



Uploaded to VFC Website ~ October 2012 ~

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](#)

*Veterans-For-Change is a 501(c)(3) Non-Profit Corporation
Tax ID #27-3820181*

If Veteran's don't help Veteran's, who will?

We appreciate all donations to continue to provide information and services to Veterans and their families.

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=WGT2M5UTB9A78

Note:

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members.

**AGENT ORANGE REGISTRY (AOR) PROGRAM PROCEDURES
TO INCLUDE ALL VETERANS EXPOSED TO AGENT ORANGE
AND SPECIAL HEALTH CARE BENEFITS FOR VIETNAM VETERANS' CHILDREN**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook establishes new reporting procedures for the Department of Veterans Affairs (VA), VHA, Environmental Agents Service (EAS) Agent Orange Registry Program.

2. SUMMARY OF MAJOR CHANGES: The principal changes to VHA Handbook 1302.1 are:

a. 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.

b. Implements name 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 1302.

4. RESPONSIBLE OFFICIALS: The Director, EAS (131), is responsible for the contents of this VHA Handbook. Questions may be referred to that individual at VHA Central Office. *NOTE: Questions relating to eligibility for VA care, including enrollment, are to be directed to the eligibility staff at each facility and on the Intranet at <http://www.va.gov/elig/>*

5. RESCISSIONS: Handbook 1302.1, dated August 17, 2001, is rescinded.

6. RECERTIFICATION: This VHA Handbook is scheduled for recertification on or before the last working day of October 2009.

Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

DISTRIBUTION: CO: E-mailed 10/07/04
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 10/07/04

CONTENTS

**AGENT ORANGE REGISTRY (AOR) PROGRAM PROCEDURES
TO INCLUDE ALL VETERANS EXPOSED TO AGENT ORANGE
AND SPECIAL HEALTH CARE BENEFITS FOR VIETNAM VETERANS' CHILDREN**

PARAGRAPH	PAGE
1. Purpose	1
2. Authority	1
3. Vietnam Veterans Eligibility for AO Registry Examinations	1
4. Registry Examinations	2
5. Further Evaluation and Treatment	2
6. Registry Participation Does Not Constitute a Formal Claim for Compensation	2
7. Special Health Care Benefits for Vietnam Veterans' Children Born with Spina Bifida (except Spina Bifida Occulta)	3
8. Special Benefits for Women Vietnam Veterans' Children with Birth Defects	3
9. Program Management	3
10. EH Clinician Responsibilities	4
11. EH Coordinator Responsibilities	7
12. Active Duty Military Personnel	9
13. Incarcerated Veterans	10
14. Veterans with Other than Honorable Discharges	10
15. Conducting the Physical Examination	10
16. Reporting Requirements	13
17. Education and Training	14

PARAGRAPH

PAGE

APPENDICES

A Sample Agent Orange Follow-up Letter (Medical Problems Indicated) (Vietnam Veterans) A-1

B Sample Agent Orange Follow-up Letter (Medical Problems Indicated) (Veterans who may have been exposed to Agent Orange or other Herbicides outside of Vietnam) B-1

C Sample Agent Orange Follow-up Letter (No Medical Problems) (All veterans exposed to Agent Orange or other herbicides) C-1

D Definitions and Acronyms D-1

E Instructions for entering registry examination data via website <http://vaww.registries.aac.va.gov> E-1

F VA Form 10-9009, Agent Orange Registry Code Sheet F-1

**AGENT ORANGE REGISTRY (AOR) PROGRAM PROCEDURES
TO INCLUDE ALL VETERANS EXPOSED TO AGENT ORANGE
AND SPECIAL HEALTH CARE BENEFITS FOR VIETNAM VETERANS' CHILDREN**

1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth clinical and administrative procedures related to the maintenance of the VHA Agent Orange Registry (AOR) program of physical examinations for eligible, concerned, Vietnam veterans who served in the Republic of Vietnam between 1962 and 1975, veterans who served in Korea during 1968 or 1969, and any United States (U.S.) veterans who may have been exposed to dioxin, or other toxic substance in a herbicide or defoliant, during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes.

2. AUTHORITY

a. Under Public Law (Pub. L.) 102-585 (1992) Section 703, the Secretary of Veterans Affairs may provide, upon request, a health examination, consultation, and counseling to a veteran who is eligible for listing or inclusion in any health-related registry administered by the Secretary of Veterans Affairs. Under this authority, the Department of Veterans Affairs (VA) must provide registry examinations to veterans who served in Korea in 1968 or 1969, and/or any other U. S. veteran who may have been exposed to dioxin, or other toxic substance in a herbicide or defoliant, during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides, and who requests an AOR examination. The results of such an examination are to be included in the AOR.

b. Pub. L. 100-687, the Veterans' Judicial Review Act of 1988, requires the Secretary of Veterans Affairs to organize and update the information contained in the VA AOR, enabling VA to notify Vietnam era veterans who served in the Republic of Vietnam of any increased health risks resulting from exposure to dioxin or other toxic agents. **NOTE:** *VA will continue to meet this mandate and extend it to include all other veterans who qualify for inclusion and participation in the AOR.*

3. VETERANS ELIGIBILITY FOR AO REGISTRY EXAMINATIONS

Registry examinations must be provided to:

a. Any U.S. male or female Vietnam era veteran who served in the Republic of Vietnam between 1962 and 1975, regardless of length of service (i.e., 1 hour, 1 day, 1 month, 1 year, etc.). Verification of service during the Vietnam era is required. **NOTE:** *Inasmuch VA presumes that a veteran was exposed to phenoxy herbicides during any service in Vietnam, a verified claim of such in-country service constitutes the required contention of exposure and establishes eligibility for registry examinations within these provisions.*

NOTE: Congress gave VA the authority to presumptively service-connect exposure to herbicides used in the Vietnam War to certain health effects among Vietnam veterans (see subpar. 10(e) for the conditions that are currently presumptively recognized as service-connected. Veterans from other conflicts (Korea, etc) may take advantage of these health effect “presumptions,” if they are diagnosed with one of the presumed illnesses. But unlike Vietnam veterans, they are required to prove they were exposed to Agent Orange or other herbicides during their military service. That is, they do not have the benefit of a presumption of exposure like Vietnam veterans.

b. Any U.S. veteran who served in Korea during 1968 or 1969.

c. Any U.S. veteran who may have been exposed to dioxin, or other toxic substance in a herbicide or defoliant, during the conduct of, or as a result of, the testing, transporting or spraying of herbicides for military purposes.

4. REGISTRY EXAMINATIONS

The registry examination protocol for veterans exposed to dioxin or other toxic substance in a herbicide or defoliant is described in paragraph 15. **NOTE:** Veterans eligible for inclusion in the AOR do not need to be enrolled in VA health care to receive the registry examinations.

5. FURTHER EVALUATION AND TREATMENT

Where the findings of the registry examination reveal a condition requiring treatment, the veteran is to be referred to a VA primary care clinician to obtain the necessary medical assessment and appropriate treatment, if enrolled for VA health care. If the veteran is not enrolled, the veteran must be encouraged to enroll or seek non-VA care. Except for a registry examination, a clinician must make a determination on each visit that such care is related to Agent Orange exposure in order to exempt the visit from medical care co-payment requirements. Being enrolled ensures that VA can provide a full-range of services to the veteran whether the care is related to exposure or not.

6. REGISTRY PARTICIPATION DOES NOT CONSTITUTE A FORMAL CLAIM FOR COMPENSATION

Veterans must be advised that participation in the AOR examination program does not constitute a formal claim for compensation. Although the results of such an AOR examination may be used to support a compensation claim, the examination will not, in and of itself, be considered such a claim. Veterans must be advised of the routine procedure to file a claim through the Veterans Benefits Representative (VBR) at the nearest VA facility, medical center, or regional office.

7. SPECIAL HEALTH CARE BENEFITS FOR VIETNAM VETERANS' CHILDREN BORN WITH SPINA BIFIDA (EXCEPT SPINA BIFIDA OCCULTA)

a. Spina bifida (except spina bifida occulta) is presumptively recognized in the offspring of Vietnam veterans as due to herbicide exposure.

b. Title 38 U.S.C. Section 1803 states that VA must provide health care benefits for children of Vietnam veterans who are born with spina bifida or any disability that is associated with such condition. The term "child," with respect to a Vietnam veteran, means a natural child of the Vietnam veteran, regardless of age or marital status, who was conceived after the date on which the veteran first entered the Republic of Vietnam during the Vietnam era between January 9, 1962 and May 7, 1975, inclusive. **NOTE:** *The term "Vietnam veteran" means a veteran who performed active military, naval, or air service in the Republic of Vietnam during the Vietnam era.* The Veterans Benefits Act of 2003 extended these benefits to the natural children of veterans who served in Korea between September 1, 1967, and August 31, 1971, and who were exposed to certain herbicides during such service in or near the Korean demilitarized zone. The spina bifida conditions covered apply with respect to all forms and manifestations of spina bifida except spina bifida occulta. **NOTE:** *For information about this program, access websites <http://www.va.gov/hac/spina/spina.asp> or <http://www.vba.va.gov/bln/21/benefits/Herbicide/index.htm#bm03> or contact the VA spina bifida/birth defects Hotline at 1-888-820-1756.*

8. SPECIAL HEALTH CARE BENEFITS FOR WOMEN VIETNAM VETERANS' CHILDREN WITH BIRTH DEFECTS

a. Under Public Law 106-419, VA identified the birth defects of children of women Vietnam veterans that:

- (1) Are associated with Vietnam service; and
- (2) Result in permanent physical or mental disability.

b. Access website <http://www.vba.va.gov/bln/21/Topics/Women/Birth.htm> for further details concerning these benefits or contact the VA spina bifida /birth defects hotline at 1-888-820-1756.

9. PROGRAM MANAGEMENT

NOTE: *The Environmental Health (EH) Clinicians, Coordinators, and health administration staff of each VA facility are often the first points of contact for veterans requesting registry examinations. They play a significant role in determining the perception veterans have concerning the quality of VA health care services and of their individual treatment by VA health care providers. These individuals need to be well informed of the policies and procedures of this Agent Orange Program to provide good management and quality health care for this veteran population.*

- a. **Environmental Health (EH) Clinician.** An EH Clinician and one or more alternates must be designated by the Chief of Staff (COS) and approved by the Director at each facility.
- b. **Environmental Health (EH) Coordinator.** An EH Coordinator and alternate(s) must be designated by administrative staff assigned by the facility Director. Final approval rests with the facility Director's office.
- c. **EH Clinician and Coordinator Listings.** Separate listings of the EH Clinicians and EH Coordinators are maintained by the Environmental Agents Service (EAS). In an effort to keep these listings current, facilities are mandated to notify EAS of changes as they occur in status of the clinicians and coordinators at their respective facilities and/or satellite clinics. These listings must include the name, title, mail routing symbol, address, commercial telephone, and FAX numbers with area code, and are to be submitted, in writing, to EAS (131), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

10. EH CLINICIAN RESPONSIBILITIES

The EH Clinician is responsible for clinical management and serves in an advisory capacity for the administrative management of the program. Major responsibilities include:

- a. **Counseling.** The EH Clinician advises the veteran that the examination cannot detect the presence of dioxin in the body nor determine whether adverse health effects or potential health problems are related to Agent Orange.
- b. **Documenting the Physical Examination.** *NOTE: If a compensation examination is performed for a veteran and the veteran requests inclusion in the AOR, it is not necessary to perform an additional registry examination as long as the demographic and medical information is sufficient to adequately complete the AOR worksheet in website <http://vaww.registries.aac.va.gov> for transmission to the Austin Automation Center (AAC).* The EH Clinician must:

(1) Conduct and document the physical examination in the veteran's health record at the time of the visit.

(a) Perform a complete medical history to include information about:

1. Family;
2. Occupation;
3. Social history noting tobacco, alcohol, and drug use;
4. Civilian exposure to possible toxic agents; and
5. Psychosocial history.

(b) If a non-VA doctor diagnoses a veteran with a significant health problem, the veteran is to be encouraged to contact a VA medical center to include the diagnoses in the veteran's health record.

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

2. These private physician's registry examination data needs to be reported to the AAC via website <http://vaww.registries.aac.va.gov> .

(2) Review and complete if necessary the registry examination worksheets at website <http://vaww.registries.aac.va.gov>

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

(4) Personally discuss with each veteran the:

(a) Findings of the physical examination and completed diagnostic studies. **NOTE:** *The interview are to 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 herbicide exposure. This information must be documented in the veteran's health record.*

(b) Need for follow-up examination (not a consultation, but an additional registry examination) either recommended by the EH Clinician or requested by the veteran.

(c) Preparing and Signing Follow-up Letter. The EH Clinician must ensure that an appropriate personalized follow-up letter, explaining the results of the examination and laboratory studies, has been signed and mailed to the veteran (see Apps. A, 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 must be exercised in the preparation of this correspondence.*

1. Follow-up letters must be mailed to the veteran within 2 weeks of the initial examination appointment. 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 administrative record or scanned to an appropriately titled progress note in Computerized Patient Record System (CPRS).

3. The follow-up letter must explain that:

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 needs 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. **NOTE:** *Depending on the seriousness of the condition identified, the EH Clinician should phone the veteran to discuss the examination findings. Clinical judgment needs to be exercised.* If the veteran is eligible for VA medical treatment, the letter needs to so state and provide the name of a contact person, including telephone number, within the facility.

c. If the veteran is not eligible for VA treatment, the letter needs to recommend that the veteran contact the EH Coordinator's office or a Veterans Benefit Representative (VBR) at the VA facility or Regional Office for further information. **NOTE:** *Another point of contact is the local Enrollment Coordinator or Health Benefits Service Center 1-877-222-VETS (8387) for those found not eligible for VA treatment, in order to ensure appeal rights are given.*

c. If the problem(s) is (are) not necessarily related to possible Agent Orange exposure, the letter needs to explain that there is considerable research underway to learn more about the possible long-term health effects of Agent Orange exposure. Currently, the following conditions have been presumptively recognized as service connected (SC) for the treatment of veterans who were exposed to herbicide agents during service:

- (1) Chloracne (must occur within 1 year of exposure to Agent Orange);
- (2) Non-Hodgkin's lymphoma;
- (3) Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma);
- (4) Hodgkin's disease;
- (5) Porphyria Cutanea Tarda (PCT) (must occur within 1 year of exposure);
- (6) Respiratory cancers (cancers of the lung, larynx, trachea, and bronchus);
- (7) Multiple myeloma;
- (8) Prostate cancer;
- (9) Peripheral neuropathy, transient acute and sub-acute (must appear within 1 year of exposure and resolve within 2 years of date of onset).
- (10) Type 2 diabetes; and
- (11) Chronic lymphocytic leukemia.

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

c. **Reviewing Records.** The EH Clinician reviews records of every veteran receiving an AOR examination to ensure that a complete physical examination was performed and documented and that the veteran has been appropriately notified of the examination results.

11. EH COORDINATOR RESPONSIBILITIES

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

a. **Scheduling of Appointments.** Facilities are to make every effort to give each veteran an AOR examination within 30 days of the request date. *NOTE: If there are work situation constraints, contact VA Central Office (131) to obtain an exemption from the 30-day scheduling requirement.*

NOTE: Consideration may be given to offering examinations (initial and/or 2nd, 3rd, etc. examinations) on evenings or weekends to further convenience veterans.

b. **Monitoring 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 (EH Clinician and Coordinator) Changes.** Advise EAS, VHA Central Office (131) as staff changes occur.

(4) **Registry Worksheets for Initial and Follow-up Examinations.** Enter worksheet data via AAC Website <http://vaww.registries.aac.va.gov>.

c. **Reviewing Records for Accuracy and Completion.** All required records, follow-up letters, and registry examination worksheet data of veteran participants, are to be completed, reviewed for accuracy, and filed and/or scanned into the veteran's health or administrative record.

d. **Collecting Data for Reporting Purposes.** Required registry worksheet data needs to be obtained from the veteran or family and entered into AAC database via website: <http://vaww.registries.aac.va.gov>. The AAC provides the AOR 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 AOR examination program.

(1) The facility staff are to fully communicate all aspects of the AOR examination program by an appropriate means, including advising the veteran to enroll with the VA on the initial visit.

(2) The EH Coordinator is required to provide veterans reporting to the Outpatient and/or

Admission area with a copy of the VA publication Agent Orange Review and upon request, or in response to questions, the Agent Orange Briefs, Agent Orange – General Information, and posting the Agent Orange Posters, inserting your name and phone extension as the individual responsible for the Agent Orange Registry Program. **NOTE:** *These publications and other informational materials are to be visible and accessible in prominent areas (outpatient clinics, admission areas, etc.) to ensure availability to Vietnam veterans, Korea veterans, and other interested individuals. Agent Orange Review also include information relating to use of the herbicide Agent Orange used by the Republic of Korea troops along the Korean Demilitarized Zone (DMZ) in 1968 and 1969 and during the conduct of, or the result of testing, transporting, or spraying of herbicides for military purposes.*

(a) The Agent Orange Review is a VA EAS publication, published periodically, to provide information on Agent Orange and related matters to veterans, their families, and others with concerns about herbicides used during the conduct of, or the result of testing, transporting, or spraying of herbicides for military purposes. **NOTE:** *The Agent Orange Review needs to be included as a supplement to an application for examination.*

(b) The Agent Orange Briefs consist of a series of fact sheets prepared and distributed periodically to VA facilities by EAS, VHA Central Office, Washington, DC. The fact sheets are designed to answer questions relating to the purpose of the examination, its limitations (i.e., explains that the examination cannot detect the presence of dioxin in the body nor determine whether adverse health effects or potential health problems are related to exposure, etc.) and a variety of related matters.

(3) The EH Coordinator receives all Agent Orange-related inquiries and informs each veteran of the toll-free helpline (1-800-749-8387) for Agent Orange concerns.

(4) The EH Coordinator provides copies of VA Agent Orange Briefs and Agent Orange Reviews (prepared and provided to VA facilities by EAS, VHA Central Office, Washington, DC) to all telephone callers, local Veteran Service Organizations (VSOs) and public libraries. **NOTE:** *All past, current, and future issues of the Agent Orange Reviews have been or will be posted on the internet at www.va.gov/agentorange. Many veterans may wish to obtain/read this publication via the Internet rather than the postal service.*

(5) The EH Coordinator posts and communicates the names, locations, and office telephone numbers of the EH Clinicians and Coordinators to concerned VA facility staff. **NOTE:** *An appropriate method of communicating is the use of medical center memoranda providing registry policy and procedures including those responsible for carrying out these policies.*

f. **Records and Record Retention.** The EH Coordinator must establish a health record if one does not already exist

(1) VA Form 10-1079, Emergency Medical Identification, needs to be affixed to the front of the paper health record, if appropriate or a posting noting ‘herbicides’ will be affixed to the front of the paper health record, if appropriate, or a posting noting ‘herbicides’ will be generated in CPRS.

(2) Registry worksheets and dated follow-up letters must be maintained in the paper administrative health record or scanned and attached to an appropriately titled CPRS progress note. All medical records of registry examinations must be maintained within CPRS.

(3) Laboratory results are to be maintained within the electronic laboratory package unless results are only available on paper; in which case, they will be scanned and appropriately titled within CPRS. If necessary, these examinations and laboratory results may be maintained in the paper health record.

(4) AOR examination documents that become part of the patient's health record must be retained in accordance with VHA records Control Schedule (RCS) 10-1.

12. ACTIVE DUTY MILITARY PERSONNEL

a. When active duty members of the uniformed services apply to VA facilities for an Agent Orange examination, the Department of Defense (DOD) must provide VA with appropriate authorization, i.e., DOD Form 1161, Referral for Civilian Care.

NOTE: The requirements of M-1, Part I, Chapter 15, regarding the authorization and billing from the appropriate branch of service, apply.

(1) The procedures for processing the examination are the same as those for a veteran participating in this program.

(2) A military facility may perform the Agent Orange examination according to VA instructions.

(3) Military facilities may obtain the pertinent information and samples of appropriate forms from the nearest VA facility. Military facilities must complete the registry codesheets with exception of the following coding identifiers which are to be filled in by VA coding clerks. These coding identifiers are:

(a) Facility number and/or suffix,

(b) County and state, and

(c) Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) of the veteran's symptom and/or complaint.

(4) The completed registry worksheets, copies of the physical examination, laboratory tests, etc., are to be forwarded to the EH Coordinator at the nearest VA medical center or outpatient clinic.

b. After the documents reach the EH Coordinator, the EH Coordinator must:

(1) Complete registry worksheet with identifier codes;

(2) Transmit registry codesheet data to the AAC via website: <http://vaww.registries.aac.va.gov>, in accordance with instructions; and

(3) Maintain the medical documents and original registry worksheets in veteran's health record, which is to be available if, or when, the individual is discharged from the service and reports for treatment as a veteran.

13. INCARCERATED VETERANS

a. Agent Orange registry examinations may be provided to incarcerated veterans either in the prison or jail, or in the VA facility.

b. If an incarcerated veteran is accepted at a VA facility for an AOR examination, VA may conduct such an examination 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 examinations. **NOTE:** *VA is encouraged to work with said penal institution to avoid potential disruptions at the VA medical center upon exam reporting (as an example, the wearing of prison uniforms and restraints are to be discouraged).*

c. For purposes of entry into the AOR, upon request, VA medical facilities may assist penal institutions by providing copies of this Handbook 1301.2, worksheets, etc.

d. Penal authorities must be advised at the time of such requests, that the results of the examinations provided at their institutions are to be forwarded to the VA medical facility of jurisdiction for inclusion, on the veteran's behalf, in VA's AOR.

e. A recommendation can be made to the penal institution to retain a copy of the examination documents submitted to VA. **NOTE:** *Such documents should be maintained by penal authorities until the individual is released from the penal institution; these documents are then given to the veteran.*

NOTE: *The clinic Director, or designee, must notify the civil authorities when the AOR examination is completed. The penal institution will not be billed for the examination conducted at the VA facility. On the other hand, VA will not reimburse the penal authorities when they conduct these AOR examinations.*

14. VETERANS WITH OTHER THAN HONORABLE DISCHARGES

The requirements of M-1, Part I, Chapter 4, paragraph 4.38, or appropriate Handbook and Directive, apply to veterans with other than honorable discharges applying for AOR examinations.

15. CONDUCTING THE PHYSICAL 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 the EH Clinician, or under the EH Clinician's direct supervision; this includes the Compensation and Pension

(C&P) examination. **NOTE:** *If the veteran makes an informed decision to undergo prostate cancer screening, a digital rectal examination (DRE) of the prostate is to be included as part of the physical examination of a male veteran.*

b. The person actually performing the physical examination must be identified by signature and title (Doctor of Osteopathy (D.O.), Doctor of Medicine (M.D.), Physician's Assistant (P.A.), Nurse Practitioner, etc.). If examinations are performed by someone other than a physician, this individual must be privileged to do physical examinations (see VHA Handbook 1100.19).

c. Special attention must be given to those organs and/or systems that may be affected by exposure to herbicides containing Agent Orange. Particular attention must be paid to the:

(1) **Skin Examination**

(a) Detection of chloracne, a skin condition which has been associated with acute exposure to Agent Orange and other herbicides containing dioxin; and

(b) PCT, a disorder which is characterized by thinning and blistering of the skin in sun-exposed areas (only genetically predisposed individuals have been shown to develop PCT after exposure to dioxin).

(2) **Soft Tissue Sarcoma.**

(3) **Lymph Nodes and Organs**

(a) Non-Hodgkin's lymphoma, and

(b) Hodgkin's disease.

(4) **Respiratory System**

(a) Cancer of the lung,

(b) Cancer of the larynx,

(c) Cancer of the trachea, and

(d) Cancer of the bronchus.

(5) **Hematologic System and Bone**

(a) Multiple myeloma, and

(b) Chronic lymphocytic leukemia.

(6) **Prostate Cancer.** Screening of Vietnam veterans for prostate cancer: **NOTE:** *“Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam (1994),” “Veterans and Agent*

Orange: Update 1996,” “Veterans and Agent Orange: Update 1998,” “Veterans and Agent Orange: Update 2000,” and “Veterans and Agent Orange: Update 2002” which are Institute of Medicine (IOM) reports, concluded that there is “limited and/or suggestive evidence of an association” between exposure to herbicides used in Vietnam and the development of prostate cancer. Because of the provisions of the law and the IOM findings, VA has established a presumption that prostate cancer is related to exposure to herbicides in Vietnam. As a result of the establishment of this presumption, it is anticipated that many Vietnam veterans will seek advice about screening for prostate cancer.

(a) While prostate cancer is one of the most serious malignancies for American men in terms of the number of cases and mortality, the value of performing screening tests on asymptomatic individuals remains controversial. The medical and scientific evidence supporting various screening tests is far from conclusive, and recommendations of major groups differ regarding prostate cancer screening.

(b) For instance, DRE has limited sensitivity and specificity for detecting early prostate cancer resulting in many false-positive and false-negative findings. Conversely serum Prostate Specific Antigen (PSA) is very sensitive for detecting prostate cancer, but it is not very specific, since it may be elevated with benign prostate conditions. More definitive evaluation of individuals with positive screening tests, such as the performance of transrectal biopsies, carries the risk of morbidity from the procedure, as well as causing anxiety for the patient.

(c) The ultimate benefit of early detection and treatment of prostate cancer in asymptomatic men is unclear. Prostate cancer may not become clinically important for many afflicted individuals; surgery and other treatments all carry significant risks of serious complications (including incontinence, impotence, and death) and optimal therapy is uncertain.

(d) Clinicians must respond to the values of the individual patient, which are based on the individual patient’s background, experience, and perspective. Since Vietnam veterans may be eligible for compensation if they are diagnosed with prostate cancer, considerations other than purely clinical issues may be important to them. Clinicians need to be prepared to explain the available evidence, and deal with patient requests that may diverge from a path based exclusively upon scientific data.

(e) If a Vietnam veteran requests a prostate cancer screening exam (DRE, transrectal ultrasound, and/or PSA) after the controversy regarding the value of such testing has been explained, it is recommended that the EH Clinician honor the veteran's request.

(7) Peripheral Nervous System. Acute and sub-acute peripheral neuropathy.
NOTE: Peripheral neuropathy has been noted to develop after acute exposure to dioxin; however, there is no evidence that this persists beyond the sub-acute period.

(8) Diabetes (Type II).

d. In gathering medical history data, it is important to determine and record:

(1) The time of onset of the veteran’s symptoms or conditions,

- (2) Intensity,
 - (3) Degree of physical incapacitation, and
 - (4) Details of any treatment received.
- e. Each veteran is to be given the following base line 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;
- (4) Urinalysis; and

(5) Hepatitis C Screening; that is, with the patient's consent and consistent with the standards for provider evaluation and testing refer to website: <http://www.va.gov/hepatitisc/> .
NOTE: *Hepatitis C has particular import for VA because of its prevalence in VA's service population.*

f. Appropriate additional diagnostic studies must be performed and consultations obtained as indicated by the patient's symptoms, the physical examination, and the laboratory findings.

g. Non-routine diagnostic studies, such as sperm counts, are performed only if medically indicated.

h. Laboratory test results must be filed in the veteran's medical record.

NOTE: *EH Clinicians should not obtain blood or serum and/or adipose tissue for analysis of tetrachlorodibenzo-para-dioxin (TCDD). Surgical procedures will not be performed to obtain tissue for the purpose of TCDD analysis. Serum dioxin has no clinical value and is currently recommended only as a part of a well-designed research study.*

16. REPORTING REQUIREMENTS

a. Transmission

(1) Registry worksheet data will be entered and transmitted no later than 10 working days following the registry examination to the AAC database via website:
<http://vaww.registries.aac.va.gov> .

(2) Copies of are to be filed in the veteran's administrative health record.

b. **EH Clinician and Coordinator Listings.** Separate listings of the EH Clinicians and Coordinators are maintained by EAS, VHA Central Office. In an effort to keep these listings

current, facilities are required to notify EAS, VHA Central Office, in writing, of any changes at their respective facilities and/or satellite clinics.

17. EDUCATION AND TRAINING

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

(1) VA Agent Orange Briefs and Agent Orange Reviews, prepared and distributed periodically to all VA facilities by EAS, VHA Central Office, are another training resource. Current and back issues of this material are available on-line at <http://www.va.gov/agentorange/>

(2) Telephone conferences with VA medical facilities are held periodically by EAS, VHA Central Office. **NOTE:** *Reports from these telephone conferences, research journal reprints, current Agent Orange Briefs, Agent Orange Reviews, and other education items are distributed to all VA facilities by EAS, VHA Central Office. A Veteran Health Initiative (VHI), a system-wide training program for Agent Orange veterans' health, has been issued and can be accessed on our website <http://www.va.gov/VHI/>. This ensures that VA physicians have the opportunity to be well informed regarding the latest developments on veterans' health issues.*

b. Education and training must ensure the successful accomplishment of the following goals for VHA staff. They need to be able to:

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

(2) Acquire an in-depth knowledge of the specific processes, designated responsibilities, and time standard requirements of the Agent Orange Program.

**SAMPLE AGENT ORANGE FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED
FOR VIETNAM VETERANS)**

(Date)

(Name/Address)

Dear:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Agent Orange Registry (AOR). This effort assists us to serve you and other veterans who are concerned about the possible health problems which might have resulted from military service in the Republic of Vietnam during the Vietnam era (between 1962 and 1975).

As discussed at the conclusion of your visit, the 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.

The results of your examination will be maintained by VA. If you have any questions or concerns about your AOR examination, please contact the Environmental Health Coordinator at (phone number).

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information will be included in your medical record as well as the AOR.

Remember, this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish possible service connection, contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). VA may pay compensation for current disability due to any injury or disease that was incurred, or was aggravated, during military service. The condition does not have to be related to combat. If you need any further assistance, you may call one of the following toll-free numbers:

1. Veterans Benefits Representative 1-800-827-1000 (for information on filing claims);
2. Veterans Health Benefits Service Center 1-877-222-VETS (8387); or
3. VA Helpline 1-800-749-8387.

To receive health care, veterans generally must be enrolled with VA. They may enroll at any time, if eligible. Additional information on enrollment, including enrollment forms and online applications, also can be found on the Internet at <http://www.va.gov/elig/>, or contact a Veterans Benefits Representative by calling the VA toll-free telephone number 1-800-827-1000.

An outreach program has been implemented in which VA notifies all individuals listed in the Agent Orange Registry of significant VA activities, including the health consequences of military service during the Vietnam era. You are now automatically included in our Agent Orange Registry, and will be receiving an "Agent Orange Review" published periodically by VA's Environmental Agents Service. If you wish to obtain and/or read this publication via Internet, (www.va.gov/agentorange), or if you have a change of address, please contact the Environmental Health Coordinator at this medical center at (phone number).

We trust this information is helpful to you. Once again, your participation in the Agent Orange Registry is appreciated.

Sincerely,

_____(Name)_____
Environmental Health Clinician

**SAMPLE AGENT ORANGE FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED FOR VETERANS WHO MAY HAVE BEEN
EXPOSED TO AGENT ORANGE OR OTHER HERBICIDES OUTSIDE OF VIETNAM)**

NOTE: If the veteran is not eligible for Department of Veterans Affairs (VA) treatment (e.g., the veteran is not enrolled for VA health care and/or served outside of Vietnam), the following letter is recommended.

(Date)

(Name/Address)

Dear:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Agent Orange Registry (AOR). This effort assists us to serve you and other veterans who are concerned about the possible health problems which might have resulted from military service in Korea (1968 or 1969) or during the conduct of, or as a result of, testing, transporting, or spraying of herbicides for military purposes.

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). These results will be maintained by VA. If you have any questions or concerns about your AOR examination, please contact me at (phone number).

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information will be included in your medical record as well as the AOR.

To receive health care, veterans generally must be enrolled with VA. They may enroll at anytime, if eligible. Additional information on enrollment, including enrollment forms and online applications, also can be found on the Internet at <http://www.va.gov/elig/>, or contact a Veterans Benefits Representative by calling the VA toll-free telephone number 1-800-827-1000.

Remember, this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish possible service connection, contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). VA may pay compensation for current disability due to any injury or disease that was incurred or aggravated during military service. The condition does not have to be related to combat . If you need any further assistance, you may call one of the following toll-free numbers:

1. Veterans Benefits Representative 1-800-827-1000 (for information on filing claims);

2. Veterans Health Benefits Service Center 1-877-222-VETS (8387); or
3. VA Helpline 1-800-749-8387.

An outreach program has been implemented in which VA notifies all individuals listed in the Agent Orange Registry of significant VA activities, including the health consequences of military service in Korea or other locations during the conduct of, or as a result of, testing, transporting, or spraying of herbicides for military purposes. Since you are now automatically included in our Agent Orange Registry, you will be receiving an "Agent Orange Review" published periodically by VA's Environmental Agents Service. If you wish to obtain and/or read this publication via Internet, (www.va.gov/agentorange), or if you have a change of address, please contact the Environmental Health Coordinator at this medical center at (phone number).

We trust this information is helpful to you. Once again, your participation in the Agent Orange Registry is appreciated.

Sincerely,

_____(Name)_____
Environmental Health Clinician

**SAMPLE AGENT ORANGE FOLLOW-UP LETTER
(NO MEDICAL PROBLEMS FOR ALL VETERANS EXPOSED TO AGENT ORANGE
OR OTHER HERBICIDES)**

(Date)

(Name/Address)

Dear _____:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Agent Orange Registry Program. This effort should prove to be helpful in assisting us to serve you and other veterans who are concerned about the possible health problems which may have resulted from exposure to Agent Orange or other herbicides during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes.

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 service in (Vietnam, and/or Korea and/or other locations during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes). However, in the future if you have a medical problem, I would encourage you to seek the help and advice of your nearest VA medical center or outpatient clinic. You may reach us at telephone number (phone number). You may also contact a VA Helpline by calling 1-800-749-8387.

To receive health care, veterans generally must be enrolled with VA. They may enroll at any time, if eligible. Additional information on enrollment, including enrollment forms and online applications, also can be found on the Internet at <http://www.va.gov/elig/>, or call one of the following toll-free telephone numbers:

1. Veterans Benefits Representative at: 1-800-827-1000 (for information on filing claims); or
2. Veterans Health Benefits Service Center at: 1-877-222-VETS (8387).

The results of your examination is maintained by VA.

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information will be included in your medical record as well as the Agent Orange Registry.

An outreach program has been implemented whereby VA notifies all individuals listed in the Agent Orange Registry of significant VA activities, including research on the health consequences of military service in Korea and/or the Republic of Vietnam during the Vietnam era and/or other locations during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes. Since you are now included in our Agent Orange Registry, you will be receiving an "Agent Orange Review" which is published periodically by VA's Environmental Agents Service. If you wish to obtain and/or read this publication via Internet,

(www.va.gov/agentorange), or if you have a change of address, please contact the Environmental Health Coordinator at this medical center at (phone number).

We trust this information is helpful to you. Once again, your participation in the Agent Orange Registry is appreciated.

Sincerely,

_____(Name)_____
Environmental Health Clinician

DEFINITIONS AND ACRONYMS

- 1. Austin Automation Center (AAC).** The AAC, Austin, TX, is the location of the Agent Orange Registry database.
- 2. Agent Orange.** Agent Orange is a term used to describe a herbicide or defoliant, used in Vietnam, Korea and other service areas. It was composed of two active ingredients, 2,4-D and 2,4,5-T. The name "Agent Orange" came from the orange stripe on the storage drums.
- 3. Agent Orange Registry (AOR).** The AOR is a computerized index of veteran participants, and the coded findings of the Agent Orange Program physical examinations, including related diagnostic results. This AOR is managed centrally by the Environmental Agents Service (EAS) in the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Central Office and entered into a database by the AAC.
- 4. Chief of Staff (COS).**
- 5. Computerized Patient Record System (CPRS).**
- 6. Defoliant.** A defoliant is a chemical preparation used to defoliate plants.
- 7. Defoliate.** Defoliate means to lose leaves or to strip off leaves; to destroy an area of jungle, forest, etc., by chemical sprays in order to remove places of concealment of enemy forces.
- 8. Department of Defense (DOD).**
- 9. Department of Veterans Affairs (VA).**
- 10. Digital Rectal Examinations (DRE).**
- 11. Demilitarized Zone (DMZ)**
- 12. Dioxin.** A family of chlorinated compounds produced as byproducts in the manufacture of Agent Orange herbicides (see par. 29; 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)).
- 13. Doctor of Osteopathy (D.O.).**
- 14. Doctor of Medicine (M.D.).**
- 15. DOD Form 2161, Referral for Civilian Care.**
- 16. Environmental Agents Service (EAS).** The EAS, VHA Central Office, has the responsibility to coordinate and monitor all Veterans Health Administration (VHA) activities, research and otherwise, relating to the Agent Orange issue. All policy and clinical questions relating to the potential effects of herbicides should be referred to this office. **NOTE:**

Questions relating to eligibility of veterans or treatment of active duty personnel should be referred to the Business Office (163), VHA Central Office.

17. Facility. A facility is a VA entity that provides AOR examinations to any eligible United States veteran or active duty personnel who may have been exposed to dioxin or other toxic substances in a herbicide or defoliant during the conduct of, or a result of, testing, transporting, or spraying of herbicides for military purposes.

18. Follow-up Examination. The follow-up examination is an examination that is performed subsequent to the initial (first) examination. Data from completed copies of the follow-up registry examination worksheets are transmitted to the AAC via website <http://vaww.registries.aac.va.gov>.

19. Herbicide. A herbicide is a substance or preparation used to destroy vegetation.

20. Initial Examination. The initial examination is the first physical examination provided to eligible veterans. Data from completed copies of the initial registry examination worksheets are transmitted via website AAC <http://vaww.registries.aac.va.gov> for the purpose of entering a veteran into the AOR system. The original code sheet is filed in the veteran's health record.

21. Non-service Connected (NSC).

22. National Academy of Sciences (NAS).

23. Nurse Practitioner (NP).

24. Patient Treatment File (PTF).

25. Physician's Assistant (PA).

26. Porphyria Cutanea Tarda (PCT). PCT is a liver disorder characterized by thinning and blistering of the skin in sun-exposed areas.

27. Prisoner of War (POW).

28. Records Control Schedule 10-1 (RCS 10-1). The RCS 10-1 is a document supplying information regarding Veterans Health Administration record retention and disposition.

29. Tetrachlorodibenzo-para-dioxin (TCDD)-2,3,7,8. TCDD is an abbreviation for a specific dioxin which was an impurity or contaminate, created in the manufacturing process for producing Agent Orange. This contaminate of some herbicides was used in the Republic of Vietnam, on a strip of land just south of the demilitarized zone (DMZ) and north of the Civilian Control Line in Korea, and in other locations during the conduct of or as a result of testing, transporting, or spraying of herbicides for military purposes.

30. The International Classification of Diseases - 9th Edition, Clinical Modification (ICD-9-CM). The ICD-9-CM provides standardized classification of diseases.

31. Toxicity. Toxicity is the relative or specific degree of being harmful.

32. Service Connected (SC).

33. Social Security Number (SSN).

34. Veterans Benefits Representative (VBR).

35. Veterans Health Administration (VHA).

36. Veterans Health Record (VHR). This file contains medical records relating to patient identify, diagnosis, prognosis, or treatment at a VA health care facility.

37. Veterans Integrated Service Network (VISN).

INSTRUCTIONS FOR COMPLETING VA AGENT ORANGE REGISTRY WORKSHEETS

1. General Instructions for Completing Department of Veterans Affairs (VA) Agent Orange Registry Worksheets

a. Electronic entry of Agent Orange Registry worksheet data should be complete 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.

NOTE: As of June 30, 2003, the AAC no longer accepts hard copies of code sheets mailed to their offices in Austin, TX.

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

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

(2) Part II of the code sheet is to be completed at the time of the examination by the EH Clinician. Once completed, coding clerks, or other appropriate staff, are advised to assign the International Classification of Diseases - 9th Edition, Clinical Modification (ICD-9-CM) codes as appropriate.

NOTE: Careful attention needs to be paid to assigning the correct code for both complaints (Item 22) and diagnosis (Items 28-29). Code 78999, for uncodable complaints (symptoms), is to be assigned only after all coding possibilities have been thoroughly explored. The indiscriminate use of 78999 may result in skewed or misleading statistics of minimal value.

2. Instructions for Completing Part I

Item 1. Facility Number and Suffix. Enter facility code as listed in on website http://vaww.aac.gov/npcd/facility_quick_reference.asp, or at <http://vaww.aac.gov/npcd/new/Stations.php>.

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 Exam. The following are transaction types that appear at the registry logon:

A = Initial Examination. Veteran's first Agent Orange 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 website. 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. Veteran's second and subsequent Agent Orange examinations.

NOTE: Consultations relating to the initial or first time examination are not considered follow-up examinations for the purpose of this registry.

D = Deletes an entire follow-up examination that was originally submitted through the manual batch process. Do not use this to delete a follow-up examination that was entered via the website. 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.

I = To include those veterans whose names are not on the AOR but who would like their names and addresses included on a mailing list for the "Agent Orange Review."

P = To include diagnoses submitted by a private physician, on the physician's letterhead paper, and signed by that physician, certifying the accuracy of the diagnoses.

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 is 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."

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. Permanent Address

- a. Enter veteran's permanent street address.
- b. Enter veteran's city or town.
- c. Enter ZIP Code of permanent residence (if needed, use the National ZIP Code Directory).

- d. Extended ZIP Code (Optional).
- 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 10. Race and/or Ethnicity. Enter from the pull-down menu.

Item 11. Marital Status. Enter one of the following codes from the pull-down menu:

- 1 = Married
- 2 = Divorced
- 3 = Separated
- 4 = Widowed
- 5 = Single, Never Married

Item 12. Sex. Enter one of the following codes from the pull-down menu:

- M = Male
- F = Female

Item 13. Current Status. Enter one of the following codes from the pull-down menu:

- 1 = Inpatient
- 2 = Outpatient
- 3 = Incarcerated
- 4 = Active Duty, Inpatient
- 5 = Active Duty, Outpatient

Item 14. Branch of Service. If the veteran was in one of the following branches of service, enter the appropriate code. If the veteran served in more than one branch of service, enter the latest Vietnam service. If veteran served in Korea in 1968 or 1969, or other locations during the conduct of, or a result of, testing, transporting, or spraying of herbicides for military purposes, enter Code 6 = Other.

- 1 = Army
- 2 = Air Force
- 3 = Navy
- 4 = Marine Corps
- 5 = Coast Guard
- 6 = Other

Item 15, 15A, and 15B. Military Service in Vietnam, Korea and/or other locations during the conduct of, or as a result of, testing, transporting, or spraying of herbicides for military purposes.

A. Enter one of the following codes from the pull-down menu:

Code: 1= Vietnam

Code 2 = Korea (if in Korea in 1968 or 1969)

Code 3 = Both

Code 4 = Neither (Neither Korea or Vietnam, but other locations). **NOTE:** Enter Code 4 if the veteran served in other locations during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes. Under Item 33, "Remarks" list the site and any other details.

B. **Item 15A.** Enter the numerical equivalent of the month and the last four-digit year of the longest period of service in Vietnam (e.g., from 02/1968 to 09/1969) or Korea (e.g., 1/1968 to 12/1969).

C. **Item 15B.** If the veteran had two or more periods of service in Vietnam or Korea, the second longest period of service is the one to be entered. If only one period of service in Vietnam or Korea, enter in 15A and leave 15B blank.

Item 16. In What Corps or Area Did the Veteran Serve. Enter one of the following codes from the pull-down menu: ((Code 6 = Other); use "Y" for Korea and other locations, list area(s) under Item 33 "Remarks").

Y = Yes, N = No, or U = Unknown

- a. I Corps
- b. II Corps
- c. III Corps
- d. IV Corps
- e. Sea Duty
- f. Other (If "Y" is entered, list the other area(s) under Item 33, Remarks).

Item 17. Military Units. Enter the military unit in which the veteran served in Vietnam, and/or Korea, and/or other locations during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes. Specify complete unabbreviated title, i.e., company, battalion, corps, ship, division, etc. (e.g., Company C, 1st Battalion, 4th Army).

Items 18, 18A, and 18B. Last Two Periods of Service. Enter the numerical equivalent of the month and the four-digit year of the last two periods of service if other than Vietnam or Korea (e.g., from 11/1967 to 11/1969 and 10/1965 to 10/1967). If the veteran did not have more than one period of service, leave 18B blank.

Items 19, 19a through 19e. Exposure to Agent Orange. Enter one of the following codes in Items 19a through 19e from the pull-down menu, that most appropriately describes the veteran's exposure to Agent Orange. All blocks must be completed.

- 1 = Definitely yes
- 2 = Not sure
- 3 = Definitely no

- A I was involved in handling or spraying Agent Orange.
- B I was not directly sprayed, but was in a recently sprayed area.
- C I was exposed to herbicides other than Agent Orange
- D I was directly sprayed with Agent Orange.
- E I ate food or drink that could have been sprayed with Agent Orange.

Item 20. Veteran's Health. Enter one of the following codes from the pull-down menu which best describes how the veteran perceives the veteran's own health status:

- 1 = Very good
- 2 = Good
- 3 = Fair
- 4 = Poor
- 5 = Very poor

3. Instructions for Completing Part II. Information coded by coding clerks, or other designated personnel, needs to be done in conjunction with that indicated by the Environmental Health Clinician in Part II, Items 22a-c, 28a-c, and 29.

Item 21. Date of Exam. Enter the numerical equivalent for the month, day, and year (e.g., 09/22/1986).

Item 22. Veteran's Complaints. (Complaints or Symptoms)

A. Lines 22a through 22c. Provide a narrative of the veteran's three major symptoms or complaints. If there are none, indicate this by entering "78000." If the veteran's complaint is a diagnosis rather than a symptom, e.g., diabetes, annotate this under Remarks, Item 33. **NOTE:** *Do not include this diagnosis in this section.*

B. Lines 22a through 22c. Are to be used for coding purposes. For uncodeable symptoms, use "78999" only when all other ICD-9-CM codes have been thoroughly researched and the ICD-9 code book referenced. If there are no known complaints, use "78000." **NOTE:** *Coding must be completed by coding clerks or designated personnel.*

C. Line 22d. List any additional complaints that are not listed in 22a through 22c. No ICD-9-CM codes are required.

Item 23. Chief Complaint. Enter one of the following codes from the pull-down menu if the veteran attributes chief complaint to Agent Orange Exposure: Y = Yes, N = No, or U = Unknown

Item 24. Number of Complaints. Enter the total number of complaints the veteran has indicated. This number does not have to correlate to the three complaints described in Item 22. If the veteran has no complaints, enter a "0" and make certain that "78000" is entered in Item 22a.

Item 25. Evidence of Birth Defects among the Vietnam Veteran's Children - (FOR THOSE VETERANS WHO SERVED OUTSIDE OF VIETNAM COMPLETE ITEM 25A AND THEN GO TO ITEM 26. DO NOT COMPLETE ITEMS 25B THROUGH 25K.)

Item 25A. How many children does veteran have? Enter the number of children the veteran has. If none, enter zero and go to Item 26.

Item 25B. How many of these children were born before the veteran's military service in the Republic of Vietnam? If none, enter zero and go to Item 25G.

Item 25C. How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of spina bifida? Enter the number of children born before the veteran's military service in the Republic of Vietnam who showed evidence of spina bifida. If none, enter zero and go to Item 25E.

Item 25D. State mother's age at conception of first child showing evidence of spina bifida was conceived before the veteran's military service in the Republic of Vietnam. If a veteran has a child (ren) conceived before the veteran's military service in the Republic of Vietnam who showed evidence of spina bifida (Item 25C), enter the mother's age at conception of the first child with spina bifida.

Item 25E. How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of other birth defects? Enter the total number of children born before the veteran's military service in the Republic of Vietnam who showed evidence of other birth defects. If none, enter zero and go to Item 25G.

Item 25F. State mother's age at conception of first child showing evidence of other birth defects who was conceived before the veteran's military service in the Republic of Vietnam. If the veteran has a child or children conceived before the veteran's military service in the Republic of Vietnam who showed evidence of other birth defects (Item 25E), enter the mother's age at conception of the first child conceived with birth defects.

Item 25G. How many children were born during or after the veteran's military service in the Republic of Vietnam? Enter the total number of children that were born during or after the veteran's military service in the Republic of Vietnam. If none, enter zero and go to Item 26.

Item 25H. How many of these children who were born during or after the veteran's military service in the Republic of Vietnam showed evidence of spina bifida? Enter the total number of children born during or after the veteran's military service in the Republic of Vietnam who showed evidence of spina bifida. If none, enter zero, and go to Item 25J.

Item 25I. State mother's age at conception of first child conceived during or after the veteran's military service in the Republic of Vietnam showing evidence of spina bifida. If veteran has a child or children born during or after the veteran's military service in the Republic of Vietnam who showed evidence of spina bifida (Item 25H), enter the mother's age at conception of first child showing evidence of spina bifida.

Item 25J. How many of the children born during or after the veteran's military service in the Republic of Vietnam showed evidence of other birth defects? Enter the total number of children born during or after the veteran's military service in the Republic of Vietnam who showed evidence of other birth defects. If none, enter zero and go to Item 26.

Item 25K. State mother's age at conception of first child showing evidence of other birth defects who was conceived during or after the veteran's military service in the Republic of Vietnam. If a veteran has a child or children born during or after the veteran's military service in the Republic of Vietnam who showed evidence of other birth defects (Item 25J), enter the mother's age at conception of first child showing evidence of other birth defects.

Item 26. Diagnostic Workup and/or Consultation. Enter one of the following codes from the pull-down menu. **NOTE:** Code 2 = "Diagnosis undetermined" relates to a veteran with symptoms but a diagnosis cannot be determined. Code 4 = "No diagnosis" relates to a veteran without symptoms, who does not have any evidence of illness or other medical condition. All blocks must be completed:

- 1 = No workup. No consultation done.
- 2 = Work-up and/or consultation done. Diagnosis undetermined.
- 3 = Work-up and/or consultation done. Diagnosis established.
- 4 = Work-up and/or consultation done. No diagnosis.
- 5 = Work-up and/or consultation in process. When consultation results have been received, submit follow-up examination code sheet to the AAC within 3 months, stating the work-up and/or consultation is done using Code 2, 3, or 4.
- 6 = Work-up and/or consultation scheduled – the veteran did not call nor appear for the appointment, was a no-show.

Item 26A. Dermatology.

Item 26B. Pulmonary.

Item 26C. Reproductive Health.

Item 26D. Hematology and/or Oncology.

Item 26E. Urology.

Item 26F. Neurology.

Item 26G. Ear, Nose, and Throat (ENT).

Item 26H. Other.

NOTE: Enter either Y=Yes or N= No from the pull-down menu. If “Yes,” describe under Item 27.

Item 26 I. Hepatitis C Testing. Perform Hepatitis C testing with the patient’s consent and consistent with the standards for provider evaluation and testing (refer to website <http://www.va.gov/hepatitisc/>).

Use the following codes from the pull-down menu:

P = Positive

N = Negative

X = No Test Performed

Item 27. Additional Work-ups and/or Consultations. Specify any additional work-ups and/or consultations performed as part of Agent Orange examination, which were not listed in Item 26.

Item 28. Diagnosis

A. Provide a narrative of up to three major medical diagnoses on lines 28A-C. Item 29, is for one case of neoplasia and Item 28A through 28C for any additional cases of neoplasia.

B. Use ICD-9-CM coding of each diagnosis listed. Leave blank if there is no diagnosis.

NOTE: Diagnostic coding assignment must be completed by coding clerks or designated personnel.

Item 29. Evidence of Neoplasia. Enter one of the following codes from the pull-down menu:

Y = Yes

N = No

NOTE: If yes, ICD-9-CM codes should be listed. Additional cases of neoplasia may be listed under Item 28.

Item 30. No Disease Found. If no disease is found, enter a "1." This item must be considered in conjunction with Item 28, "Diagnosis," and 29, "Evidence of Neoplasia." A "1" for Item 30 only when no diagnosis is given in Items 28 and 29.

Item 31. Years of Onset. For each listed diagnosis in Item 28, enter the four digits of the year of onset; leave blank if year of onset is unknown.

Items 32a through 32g. Disposition. Enter one of the following codes from the pull-down menu in Items 32A through 32G.

Y = Yes

N = No

- A. Examination completed?
- B. Hospitalized at VA medical center for further tests?
- C. Hospitalized at VA medical center for treatment?
- D. Referred for VA outpatient care?
- E. Referred to private physician, non-VA clinic or non-VA hospital?
- F. Biopsy?
- G. Specimens to be sent to Armed Forces Institute of Pathology (AFIP)?

NOTE: If the veteran has no diagnoses (Items 28-29) and has answered "Yes" under Item 32 (Disposition) explain why in Item 33, "Remarks."

Item 33. Remarks. Utilize this section for any additional information. Indicate whether you have made any remarks by entering one of the following codes from the pull-down menu:

Y = Yes

N = No

Item 34. Name of Examiner. Print full name.

Item 35. Title of Examiner. Full title of Examiner.

Item 36. Signature of Examiner. Signature of clinician who conducted exam.

Item 37. Signature of Environmental Health Clinician. If the examiner is not the EH Clinician (Item 36), this signature block may be completed by the EH Clinician.

4. Follow-up Examinations. In addition to initial registry submissions, VA Form 10-9009 (May 2001), will be completed in reporting the first follow-up examination, and subsequent follow-up examinations if the diagnostic code is different from the previous examinations. All fields are to be completed.

AGENT ORANGE REGISTRY CODE SHEET (CONTINUED)

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
------------------------------------	------------------------

18. ENTER THE DATES OF THE LAST TWO PERIODS OF SERVICE, IF OTHER THAN VIETNAM OR KOREA.

18A. Last Period of Service	FROM		TO		18B. Next to Last Period of Service	FROM		TO	
	Month (190-191)	Year (192-195)	Month (196-197)	Year (198-201)		Month (202-203)	Year (204-207)	Month (208-209)	Year (210-213)

19. VETERAN'S EXPOSURE TO AGENT ORANGE: (Enter the appropriate number in Blocks (214-219) using the following codes:
 1= Definitely Yes; 2= Not Sure; 3= Definitely No

19A. I was involved in handling or spraying Agent Orange.	(214)
19B. I was not directly sprayed but was in a recently sprayed area.	(215)
19C. I was exposed to herbicides other than Agent Orange.	(216)
19D. I was directly sprayed with Agent Orange.	(217)
19E. I ate food or drink that could have been sprayed with Agent Orange.	(218)
20. Veteran's assessment of own health. (Enter one of the following codes in Block 219.) 1= Very Good; 2= Good; 3= Fair; 4= Poor; 5= Very Poor	(219)

PART II — REGISTRY PHYSICIAN, COORDINATOR AND CODING STAFF SHOULD COMPLETE THIS SECTION.

21. Date of Registry Examination:

(Enter Month, Day and Year in Blocks 220-227)	Mo. (220-221)	Day (222-223)	Year (224-227)

22. Veteran's Complaint(s). VA Coders, enter ICD-9 in Blocks 228-242. (If more than 3 complaints/symptoms, list under Item 22D.)
 (Left justify all codes — If there are no complaints/symptoms, enter 78000 in Blocks 228-232.)

22A.	(228)	(229)	(230)	(231)	(232)
22B.	(233)	(234)	(235)	(236)	(237)
22C.	(238)	(239)	(240)	(241)	(242)

22D. Additional Complaints: _____

ENTER APPROPRIATE CODES IN BLOCKS IN COLUMN AT RIGHT

23. Does veteran attribute chief complaint to Agent Orange exposure? Y = Yes; N = No; or U =Unknown	(243)
24. Enter total number of veteran's complaints in Blocks 244-245. (Describe any complaint over 3 in Item 22D) (e.g.; If veteran has 2 complaints, enter slash zero in Block 244 and 2 in Block 245. If none, enter slash zeros in Blocks 244 and 245 and go to Item 25.)	(244) (245)
25. Evidence of Birth Defects among Vietnam veteran's children. Enter numbers in listed blocks.	
25A. How many children does veteran have? (Enter number in Blocks 246-247.) (e.g.; If veteran has 2 children, enter slash zero in Block 246 and 2 in Block 247. If none, enter slash zeros in Blocks 246 and 247 and go to Item 26.)	(246) (247)

NOTE: Items 25B through 25K are to be completed by Vietnam veterans only. If veteran served outside Vietnam, skip to item 26.

25B. How many children were born before veteran's military service in the Republic of Vietnam? (Enter number in Blocks 248-249. (If none, enter slash zeros in Blocks 248 and 249 and go to Item 25G)	(248) (249)
--	-------------

AGENT ORANGE REGISTRY CODE SHEET (CONTINUED)

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
25C. How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of spina bifida? (Enter number of children in Blocks 250 and 251. If none, enter slash zeros and go to Item 25E.)	(250) (251)
25D. Mother's age at conception of first child conceived before the veteran's military service in the Republic of Vietnam showing evidence of spina bifida. (Enter age in Blocks 252 and 253.)	(252) (253)
25E. How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of other birth defects? (Enter number in Blocks 254 and 255. If none, enter slash zeros and go to Item 25G.)	(254) (255)
25F. Mother's age at conception of first child conceived before the veteran's military service in the Republic of Vietnam showing evidence of other birth defects. (Enter age in Blocks 256 and 257.)	(256) (257)
25G. How many children were born during or after the veteran's military service in the Republic of Vietnam? (Enter number in Blocks 258 and 259. If none, go to Item 26.)	(258) (259)
25H. How many of the children born during or after the veteran's military service in the Republic of Vietnam showed evidence of spina bifida? (Enter number in Blocks 260 and 261. If none enter slash zeros and go to Item 25J.)	(260) (261)
25I. Mother's age at conception of first child conceived during or after the veteran's military service in the Republic of Vietnam showing evidence of spina bifida. (Enter age in Blocks 262 and 263.)	(262) (263)
25J. How many of the children born during or after the veteran's military service in the Republic of Vietnam showed evidence of other birth defects? (Enter number in Blocks 264 and 265. If none, enter slash zeros and go to Item 26.)	(264) (265)
25K. Mother's age at conception of first child conceived during or after the veteran's military service in the Republic of Vietnam showing evidence of other birth defects. (Enter age in Blocks 266 and 267.)	(266) (267)
26. Diagnostic Workup/Consultations. (Use one of the following codes in Blocks 268-275): 1= No workup done. 2= Workup/consultation done. Diagnosis undetermined (veteran with symptoms but diagnosis cannot be determined). 3= Workup/consultation done. Diagnosis established. 4= Workup/consultation done. No diagnosis (veteran without symptoms and no evidence of illness). 5= Workup/consultation in process. Results pending. 6 =Workup/consultation scheduled - veteran was a "no show"	
26A. Dermatology (Enter code in Block 268.)	(268)
26B. Pulmonary (Enter code in Block 269.)	(269)
26C. Reproductive Health (Enter code in Block 270.)	(270)
26D. Hematology/Oncology. (Enter code in Block 271.)	(271)
26E. Urology. (Enter code in Block 272.)	(272)
26F. Neurology (Enter code in Block 273.)	(273)
26G. ENT (Enter code in Block 274.)	(274)
26H. Other (Enter Y= Yes or N= No in Block 275.)	(275)
26I. Hepatitis C (With veteran's consent) (In Block 276, enter: P=Positive or N=Negative or X=No testing done.)	(276)

AGENT ORANGE REGISTRY CODE SHEET (CONTINUED)

NAME (Last, First, Middle initial)	SOCIAL SECURITY NUMBER
------------------------------------	------------------------

27. Specify any additional workups not listed in Item 26 on the following lines

28. Diagnoses. Examiner will list up to three definite medical diagnoses on lines 28A-C. Coders will enter corresponding ICD9 codes in Blocks 277-291. If there are more than three diagnoses, list these under Item 33 — "Remarks." Do not duplicate complaints/symptoms already listed under Item 22. If neoplasia is listed under Item 29, do not duplicate under Item 28 A-C.

A	(277)	(278)	(279)	(280)	(281)
B	(282)	(283)	(284)	(285)	(286)
C	(287)	(288)	(289)	(290)	(291)

29. Evidence of neoplasia. Enter Code Y= Yes or N= No in Block 292.
 If "Yes," enter ICD9 code in Blocks 293-297. If "No," leave blank.
 Use Items A through C above if there is evidence of more than one case of neoplasia.

	(292)	(293)	(294)	(295)	(296)	(297)
--	-------	-------	-------	-------	-------	-------

30. If no disease/diagnosis is found enter a Code "1" in Block 298.

	(298)
--	-------

31. Enter year of onset for each diagnosis listed in Blocks 277-291 and 293-297. Leave blank if unknown.	First Diagnosis				Second Diagnosis				Third Diagnosis				Fourth Dx (Neoplasia)			
	(299)	(300)	(301)	(302)	(303)	(304)	(305)	(306)	(307)	(308)	(309)	(310)	(311)	(312)	(313)	(314)

32. Disposition (Enter one of the following codes in each Block: Y= Yes or N= No.) All Blocks must be completed. If veteran has no diagnosis and you have answered "YES" in Blocks 317 - 319, explain why under remarks (Item 33.)

A. Exam Completed?	(315)	B. Hospitalized at VAMC for further tests?	(316)	C. Hospitalized at VAMC for treatment?	(317)	D. Referred for VA Outpatient Treatment	(318)
E. Referred to private physician; non-VA clinic or Non-VA hospital?			(319)	F. Biopsy?	(320)	G. Specimens to be Sent to AFIP?	(321)

33. Remarks (Please indicate whether you have made any remarks by entering a Y for Yes or N for No in Block 322.)

	(322)

34. PRINT FULL NAME OF EXAMINER/REGISTRY PHYSICIAN	35. FULL TITLE OF EXAMINER
36. SIGNATURE OF EXAMINER	37. SIGNATURE OF REGISTRY PHYSICIAN