

Special Exposure Cohort Petition — Form B

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

General Instructions on Completing this Form (complete instructions are available in a separate packet):

Except for signatures, please PRINT all information clearly and neatly on the form.

Please read each of Parts A — G in this form and complete the parts appropriate to you. If there is more than one petitioner, then each petitioner should complete those sections of parts A — C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

If you have questions about the use of this form, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: 1-800-356-4674.

| | | |
|-------------|---|----------------------|
| If you are: | <input type="checkbox"/> A Labor Organization, | Start at D on Page 3 |
| | <input type="checkbox"/> An Energy Employee (current or former), | Start at C on Page 2 |
| | <input checked="" type="checkbox"/> A Survivor (of a former Energy Employee), | Start at B on Page 2 |
| | <input type="checkbox"/> A Representative (of a current or former Energy Employee), | Start at A on Page 1 |

A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.

A.1 Are you a contact person for an organization? Yes (Go to A.2) No (Go to A.3)

A.2 Organization Information:

Name of Organization

Position of Contact Person

A.3 Name of Petition Representative:

Mr./Mrs./Ms. First Name

Middle Initial

Last Name

A.4 Address:

Street

Apt #

P.O. Box

City

State

Zip Code

A.5 Telephone Number:

A.6 Email Address:

A.7 Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization

If you are representing a Survivor, go to Part B; if you are representing an Employee, go to Part C.

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form B

B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.

B.1 Name of Survivor:

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor:

B.3 Address of Survivor:

Street Apt # P.O. Box

City State Zip Code

B.4 Telephone Number of Survivor:

B.5 Email Address of Survivor:

B.6 Relationship to Employee: Spouse Son/Daughter Parent
 Grandparent Grandchild

Go to Part C.

C Employee Information — Complete Section C UNLESS you are a labor organization.

C.1 Name of Employee:

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee:

C.4 Address of Employee (if living): DECEASED

Street Apt # P.O. Box

City State Zip Code

C.5 Telephone Number of Employee:

C.6 Email Address of Employee:

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): BADGE

C.7b Dates of Employment: Start Y-12, 1-31-1951 End 7-01-1959
X-10 1-1959 1965

C.7c Employer Name:

C.7d Work Site Location: Y-12, X-10

C.7e Supervisor's Name: Y-12,
X-10,

Go to Part E.

(NIOSH Tracking #)

Name or Social Security Number of First Petitioner:

Special Exposure Cohort Petition — Form B

E Proposed Definition of Employee Class Covered by Petition — Complete Section E.

E.1 Name of DOE or AWE Facility: Y-12 PLANT, OAK RIDGE, TENN.

E.2 Locations at the Facility relevant to this petition:
WORKED WITH AND LOCATED NEAR BIOLOGISTS

E.3 List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:
STATISTICIAN
STATISTICAL ANALYSIS OF BIOLOGICAL EXPERIMENTS
RELATED TO RADIATION.

E.4 Employment Dates relevant to this petition:
Start 1-31-1951 End 6-30-1959
Start _____ End _____
Start _____ End _____

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored ^{and} recorded exposure incidents?: Yes No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

PERSONNEL EXPOSURE SUPPLEMENT DATED 12-22-1958 FOR
THIS RADIATION EXPOSURE RECORD WAS FOR
DURING THE FIRST QUARTER (JAN., FEB., MARCH) 1958, AT THIS TIME
HAD BEEN SICK WITH HEALTH PROBLEMS, INCLUDING A LOW WHITE BLOOD COUNT FOR
MANY MONTHS THAT WERE CAUSED BY THIS RADIATION EXPOSURE. AS WELL AS HIS
DOCTORS WERE CONCERNED AND PUZZLED ABOUT THE ONSET OF HIS ILLNESS.
I BELIEVE THAT IF _____ HAD CONSULTED WITH _____ ABOUT THIS
READING, THEN _____ WOULD HAVE TOLD HIM ABOUT HIS ILLNESS AND LOW WHITE
BLOOD COUNT. THE METER BADGE WAS WORN TO RECORD RADIATION EXPOSURES THAT YOU
ARE NOT AWARE OF. RADIATION CANNOT BE SEEN OR FELT AT THE TIME OF EXPOSURE.
ALSO, I NOW BELIEVE THAT THE ACTING DIRECTOR OF THE MATHEMATICS PANEL AT THAT TIME,
EARNED OF THIS EXPOSURE AND GEORGE'S LOW WHITE BLOOD COUNT AFTER
12-22-1958 AND THIS IS THE REASON THAT HE TRANSFERED GEORGE FROM Y-12 TO X-10.
_____ OBJECTED TO THIS TRANSFER, A JOB FOR _____ AT X-10
HAD TO BE CREATED FOR _____

THE ABOVE PERSONNEL EXPOSURE SUPPLEMENT AND THE CHANGE TO ZERO (enclosed)

Go to Part F.

attached

Name or Social Security Number of First Petitioner: _____

PERSONNEL EXPOSURE SUPPLEMENT

Date: 12-22-58

| | |
|--------------------------------------|-------------------|
| Name: _____ | Payroll No: _____ |
| Dept. or Division: <u>Math Panel</u> | Supervisor: _____ |

The Radiation Exposure Record of the above named employee has been summarized as follows:

| | Interval | TSR | DS | DM | DL | DP | FPW |
|---|-----------------------|-----|----|-------|------|------|-----|
| Report Involved Weekly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> | <u>1st</u> Wk. Q. | | | *7850 | 8600 | 4350 | |
| | to date | | | | | | |
| Recommended Adjustment | _____ Wk. _____ Q. | | | 0 | 0 | 0 | |
| | to date | | | | | | |

Remarks: Evidence of light 100% -- Consultation with _____ reveals
no past history of radiation exposure. In view of this, a recommended dose
of 0 is in order.

Noted: _____ Investigated by: _____ Date: 12-2-58
 (Supervisor) (HP Representative)

| | |
|------------------------------------|---|
| Approved: _____ <u>12-23-58</u> | Received & Recorded: <u>12-26-58</u> (Date) Noted By: _____ |
|------------------------------------|---|

Distribution: White Copy - AEP, Personnel Monitoring; Yellow Copy - Supervisor;
 Pink Copy - Investigator

ORNL RADIATION EXPOSURE RECORD FOR 1958

X-10-3A (REV. 11-56)

SYMBOLS: HP WK - HEALTH PHYSICS WEEK; IRR - FILM IRREGULARITIES; WIN - WINDOW; PLA - PLASTIC FILTER; ALU - AL FILTER; CAD - Cd FILTER; D_s - NON-PEN. DOSE; D_M - MOD. PEN. DOSE; D_L - EYE DOSE; D_P - PEN. DOSE; TSR - POCKET METER TOTAL; A - DOSE BROUGHT FORWARD; B - TOTAL DOSE TO DATE.

| HP WK | FILM DENSITY | | | | | DOSE (mrem) | | | | QUARTERLY TOTALS | | | | | |
|-------|--------------|------|------|-----|------|----------------|----------------|----------------|----------------|------------------|----------------|----------------|----------------|----------------|-----|
| | IRR | WIN | PLA | ALU | CAD | D _s | D _M | D _L | D _P | NO. | D _s | D _M | D _L | D _P | TSR |
| 14 | 1.87 | 1.85 | 1.90 | | 1.42 | | 435 | 435 | 435 | 1 | | 435 | 435 | 435 | - |
| 30 | | 1.08 | .08 | | .06 | | 115 | 115 | 115 | 2 | | 115 | 115 | 115 | - |
| 45 | | .05 | .04 | | .03 | | 70 | 55 | 55 | 2 | | 115 | 115 | 115 | - |
| 52 | | 0 | 0 | | 0 | | 0 | 0 | 0 | 3 | | 70 | 55 | 55 | - |
| | | | | | | | | | | 4 | | 185 | 170 | 170 | - |
| | | | | | | | | | | 5 | | 0 | 0 | 0 | - |
| | | | | | | | | | | 6 | | 185 | 170 | 170 | - |
| | | | | | | | | | | A | | 250 | 200 | 200 | |
| | | | | | | | | | | B | | 431 | 370 | 370 | |
| | | | | | | | | | | Re: | | | | | |

Special Exposure Cohort Petition — Form B

F Basis for Proposing that Records and Information are Inadequate for Individual Dose —
Complete Section F.

Complete at least one of the following entries in this section by checking the appropriate box and providing the required information related to the selection. You are not required to complete more than one entry.

- F.1 I/We have attached either documents or statements provided by affidavit that indicate that radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that potential radiation exposures were not monitored.

- F.2 I/ We have attached either documents or ~~statements provided by affidavit~~ that indicate that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed; or that there is no information regarding monitoring, source, source term, or process from the site where the employees worked.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that radiation monitoring records for members of the proposed class have been lost, altered illegally, or destroyed.

The Personnel Exposure Supplement dated 12-12-58 for the 1st quarter of 1958 for [redacted] was enclosed and discussed in E. 5.

The exposure was changed to zero for the official record.

[redacted] medical records show that [redacted] health problems and low white blood count coincides with the radiation exposure discussed in part E. 5. Therefore, this change was not due to faulty monitoring results.

after months of health problems, Dr. [redacted] admitted [redacted] to the [redacted]

Part F is continued on the following page.

Continued on extra page

Name or Social Security Number of First Petitioner: _____

Continuation from F. 2 page 5 of 7.

Oak Ridge Hospital, August 11, 1958 for medical tests. At this time white blood count was 2,300. [redacted] arranged for [redacted] to be examined by [redacted] at Oak Ridge Institute of Nuclear Studies medical Division. On 9-11-1958 Dr. [redacted] wrote in his outpatient notes after a thorough examination that included a bone marrow examination, "there seems to be no evidence of any serious blood disorder, but there is a definite leukopenia with a relative neutropenia which has not been explained. No ~~specific~~ specific diagnosis could be made at this time."

Outpatient note for

1. Sept. 3, 1958, [redacted] - Prospective patient
2. Patient admittance Agreement
3. 9-11-58, outpatient note by Dr. [redacted]
4. 6-14-60, outpatient note by Dr. [redacted]
5. 6-14-60, Bone Marrow Report by [redacted]
6. 9-18-62, outpatient note by Dr. [redacted]
7. 3-37-63, outpatient note by Dr. [redacted]
8. 2-13-64, outpatient note by Dr. [redacted]
9. 11-24-65, letter from Dr. [redacted] at Emory University Clinic to Dr. [redacted]
10. 6-7-66 To [redacted] from Dr. [redacted] (recommending a hematologist in the Washington area.
11. 8-13-91 Bone marrow Report for [redacted] Diagnosis - persistent acute myelogenous leukemia

above items are enclosed.

Special Exposure Cohort Petition — Form B

F.3 I/We have attached a report from a health physicist or other individual with expertise in radiation dose reconstruction documenting the limitations of existing DOE or AWE records on radiation exposures at the facility, as relevant to the petition. The report specifies the basis for believing these documented limitations might prevent the completion of dose reconstructions for members of the class under 42 CFR Part 82 and related NIOSH technical implementation guidelines.

(Attach report to the back of the petition form.)

F.4 I/We have attached a scientific or technical report, issued by a government agency of the Executive Branch of Government or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board, or published in a peer-reviewed journal, that identifies dosimetry and related information that are unavailable (due to either a lack of monitoring or the destruction or loss of records) for estimating the radiation doses of employees covered by the petition.

(Attach report to the back of the petition form.)

Go to Part G.

G Signature of Person(s) Submitting this Petition — Complete Section G.

All Petitioners should sign and date the petition. A maximum of three persons may sign the petition.

Signature

Date

July 25, 2005

Signature

Date

Signature

Date

Notice: Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

Send this form to: SEC Petition
Office of Compensation Analysis and Support
NIOSH
4676 Columbia Parkway, MS-C-47
Cincinnati, OH 45226

If there are additional petitioners, they must complete the Appendix Forms for additional petitioners. The Appendix forms are located at the end of this document.

Name or Social Security Number of First Petitioner: _____

PROSPECTIVE PATIENT

This is a local man who works at one of the plants. He is about 30 years old. Dr. [redacted] called me about him. He has been having trouble with obstruction of his eustachian tubes. A series of blood counts have revealed a leukopenia with relative lymphocytosis. The counts range from 2,000 to 3,400. This has been persistent over a period of 3 or 4 weeks. I told Dr. [redacted] that I would be glad to see the patient, and that I would call him back as soon as I could arrange a date. He said that Miss [redacted] in his office could get in touch with Mr. [redacted] and tell him when we could see him.

Sept. 3, 1958

C.H.

Tues. 9th O.P. 11th

Thurs 11th "

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES
MEDICAL DIVISION

PATIENT ADMITTANCE AGREEMENT

In consideration of my being accepted and admitted to the Research Hospital operated by the Oak Ridge Institute of Nuclear Studies, I, on behalf of myself, my heirs, executors, administrators, and assigns, covenant, understand and agree as follows:

1. To hereby release and discharge the Oak Ridge Institute of Nuclear Studies, its officers, agents, and employees from any actions, damages or claims resulting from my hospitalization in said hospital and/or any treatments and care received while in said hospital or by reason of my having been a patient therein.

2. That any treatments administered to me may be experimental.

3. That I have not been influenced in making this agreement by any representations or statements regarding improvement in my physical condition or the probable results of any treatments received, but instead expressly assume all risks incident to my hospitalization, care and treatment.

4. I understand that but for this agreement on my part, I would not be accepted and admitted as a patient in said hospital.

5. I covenant that I have carefully read the foregoing and fully understand the meaning and contents thereof, and have executed the same of my own free will and choice.

Date 9 Dec 1954

Signed _____

Patient [Signature]

WITNESSES:

Father or Guardian

Mother

OUTPATIENT NOTE

9-11-58

Hosp. No.

This patient was referred to us because of the discovery of a leukopenia. He was in the Oak Ridge Hospital from August 11th to 22nd as a patient of Dr.

because of difficulty with his nasopharynx of some months duration. He has been having obstruction of the eustachian tubes, a feeling of fullness and discomfort in the frontal region, and in his ears. He has been told that he has lymphoid hyperplasia and that this accounts for his symptoms. During the few weeks before he was admitted to the Oak Ridge Hospital he was given Achromycin, Panmycin, Penicillin, an antihistamine, and Privina nose drops. It was after he got into the hospital that he was found to have a white count below 3,000. Since then he has had several white counts which have ranged from 2,300 to 2,400. A count done about a week ago at the plant showed 3,200. The patient has been feeling well and has no complaints except for the discomfort related to the nasopharynx.

In the past he has been treated by Dr. [redacted] for some gastrointestinal symptoms, chiefly distress after meals. He has been given a large chalky tablet and a small white tablet with an R on it. He takes these intermittently, when he seems to need them. He was also found, a few years ago by Dr. Portney, to have small kidney stones but these have given him no trouble he says. He does not have any history of asthma or hay fever, or any known allergy. He says that work upsets him. He has never had any type of arthritis or difficulty with his joints.

He reviewed the counts done at the plant where he works and found that the white count has been recorded as around 5,000 for the last several years.

On physical examination he appears quite slim but not ill. The pharynx is somewhat infected and there is some enlargement of the left tonsil with a white exudate in one crypt. There is a good deal of frothy mucous in the pharynx, and dilated small vessels. There are small, soft, palpable lymph nodes in all the lymph node areas, but none of these seem distinctly abnormal; the largest are in the inguinal region, perhaps one cm. long. The thyroid is not enlarged. Heart sounds are normal. The lungs are clear. Very careful palpation for the spleen fails to show any splenic enlargement. The liver was not palpable.

IMPRESSION: There seems to be no evidence here of any serious blood disorder but there is a definite leukopenia with a relative neutropenia which has not been explained. The possibility of sensitivity to one of the drugs he has been taking is under consideration. There seems to be no evidence of any infection which might account for a leukopenia, nor is there any finding which would fit in with Felty's syndrome. We decided to do a bone marrow examination and this was done. It was suggested that the patient get another white count in a month, and asked that the report be sent to us. No specific diagnosis could be made at this time.

pe

Letter to physician: Yes No

Date: 9/11/58

REC'D
1177

OUTPATIENT NOTE

6-14-60

Hospital No.

returned for follow-up evaluation of leukopenia due to an unknown cause. Since last seen on 4-14-60, he stated that he had been feeling well and had been "getting over" the fatigability and tiredness he had described previously. His weight has remained stable. He has had no infections since his last visit.

Temperature today 37, pulse 80, respirations 22, weight 126 pounds. Blood pressure 118/80. Examination of the heart and lungs was not remarkable. The liver was unquestionably palpable one fingerbreadth. The spleen was not felt. There was increased resistance to palpation over the right side of the abdomen. However, no masses could be delineated. There were tiny, shotty axillary nodes. No other adenopathy was noted.

Hemoglobin 14.2 gm, hematocrit 43, WBC 2,600. Platelet count 422,500. Differential count by the undersigned showed 51 neutrophils, 45 lymphocytes, 14 monocytes, 1 eosinophils. Platelets appeared increased. Red cell morphology was not remarkable. There appeared to be some decrease in reticulocytes. A bone marrow aspiration showed a considerable increase in fat spaces. I considered the marrow particles as hypoplastic in appearance. Megakaryocytes were present in normal numbers. The following differential count was obtained by the undersigned: blasts 3.5, promyelocytes 6, myelocytes 9, eosinophilic myelocytes 1, metamyelocytes 21, adult neutrophils 16, eosinophils 0.5, basophils 0.5, lymphocytes 15.5, plasma cells 0.5, pronormoblasts 2, and normoblasts 25. The M:E ratio was 2.2:1. The marrow is considered abnormal but not diagnostic.

As yet no cause has been found for the patient's leukopenia and granulocytopenia. It will be helpful to continue to follow him with periodic bone marrow aspirations. The patient is to return as an outpatient on 8-16-60, at which time he is to have a CBC and platelet count.

bbc

BONE MARROW REPORT

HOSPITAL NO. _____

PATHOLOGY NO. _____

NAME _____ SEX M DATE 6/14/60 TIME 11.50 a. m.
 SITE Sternum OBTAINED BY DR. _____

CLINICAL IMPRESSION

Following local anesthesia approximately 2 ml. of material was aspirated with ~~minor discomfort to the patient.~~ Numerous particles were visible in the sinusoidal blood. Films were prepared and remainder concentrated for histologic sections.

DESCRIPTION

stained films show a good sampling of marrow. There is a distinct increase in fat but clinical marrow cells are also available for study. Megakaryocytes appear to be adequate. The M. E. ratio is approximately 3:1. The maturation of the granulocytic series is orderly. There may be a mild left shift. Regeneration of red cells is normocytic. On some films there are some naked nuclei that aren't identifiable and there is an impression of increased numbers of lymphocytes in some fields.

Sections of the marrow show a normal marrow pattern with hematopoietic elements interspersed among fat spaces. Cellularity shows a greater range than usual with some hypocellular areas merging into areas that in themselves are hypercellular. Megakaryocytes are found in approximately normal numbers. No replacement of marrow by neoplasm or fibrosis is seen. Iron-positive material is present in normal or slightly increased amounts.

Summary:

No pathognomonic alteration in marrow but a distinctly abnormal sample showing variation in cellularity. At the present time there is no explanation for the leukopenia which has persisted over the past several years.

[Handwritten signature]

M. D.

OUTPATIENT NOTE

9-18-62

Hospital No. _____

_____ or follow-up of a chronic leukopenia of uncertain etiology. He was last seen as an unscheduled admission on 7-24-62, complaining of a sore throat. A throat culture at that time showed Beta Streptococcus. _____ not call me for the report of the culture as he had been instructed, and I assumed that he had gone to _____ for treatment of his sore throat. However, I learned that he had forgotten to call me and did not see Dr. Portney as his throat soon became better. Within a week he became entirely asymptomatic and has had no recurrence of sore throat. The patient has also had no recurrence of back pain. He described himself as feeling "fine."

Temperature 37, pulse 96, and respirations 18. Weight 131 pounds. His throat appeared normal. There was no hepatosplenomegaly or adenopathy. Hemoglobin 15.5 gm with a hematocrit of 49%. WBC 2,350. Platelet count 240,000. Sedimentation rate 12 mm per hour uncorrected.

Despite the significant leukopenia the patient appears to be doing quite well clinically. It is interesting that under the stress of infection two months ago there was again a significant increase in the WBC. _____ was given an appointment to return on 3-7-62 when he is to have a CBC, platelet count, and bone marrow aspiration. I instructed the patient to contact us or Dr. _____ if he developed any evidence of an infection at any time.

:lb

OUTPATIENT NOTE

3-7-63

Hospital No.

_____ returned for follow-up of a long-standing leukopenia of uncertain etiology. Since his last visit on 9-18-62 he said "I can't think of anything interesting to report." He has had no further back trouble and no further infections. He said that his strength was good and he had a lot of energy. He is working every day. He stated that he had no fatigability without good cause.

Temperature 36.4, pulse 76, and respirations 24. Weight 132 pounds. The patient looked well. There was a 1 cm flat "tonsillar node" bilaterally. There was also a prominent salivary gland in the submandibular area. No other adenopathy was noted. The liver was palpable 1 fingerbreadth beneath the right costal margin. There was no splenomegaly. The patient's abdomen is quite muscular and palpation was rather difficult. RBC 4,830,000 with a hemoglobin of 15.3 g and a hematocrit of 45%. WBC 3,050. Platelet count 267,000. Sedimentation rate 10 mm per hour, corrected. I obtained the following differential count: segmented neutrophils 40%, lymphocytes 45%, monocytes 10%, eosinophiles 1%, basophiles 1%, and abnormal mononuclear cells 3%. Many of the lymphocytes were moderately large cells with pale cytoplasm and appeared to be abnormally fragile. These abnormal mononuclear cells were immature forms. Two had apparent nucleoli. Red cell morphology was not remarkable. Platelets appeared to be increased and a few scattered abnormal forms were seen. Reticulocytes were present in normal numbers. There were scattered smudge cells. A sternal marrow aspiration was performed. Very few particles were seen grossly. The marrow smears showed a few particles with rather varied cellularity and a normal number of megakaryocytes. In some areas erythroid activity predominated on others there was appreciable granulopoiesis with some left shift. Lymphocytes and plasma cells were considered to be increased and there were scattered immature cells which were difficult to classify as well as scattered smudge forms and bare nuclei. The marrow sections also revealed marked variability in cellularity, some areas appearing distinctly hypoplastic. Iron stains showed an increased amount of intracellular iron. As on previous aspirations, the marrow was felt to be abnormal but without diagnostic features.

_____ given an appointment to return as an outpatient on 9-12-63 when the CBC and platelet count will be repeated.

M.D.

/r1

OUTPATIENT NOTE

2-13-64

Hospital No.

returned for follow-up of leukopenia of uncertain etiology. Since his last visit on 9-12-53, he stated that he had been "doing real good". He has had no infections. He has had no recurrence of back pain. He added that he is sneezing quite a bit this winter and feels that he has some type of allergy. The symptom usually is present in the morning and was described as "not much of a nuisance". No other symptoms were elicited.

Temperature 36.8, pulse 34 and respirations 20. Weight 131 pounds. The patient looked quite well. There were a few firm, tiny, freely movable posterior cervical nodes bilaterally. There were two or three similar but pea-sized nodes in the left axilla. No other nodes were palpable. The liver is palpable 1/2 to 1 fingerbreadth beneath the right costal margin. However, as the organ percussed equally low in the chest I did not believe that it was enlarged. The spleen tip was questionably palpable when the patient was placed in the right lateral position. RBC 5,070,000 with a hemoglobin of 15.4 gm and a hematocrit of 47%. WBC 2,875. Platelet count 250,000. Sedimentation rate 9 mm/hr corrected.

The patient continues to do very well clinically. There is a little change in his peripheral blood values. Before he left a sternal marrow aspiration was performed. I told the patient I would call him if the smear showed any significant abnormality. Subsequently the marrow was interpreted by Dr. Andrews as being slightly fatty with a slight increase in plasma cells and in iron. He had not felt that any other abnormalities were remarkable.

I gave an appointment to return as an outpatient on 8-13-54 when a CBC and platelet count will be repeated.

/a

EMORY UNIVERSITY CLINIC

DEPARTMENT OF INTERNAL MEDICINE

ATLANTA, GEORGIA 30323

CARDIOLOGY

R. BRUCE LEBUE, M. D.
J. WILLIAM MORSE, M. D.
EDWARD DORNEY, M. D.
S. WOODFIN BOZEE, JR., M. D.

HEMATOLOGY

CHAS. M. HUGULEY, JR., M. D.
CHAS. G. COPLEY, JR., M. D.
JAMES W. LEA, JR., M. D.
RALPH TUSLER, M. D.

NEUROLOGY

HERBERT R. KARP, M. D.
ROBERT W. KIRBY, M. D.
ALEXANDER MCPHEEDRAN, M. D.
ALEXANDER S. MCKINNEY, M. D.

DERMATOLOGY

WICKET BLANCKE, M. D.

MEDICAL CHEST

ROSS L. MCLEAN, M. D.

November 24, 1965

Re: _____

Dear _____:

Thank you very much for directing _____ to our Hematology Section. We have recently been over him carefully without shedding any new light on his leukopenia.

However, his bone marrow biopsy showed areas in which the spaces between the trabeculae were completely filled with fat whereas in other areas the cellularity was entirely normal. It may well be that he is slowly developing aplastic anemia although his other counts are quite normal. He will be coming in for regular follow-up and I will certainly let you know if there are any new developments.

Sincerely,

8/12/65

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES

P. O. BOX 117

OAK RIDGE, TENNESSEE 37830

AREA CODE 615
TELEPHONE 423-8411

June 7, 1966

I am sorry to be so tardy in acknowledging your letter of April 5. It was a surprise to learn that you are now working in Bethesda.

I asked Dr. [redacted] knew of a hematologist in the Washington area. He gave me the name of Dr. [redacted] Reservoir Blvd, Washington.

I had a letter from Dr. [redacted] on November 25, 1965. I am sure he will be glad to send a report of your findings at the Emory University Clinic to Dr. [redacted]

DAW:weh

This letter was on my desk for my signature when your letter of June 6 arrived. Sorry about the delay

ONE MARROW REPORT
Department of Pathology and Laboratory Medicine
Hematology Section Extension

ASPIRATE: BIOPSY: SPECIAL STAINS: SURFACE MARKERS: OTHER KIND:

HOSPITAL NO: _____ HEM NO: _____ LOCATION: 8W DATE: 08/13/91
AGE: _____ 68 _____ SEX: M RACE: W

CLINICAL IMPRESSION: 68 year old white male who had MDS progressing to AML. Patient s/p chemotherapy day 15. Now with fever of unknown origin

REQUESTING PHYSICIAN: _____
PREVIOUS BONE MARROW REPORT: YES NO

LABORATORY DATA:
HGB: 9.8 HCT: 28.7 WBC: 0.7 PLATELET CT: 21k RETIC CT: _____

DIAGNOSIS: _____ EXAMINED BY: Drs. _____

DIAGNOSIS
By: Cellular bone marrow.
Persistent acute myelogenous leukemia. See comment.

COMMENT:

COMMENT
Case discussed with _____ Bone marrow biopsy and aspirate are hypercellular. Approximately 60% of the aspirate cells are blasts. Circulating blasts are identified in the peripheral blood.

PERIPHERAL BLOOD:

PERBLOOD
Examination of the peripheral blood reveals mild anisocytosis and poikilocytosis. There are no significant numbers of schistocytes, target cells, teardrop forms, or other red blood cell morphologic abnormalities. The cells appear normocytic and mildly hypochromic. Occasional polychromatic red blood cells are seen. No nucleated red blood cells are identified. There is no evidence of red blood cell agglutination or rouleaux formation. Examination of the circulating white cells reveals a predominance of mononuclear cells. Many of these are lymphocytes. Circulating blasts are identified in a small percentage. An occasional neutrophil and monocyte is seen as well. The platelet count is decreased. Occasional large platelets are noted.

BONE MARROW ASPIRATE:

BMASPIR
The bone marrow aspirate is adequate for evaluation. Examination of both the myeloid and erythroid series reveals that there is a left shift in the myeloid series with numerous blasts. A 200-cell differential reveals 61% blasts, 1% promyelocytes, 1% myelocytes, 1% metamyelocytes, 3% polys, 1% eosinophils, 5% lymphocytes, 24% erythroid precursors and 3% unclassified cells. Megakaryocytes are present in normal numbers and exhibit no morphologic abnormality.

DATE TYPED: 08/20/91