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707522

6/8/90

Ms. Jane Bassman
Reference Department
Civilian Personnel Records
National Personnel Records Center
111 Winnebago Street
St. Louis, Missouri 63118

REPOSITORY OAK RIDGE OPERATIONS OFFICE (ORO)
COLLECTION ENERGY PROGRAMS DIVISION (ER-11)
BOX No. ACTIVE RECORDS GATHERED FOR HUMAN RADIATION EXPERIMENTS PROJECT
FOLDER _____

CONCURRENCE:
RTS SYMBO.
ER-111
INTALSSS
Cunningham
DATE
06/06/90
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ER-11
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DATE

Dear Ms. Bassman:

EPIDEMIOLOGICAL STUDY OF THE HEALTH AND MORTALITY OF DEPARTMENT OF ENERGY NUCLEAR WORKERS

The Oak Ridge Associated Universities (ORAU) Center for Epidemiological Research (CER) is conducting an epidemiological study of the health and mortality of Department of Energy (DOE) nuclear workers. On May 10, 1990, Elizabeth Dupree Ellis and J. Nicholas Ingle from ORAU visited your facility to review pertinent personnel records.

We have been informed by the ORAU researchers that six accessions need further review. These accessions included: #326-68A0161, #326-68B0161, #326-68C0161, #326-68D0161, #326-68E0161, and #326-68B0162. We request that ORAU be allowed to borrow these records for an appropriate time to conduct the necessary evaluations. Enclosed are the required "F-11" forms. If you have any questions, please contact either David C. Cunningham, DOE, (615) 574-9276 (FTS 624-9276) or Elizabeth Dupree Ellis, ORAU, (615) 576-3528 (FTS 626-3528).

Sincerely,

151 T.M. Jelinek
Thomas M. Jelinek, Director
Energy Programs Division

ER-113:Cunningham

Enclosures:
As stated above

DCCunningham:4-9276:cmr:6-3666:6-5-90:0141.cmr

X-10 SITE OFFICE

LOG NO. 000226

FILE CODE 54866

ORAU

REFERENCE REQUEST—FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I—TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO. 326-68A0161	AGENCY BOX NUMBER 32 OF 32	RECORDS CENTER LOCATION NUMBER
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DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED
MEDICAL RECORDS - X-RAYS OF EMPLOYEES IN X-RAY BOXES

BOX **32 BOXES (24 CU. FT.)**

FOLDER (include file number and title)

REMARKS

NATURE OF SERVICE

FURNISH COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II—FOR USE BY RECORDS CENTER

- RECORDS NOT IN CENTER CUSTODY RECORDS DESTROYED
- WRONG ACCESSION NUMBER—PLEASE RECHECK
- WRONG BOX NUMBER—PLEASE RECHECK
- WRONG CENTER LOCATION—PLEASE RECHECK
- ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
- MISSING (Neither record(s), information nor charge card found in container(s) specified)
- RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS

SPECIAL

DATE

SERVICE

TIME REQUIRED

SEARCHER'S INITIALS

SECTION III—TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER **ELIZABETH DUREE ELUS**
 TELEPHONE NO. **6263525**
 FTS
 DATE **5/29/90**

RECEIPT OF RECORDS

NAME AND ADDRESS OF AGENCY

(Include street address, building, room no. and ZIP Code)



**OAK RIDGE ASSOCIATED UNIVERSITIES
CENTER FOR EPIDEMIOLOGIC RESEARCH
P.O. BOX 117, 210 BADGER ROAD
OAK RIDGE, TN 37831-0117**

Requester please sign, date and return this form, for file item(s) listed above, ONLY if the block to right has been checked by the Records Center.

SIGNATURE

DATE

REFERENCE REQUEST - FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I - TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO.	AGENCY BOX NUMBER	RECORDS CENTER LOCATION NUMBER
326-68B0161	10 OF 10	

DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED **MEDICAL RECORDS - X-RAYS IN X-RAY BOXES**

BOX 10 BOXES (9 CU FT)

FOLDER (include file number and title)

REMARKS

NATURE OF SERVICE

- FURNISH COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II - FOR USE BY RECORDS CENTER

- RECORDS NOT IN CENTER CUSTODY
 RECORDS DESTROYED
 WRONG ACCESSION NUMBER - PLEASE RECHECK
 WRONG BOX NUMBER - PLEASE RECHECK
 WRONG CENTER LOCATION - PLEASE RECHECK
 ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
 MISSING (Neither record(s), information nor charge card found in container(s) specified)
 RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS

SPECIAL

DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS

SECTION III - TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER **ELIZABETH DUPREE ELLIS**
 TELEPHONE NO. **6265528**
 FTS
 DATE **5/29/90**

RECEIPT OF RECORDS

NAME AND ADDRESS OF AGENCY

(Include street address, building, room no. and ZIP Code)



CRAW/CER
ATTN: CAROLYN MURPHY
P.O. BOX 117, 210 BADGER RD
DAK RIDGE, TN 37031-0117

Requester please sign, date and return this form, for file item(s) listed above, ONLY if the block to right has been checked by the Records Center.

SIGNATURE _____ DATE _____

REFERENCE REQUEST—FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I—TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO. 326-68C0161	AGENCY BOX NUMBER 5 OF 5	RECORDS CENTER LOCATION NUMBER
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DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED
MEDICAL RECORDS-X-RAYS IN X-RAY BOXES

BOX **5 BOXES (4 CU FT)**

FOLDER (include file number and title)

REMARKS

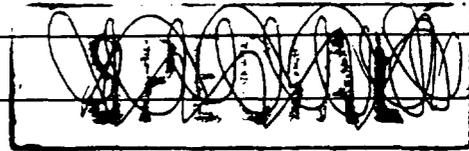
NATURE OF SERVICE

FURNISH COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II—FOR USE BY RECORDS CENTER

RECORDS NOT IN CENTER CUSTODY
 RECORDS DESTROYED
 WRONG ACCESSION NUMBER—PLEASE RECHECK
 WRONG BOX NUMBER—PLEASE RECHECK
 WRONG CENTER LOCATION—PLEASE RECHECK
 ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
 MISSING (Neither record(s), information nor charge card found in container(s) specified)
 RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS



DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS

SECTION III—TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER: **ELIZABETH DUFREE ELWIS** TELEPHONE NO.: **6263526** FTS DATE: **5/29/70**

RECEIPT OF RECORDS

NAME AND ADDRESS OF AGENCY

(Include street address, building, room no. and ZIP Code)



CRAW/COR
ATTN: CAROLYN MURPHY
P.O. Box 117, 210 BADGER RD
OAK RIDGE, TN 37831-0117

Requester please sign, date and return this form, for file item(s) listed above, ONLY if the block to right has been checked by the Records Center.

SIGNATURE

DATE

REFERENCE REQUEST—FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I—TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO. 326 1 - 68D0161	AGENCY BOX NUMBER 46 OF 46	RECORDS CENTER LOCATION NUMBER
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DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED **MEDICAL RECORDS - X-RAYS IN X-RAY BOXES**

BOX **46 BOXES (36 CU FT)**

FOLDER (include file number and title)

REMARKS

NATURE OF SERVICE

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 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II—FOR USE BY RECORDS CENTER

- RECORDS NOT IN CENTER CUSTODY
 RECORDS DESTROYED
 WRONG ACCESSION NUMBER—PLEASE RECHECK
 WRONG BOX NUMBER—PLEASE RECHECK
 WRONG CENTER LOCATION—PLEASE RECHECK
 ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
 MISSING (Neither record(s), information nor charge card found in container(s) specified)
 RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS

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TIME REQUIRED

SEARCHER'S INITIALS

SECTION III—TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER: **ELIZABETH DUPREE EWING**
 TELEPHONE NO: **6263528**
 FTS
 DATE: **5/29/90**

RECEIPT OF RECORDS

NAME AND ADDRESS OF AGENCY

(Include street address, building, room no. and ZIP Code)



GRAV/CER
ATTN: CAROLYN MURPHY
P.O. Box 117, 210 BADGER RD
OAK RIDGE, TN 37831-0117

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SIGNATURE

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REFERENCE REQUEST—FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I—TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO. 326-68E0161	AGENCY BOX NUMBER 34 OF 34	RECORDS CENTER LOCATION NUMBER
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DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED **MEDICAL RECORDS-X-RAYS IN X-RAY BOXES**

BOX **34 BOXES (26 CV FT)**

FOLDER (include file number and title)

REMARKS

NATURE OF SERVICE

FURNISH COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II—FOR USE BY RECORDS CENTER

- RECORDS NOT IN CENTER CUSTODY RECORDS DESTROYED
- WRONG ACCESSION NUMBER—PLEASE RECHECK
- WRONG BOX NUMBER—PLEASE RECHECK
- WRONG CENTER LOCATION—PLEASE RECHECK
- ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
- MISSING (Neither record(s), information nor charge card found in container(s) specified)
- RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS

SPECIAL

DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS

SECTION III—TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER ELIZABETH DURREE ELLIS	TELEPHONE NO. 6263520	<input checked="" type="checkbox"/> FTS	DATE 5/29/90	RECEIPT OF RECORDS
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NAME AND ADDRESS OF AGENCY

ORAV/CEK
ATTN: CAROLYN MURPHY
P.O. BOX 117, 210 BADGER RD
oak RIDGE, TN ~~37831~~ 37831-0117

Requester please sign, date and return this form, for file item(s) listed above, ONLY if the block to right has been checked by the Records Center.

SIGNATURE	DATE
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REFERENCE REQUEST— FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I—TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO. 326-6880162	AGENCY BOX NUMBER 14 OF 14	RECORDS CENTER LOCATION NUMBER
DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED CIVILIAN EMPLOYEE MEDICAL RECORDS FOR		
<input checked="" type="checkbox"/> BOX 14 CW FT		1967
<input type="checkbox"/> FOLDER (include file number and title)		

REMARKS

NATURE OF SERVICE

- FURNISH COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II—FOR USE BY RECORDS CENTER

- RECORDS NOT IN CENTER CUSTODY
 RECORDS DESTROYED
 WRONG ACCESSION NUMBER—PLEASE RECHECK
 WRONG BOX NUMBER—PLEASE RECHECK
 WRONG CENTER LOCATION—PLEASE RECHECK
 ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
 MISSING (Neither record(s), information nor charge card found in container(s) specified)
 RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS

SPECIAL

DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS

SECTION III—TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER ELIZABETH WIPLEE ELLIS	TELEPHONE NO. 6265578	<input checked="" type="checkbox"/> FTS	DATE 5/29/90	RECEIPT OF RECORDS	
NAME AND ADDRESS OF AGENCY ERAV/CER ATTN: CAROLYN MURPHY P.O. BOX 117, 210 BADGER RD DAK RIDGE, TN 37831-0117					
Requester please sign, date and return this form, for file item(s) listed above. ONLY if the block to right has been checked by the Records Center. <input type="checkbox"/>				SIGNATURE	DATE