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AUG 10 1973

John X. Combo, Chief Counsel
Idaho Operations Office

HUMAN USE STUDIES COMMITTEE

During my recent trip to HQ and visits with DBER personnel, it was requested that ID Counsel review the activities of the subject committee with respect to the necessity of the committee's meetings being held in open session. Presently, the other Human Use Committees under DBER cognizance are contractor-appointed and are not subject to Public Law 92-463, Federal Advisory Committee Act. Would you please inform me if the permitted exemptions under this act would include the ID Human Use Studies Committee?

I am enclosing our new form, "Voluntary Consent for Participation in Human Studies" that we plan to utilize. Would you also review the form and advise me as to its suitability?

Original Signed By
Donald I. Walker

Donald I. Walker, Director
Health Services Laboratory

Enclosure: As above.

REPOSITORY INEL
COLLECTION RESL READING FILES/MONTHLY
ACTIVITY REPORTS
BOX No. CABINET #4, DRAWER #5, RESL, CFA-690
ROOM #102, MHS-163
FOLDER HUMAN USE STUDIES COMMITTEE

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HSL *DIWalker*
DIWalker:cac
8/10/73

HSLMD
JHSpickard

AHD
HSLESB
AHDahl

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VOLUNTARY CONSENT FOR PARTICIPATION IN HUMAN STUDIES

Idaho Operations Office
U. S. Atomic Energy Commission
Idaho Falls, Idaho

SUMMARY OF STUDY

Identification No. _____

Description and Purpose

Nuclide _____; Quantity _____ μ Ci; Guide value _____ μ Ci; Critical organ _____;
Effective half-life _____ days; Effective absorbed energy _____ (MeV/dis) (rem/rad);
Chemical form _____; Chemical toxicity _____; Physical form _____;
Route _____; Occupational dose (current year) _____; Projected dose _____ mrem.

Investigator _____ Date _____

VOLUNTARY CONSENT

I, _____, do hereby acknowledge that: 1) I have volunteered to participate personally in a scientific investigation promoted by and for the U. S. Atomic Energy Commission; 2) I understand that the study requires me to take internally a small quantity of a radioisotope that has been determined by the investigator and confirmed by a review committee to be less than the radiation guide limits permitted by AECM 0524 for occupational exposure; 3) I understand that expert opinion regards the radiation exposures approved for this study to be so low that no harmful effects are expected; 4) I have read the description of the proposed study above and have been given ample opportunity to discuss and/or clarify any questions that I might have concerning it; 5) I have been informed and assured by my administrative superiors that participation in this study is not in any way a condition of employment, and that I may refuse to participate, or to withdraw my consent at any time during the course of the study, without incurring any adverse reaction to the normal course of my employment; and 6) I understand that a documented record of these studies will be on file in the ID Health Services Laboratory as part of my occupational exposure and medical record.

Signature of Witness Signature of Volunteer Date

REVIEW AND APPROVAL

Chief, Analytical Chemistry Branch Date

Date of Committee Approval Chief, Environmental Sciences Branch Date

Director, Medical Department, Chairman Date

Date of Administration _____ Study Completed _____ Actual Dose _____ mrem

Dose Recorded _____ . Investigator _____ Date _____

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