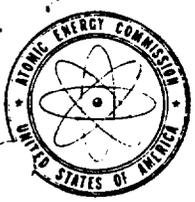


Action: Santilli

PNL-9252



UNITED STATES  
ATOMIC ENERGY COMMISSION  
RICHLAND OPERATIONS OFFICE  
P. O. BOX 550  
RICHLAND, WASHINGTON 99252

701752

IN REPLY REFER TO:  
RS:LB

*Bob  
Calkin  
for R. Santilli*

*Specific proposal  
to Santilli*

JUN 24 1966

Dr. S. L. Fawcett, Director  
Pacific Northwest Laboratory  
Battelle Memorial Institute  
Richland, Washington 99352

Subject: AGREEMENT WITH HUMAN VOLUNTEERS IN RESEARCH PROGRAMS

Dear Dr. Fawcett:

Enclosed is a draft copy of the proposed agreement which may be used with those subjects who agree to take part in the experiments and studies of the effect of radioisotopes in humans.

Please review this draft and provide us with any comments, suggestions or observations which you might have regarding this proposed agreement.

A copy has been sent to Dr. W. D. Norwood of the Hanford Occupational Health Foundation for his review and comments. Thank you for your cooperation in this matter.

Very truly yours,

*Paul G. Holsted*

Paul G. Holsted, Director  
Research and Development Division

Enclosure:  
Draft of Agreement

REPOSITORY PNL, ENG. BLDG.  
AREA 3000  
COLLECTION PROMETHIUM  
BOX No. 3156  
FOLDER Human Subjects Research

RECEIVED  
JUN 27 1966  
S. L. FAWCETT

0009377



UNITED STATES  
ATOMIC ENERGY COMMISSION

RICHLAND OPERATIONS OFFICE  
P. O. BOX 550  
RICHLAND, WASHINGTON 99352

IN REPLY REFER TO:  
RS:LB

JUN 24 1966

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ORIGINAL SIGNED BY  
PAUL G. HOLSTED

Paul G. Holsted, Director  
Research and Development Division

Enclosure:  
Draft of Agreement

RECEIVED

JUN 27 1966

S. L. FAWCETT

0009378

AGREEMENT

THIS AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 1966, between

\_\_\_\_\_, an adult, of \_\_\_\_\_  
(city & state)

and Hanford Occupational Health Foundation, Inc., a Washington nonprofit corporation.

In consideration of the sum of \$ \_\_\_\_\_ now paid me (receipt is hereby acknowledged) I hereby volunteer and agree to take part in experiments and studies of the effect of <sup>distribution or metabolism of radioisotopes in humans</sup> ~~radioisotopes in humans~~. It has been explained to me that these experiments will provide <sup>valuable basic research info for</sup> valuable data for use in possible treatment of <sup>persons who have been exposed to radiation,</sup> ~~radiation and contamination victims~~ as well as basic research information. I understand that <sup>the quantities</sup> ~~doses~~ of radioisotopes in the low-level range of ~~0.1 to 0.15 roentgens~~ will be administered by mouth, by injection (needle) and by inhalation (breathing). I also agree to donate <sup>blood and</sup> excretion samples, including urine and feces, ~~and blood samples~~ periodically. I also agree to periodic examinations which would include the use of a Whole Body Counter. All these procedures have been fully explained to me.

I am in sound mental and physical condition and am participating in this experiment of my own volition. I understand that the program and the techniques involved are experimental and are not for purposes of treatment or diagnosis.

It is further understood that the said procedures are to be performed at the Medical-Dental Building or Kadlec Memorial Hospital, or both, and will be performed under the direction of Dr. W. D. Norwood. He is authorized to utilize in the performance of these procedures the services of physicians and members of the Foundation, ~~Battelle Memorial Institute/Pacific Northwest~~.

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*may deliver radiation doses on the low-level range which will not exceed 5 percent of the limits which are established for persons occupationally exposed.*

~~Laboratory staff and hospital staff to the extent that he deems them qualified.~~

The nature, procedures, and probable effects, possible consequences involved and the fact that unforeseen results may occur have all been fully explained to me. I have had an opportunity to ask questions about the experiment, procedures and risks before signing this agreement.

For the purposes of these experiments and studies it is understood that I am not an employee of the Hanford Occupational Health Foundation, ~~Battelle Memorial Institute~~, or the Atomic Energy Commission. I have not been urged or coerced to participate in this program by anyone.

I agree to assume all the direct and indirect risks involved including injuries which I may sustain as a result of this experiment, and hereby absolve the Hanford Occupational Health Foundation, the United States Government (as represented by the Atomic Energy Commission), ~~Battelle Memorial Institute~~, ~~Pacific Northwest Laboratory~~, Kadlec Memorial Hospital, and all physicians and staff from any liability.

I certify that I am 21 years of age or older.

Signed: \_\_\_\_\_ (volunteer)

Address: \_\_\_\_\_

Date \_\_\_\_\_

The foregoing agreement was read, discussed and signed in my presence and in my opinion the person so signing did so freely and with full knowledge and understanding.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

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