

Statement on Use of the Following Document:

The following attachment is from the Radiation Exposure Compensation Program Downwinder Claim Form by the U.S. Department of Justice Civil Division, revised in December of 2011. This attachment provides a list of compensable diseases and acceptable records to use as proof of illness for cases filed under the Radiation Exposure Compensation Act (RECA) at that time in 2011. This list may therefore not reflect all diseases and/or reports now eligible for compensation under the expanded RECA program and should only be used for informational purposes. Since we expect the Department of Justice to update a Medical Records Attachment when applications open, you should refer directly to the most updated form when filing your claim.

Missouri Coalition for the Environment



MEDICAL RECORDS ATTACHMENT

Listed below are the specified compensable diseases and the records which we will accept as proof that the person who became ill had the specified compensable disease.

Tear off this attachment and take it to the doctor or hospital holding the records of the person who became ill with one of the specified compensable diseases listed below.

Show this list to the doctor or hospital and ask them to give you original or certified copies of one or more of the records listed below. Select the record(s) containing a diagnosis of the disease, if possible. Otherwise, send the records listed below that are available. If you have questions, call the Radiation Exposure Compensation Program at 1-800-729-7327.

(1) **Multiple myeloma.**

- (i) Pathology report of tissue biopsy;
- (ii) Autopsy report;
- (iii) Report of serum electrophoresis;
- (iv) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Hematology summary or consultation report;
 - (D) Medical oncology summary or consultation report;
 - (E) X-ray report;
- (v) Death certificate, provided that it is signed by a physician at the time of death.

(2) **Lymphoma, other than Hodgkin's disease.**

- (i) Pathology report of tissue biopsy;
- (ii) Autopsy report;
- (iii) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Hematology consultation or summary report;
 - (D) Medical oncology consultation or summary report;
- (iv) Death certificate, provided that it is signed by a physician at the time of death.

(3) **Primary cancer of the thyroid.**

- (i) Pathology report of tissue biopsy or fine needle aspirate;
- (ii) Autopsy report;
- (iii) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary;
 - (C) Operative summary report;
 - (D) Medical oncology summary or consultation report;
- (iv) Death certificate, provided that it is signed by a physician at the time of death.

(4) Primary cancer of the male or female breast.

- (i) Pathology report of tissue biopsy or surgical resection;
- (ii) Autopsy report;
- (iii) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary;
 - (C) Operative report;
 - (D) Medical oncology summary or consultation report;
 - (E) Radiotherapy summary or consultation report;
- (iv) Report of mammogram;
- (v) Report of bone scan;
- (vi) Death certificate, provided that it is signed by a physician at the time of death.

(5) Primary cancer of the esophagus.

- (i) Pathology report of tissue biopsy or surgical resection;
- (ii) Autopsy report;
- (iii) Endoscopy report;
- (iv) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Operative report;
 - (D) Radiotherapy report;
 - (E) Medical oncology consultation or summary report;
- (v) One of the following radiological studies:
 - (A) Esophagram;
 - (B) Barium swallow;
 - (C) Upper gastrointestinal (GI) series;
 - (D) Computerized tomography (CT) scan;
 - (E) Magnetic resonance imaging (MRI);
- (vi) Death certificate, provided that it is signed by a physician at the time of death.

(6) Primary cancer of the stomach.

- (i) Pathology report of tissue biopsy or surgical resection;
- (ii) Autopsy report;
- (iii) Endoscopy or gastroscopy report;
- (iv) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Operative report;
 - (D) Radiotherapy report;
 - (E) Medical oncology summary report;
- (v) One of the following radiological studies:
 - (A) Barium swallow;
 - (B) Upper gastrointestinal (GI) series;
 - (C) Computerized tomography (CT) series;
 - (D) Magnetic resonance imaging (MRI);
- (vi) Death certificate, provided that it is signed by a physician at the time of death.

(7) Primary cancer of the pharynx.

- (i) Pathology report of tissue biopsy or surgical resection;
- (ii) Autopsy report;
- (iii) Endoscopy report;
- (iv) One of the following summary medical reports:
 - (A) Physician summary;
 - (B) Hospital discharge summary;
 - (C) Report of otolaryngology examination;
 - (D) Radiotherapy summary report;
 - (E) Medical oncology summary report;
 - (F) Operative report;
- (v) Report of one of the following radiological studies:
 - (A) Laryngograms;
 - (B) Tomograms of soft tissue and lateral radiographs;
 - (C) Computerized tomography (CT) scan;
 - (D) Magnetic resonance imaging (MRI);
- (vi) Death certificate, provided that it is signed by a physician at the time of death.

(8) Primary cancer of the small intestine.

- (i) Pathology report of tissue biopsy;
- (ii) Autopsy report;
- (iii) Endoscopy report, provided the examination covered the duodenum and parts of the jejunum;
- (iv) Colonoscopy report, providing the examination covered the distal ileum;
- (v) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary;
 - (C) Report of gastroenterology examination;
 - (D) Operative report;
 - (E) Radiotherapy summary report;
 - (F) Medical oncology summary or consultation report;
- (vi) Report of one of the following radiologic studies:
 - (A) Upper gastrointestinal (GI) series with small bowel follow-through;
 - (B) Angiography;
 - (C) Computerized tomography (CT) scan;
 - (D) Magnetic resonance imaging (MRI);
- (vii) Death certificate, provided that it is signed by a physician at the time of death.

(9) Primary cancer of the pancreas.

- (i) Pathology report of tissue biopsy or fine needle aspirate;
- (ii) Autopsy report;
- (iii) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Radiotherapy summary report;
 - (D) Medical oncology summary report;
- (iv) Report of one of the following radiographic studies:
 - (A) Endoscopic retrograde cholangiopancreatography (ERCP);

- (B) Upper gastrointestinal (GI) series;
- (C) Arteriography of the pancreas;
- (D) Ultrasonography;
- (E) Computerized tomography (CT) scan;
- (F) Magnetic resonance imaging (MRI);
- (v) Death certificate, provided that it is signed by a physician at the time of death.

(10) Primary cancer of the bile ducts.

- (i) Pathology of tissue biopsy or surgical resection;
- (ii) Autopsy report;
- (iii) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Operative report;
 - (D) Gastroenterology consultation report;
 - (E) Medical oncology summary or consultation report;
- (iv) Report of one of the following radiographic studies:
 - (A) Ultrasonography;
 - (B) Endoscopic retrograde cholangiography;
 - (C) Percutaneous cholangiography;
 - (D) Computerized tomography (CT) scan;
- (v) Death certificate, provided that it is signed by a physician at the time of death.

(11) Primary cancer of the gall bladder.

- (i) Pathology report of tissue from surgical resection;
- (ii) Autopsy report;
- (iii) Report of one of the following radiological studies:
 - (A) Computerized tomography (CT) scan;
 - (B) Magnetic resonance imaging (MRI);
 - (C) Ultrasonography (ultrasound);
- (iv) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Operative report;
 - (D) Radiotherapy report;
 - (E) Medical oncology summary or report;
- (v) Death certificate, provided that it is signed by a physician at the time of death.

(12) Primary cancer of the liver.

- (i) Pathology report of tissue biopsy or surgical resection;
- (ii) Autopsy report;
- (iii) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Medical oncology summary report;
 - (D) Operative report;
 - (E) Gastroenterology report;

- (iv) Report of one of the following radiological studies:
 - (A) Computerized tomography (CT) scan;
 - (B) Magnetic resonance imaging (MRI);
- (v) Death certificate, provided that it is signed by a physician at the time of death.

(13) Primary cancer of the lung.

- (i) Pathology report of tissue biopsy or resection, including, but not limited to specimens obtained by any of the following methods:
 - (A) Surgical resection;
 - (B) Endoscopic endobronchial or transbronchial biopsy;
 - (C) Bronchial brushings and washings;
 - (D) Pleural fluid cytology;
 - (E) Fine needle aspirate;
 - (F) Pleural biopsy;
 - (G) Sputum cytology;
- (ii) Autopsy report;
- (iii) Report of bronchoscopy, with or without biopsy;
- (iv) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Radiotherapy summary report;
 - (D) Medical oncology summary report;
 - (E) Operative report;
- (v) Report of one of the following radiology examinations:
 - (A) Computerized tomography (CT) scan;
 - (B) Magnetic resonance imaging (MRI);
 - (C) X-rays of the chest;
 - (D) Chest tomograms;
- (vi) Death certificate, provided that it is signed by a physician at the time of death.

(14) Primary cancer of the salivary gland.

- (i) Pathology report of tissue biopsy or resection;
- (ii) Autopsy report;
- (iii) Report of otolaryngology or oral maxillofacial examination;
- (iv) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Radiotherapy summary report;
 - (D) Medical oncology summary report;
 - (E) Operative report;
- (v) Report of one of the following radiology examinations:
 - (A) Computerized tomography (CT) scan;
 - (B) Magnetic resonance imaging (MRI);
- (vi) Death certificate, provided that it is signed by a physician at the time of death.

(15) Primary cancer of the urinary bladder.

- (i) Pathology report of tissue biopsy or resection;

- (ii) Autopsy report;
- (iii) Report of cytoscopy, with or without biopsy;
- (iv) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Radiotherapy summary report;
 - (D) Medical oncology summary report;
 - (E) Operative report;
- (v) Report of one of the following radiology examinations:
 - (A) Computerized tomography (CT) scan;
 - (B) Magnetic resonance imaging (MRI);
- (vi) Death certificate, provided that it is signed by a physician at the time of death.

(16) Primary cancer of the brain.

- (i) Pathology report of tissue biopsy or resection;
- (ii) Autopsy report;
- (iii) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Radiotherapy summary report;
 - (D) Medical oncology summary report;
 - (E) Operative report;
- (iv) Report of one of the following radiology examinations:
 - (A) Computerized tomography (CT) scan;
 - (B) Magnetic resonance imaging (MRI);
 - (C) CT or MRI with enhancement
- (v) Death certificate, provided that it is signed by a physician at the time of death.

(17) Primary cancer of the colon.

- (i) Pathology report of tissue biopsy;
- (ii) Autopsy report;
- (iii) Endoscopy report, provided the examination covered the duodenum and parts of the jejunum;
- (iv) Colonoscopy report, providing the examination covered the distal ileum;
- (v) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary;
 - (C) Report of gastroenterology examination;
 - (D) Operative report;
 - (E) Radiotherapy summary report;
 - (F) Medical oncology summary or consultation report;
- (vi) Report of one of the following radiologic studies:
 - (A) Upper gastrointestinal (GI) series with small bowel follow-through;
 - (B) Angiography;
 - (C) Computerized tomography (CT) scan;
 - (D) Magnetic resonance imaging (MRI);
- (vii) Death certificate, provided that it is signed by a physician at the time of death.

(18) **Primary cancer of the ovary.**

- (i) Pathology report of tissue biopsy or resection;
- (ii) Autopsy report;
- (iii) One of the following summary medical reports:
 - (A) Physician summary report;
 - (B) Hospital discharge summary report;
 - (C) Radiotherapy summary report;
 - (D) Medical oncology summary report;
 - (E) Operative report;
- (iv) Death certificate, provided that it is signed by a physician at the time of death.

(19) **Leukemia, but NOT chronic lymphocytic leukemia**

- (i) Bone marrow biopsy or aspirate report;
- (ii) Peripheral white blood cell differential count report;
- (iii) Autopsy report;
- (iv) Hospital discharge summary;
- (v) Physician summary;
- (vi) History and physical report;
- (vii) Death certificate, provided that it is signed by a physician at the time of death.