all or any part of the program for which I am volunteering, including any part or all of the questionnaire, the blood test, or other medical tests. I have read that if the results of any test suggest a health problem, whether related to chronic beryllium disease or not, this will be discussed with me by the program physician.

that if I apply for another job or for insurance, I may be requested to release my medical records to a future employer or an insurance company.

that the results of any tests, examinations, or analysis of this surveillance program may be published or presented at meetings, but that I will not be identified.

that the records of my participation in this program and the results of any tests or examinations that I consent to are DOE-owned, confidential medical records that may be used or disclosed only as provided by the Americans with Disabilities Act, the Privacy Act of 1974, or as required by a court order or under other law.

that personal identifiers such as name, address, phone number, or SSN will not be included in any reports generated from the DOE Beryllium Registry.

that if I have additional questions about this program or my participation in it, I can contact Dr. Donna Cragle, ORISE, at (865) 576-2866; Dr. Bill Stange, ORISE, at (303) 423-9585; the Chair of the Oak Ridge Site-wide Institutional Review Board at (865) 576-1725.

that beryllium testing does not automatically qualify me for DOL EEOICPA benefits. The decision whether I qualify for EEOICPA benefits can only be made by DOL, and I will have to work with DOL officials to establish my eligibility to be in that program.

that I will be given a copy of this Consent Form and Fact Sheet after I have signed them.

***Please do not complete this section until you arrive at the clinic.***

**CONSENT STATEMENTS**

I consent to having the following medical evaluations: (Initial **ONLY** those items to which you give your consent.)

\_\_\_\_\_ Blood test called the beryllium lymphocyte proliferation test or Be-LPT.

\_\_\_\_\_ Chest x-ray.

I consent to the use of my identifiable records for future research for a period not longer than six years from the date I sign this form:

\_\_\_\_\_ YES      \_\_\_\_\_ NO

Participant Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Please print)

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

I have explained and discussed any questions that the above program participant expressed concerning the Be-LPT, physical examination, and other medical testing as well as the implications of those tests.

\_\_\_\_\_ Date \_\_\_\_\_  
ORISE-Authorized Representative (Signature)

\_\_\_\_\_  
Authorized Representative (Please print)