

~~SECRET~~
~~RESTRICTED~~

729285

October 5, 1945

Memo To: Dr. Dowdy
From: Dr. Bale
Re: Telephone call to Dr. Wright Langham, Santa Fe at noon, 10/5/45

Dear Dr. Dowdy:

Dr. Bassett and I called Wright Langham at Santa Fe to decide several questions concerning our joint experiments.

It was decided :

- A. To add concentrated hydrochloric acid to urine samples as well as formalin. Hydrochloric acid will prevent phosphate precipitation.
- B. To bring the fecal specimens to equal weights rather than equal volumes.
- C. To send blood samples in sealed glass ampules.
- D. To send abstracts of clinical records

W. F. Bale

DEPARTMENT OF ENERGY DECLASSIFICATION REVIEW	
SINGLE REVIEW AUTHORIZED BY: <i>DOE/DO/DP/APP/1/1/46</i>	DETERMINATION (CIRCLE NUMBER(S))
REVIEWER (ADD):	1. CLASSIFICATION RETAINED
NAME: <i>Dowdy</i>	2. CLASSIFICATION CHANGED TO:
DATE: <i>8/30/96</i>	3. CONTAINS FC DOE CLASSIFIED INFO
	4. COORDINATE WITH:
	5. CLASSIFICATION CANCELLED
	6. CLASSIFIED INFO BRACKETED
	7. OTHER (SPECIFY):

Classification Cancelled

~~Or Changed To~~
By Authority Of *Dir of Classification*
By *JK Heitsch/ck* Date *5/10/74*

RECEIPT

P.O. Box 287 Crittenden Station
 ROCHESTER 7, NEW YORK

To: Administrative Assistant

Re: Receipt of Material

Original to be signed personally by the recipient and returned to the sender.
 Duplicate to be retained by the recipient.
 Triplicate retained by sender for suspense file.

I have personally received from (sender) Dr. Bale

(sender's address) _____, the material as identified below. I assume full responsibility for the safe handling, storage, and transmittal elsewhere of this material in accordance with existing regulations. The material, including enclosures and attachments is identified as follows: (in identifying material avoid any reference which might cause the receipt form to be classified).

Description	Date of Document	From	Addressed to	Ref. or File No.	Date Mailed
Letter <u>tele. call</u>	<u>10/5/45</u>	<u>Dr. Bale</u>	<u>Dr. Langham</u>	<u>II-130A</u>	<u>by hand</u>
Drawing _____					
Report _____					
Other _____ (Indicate)					
No. and Nature of copies:					
SO <u>1</u> CC <u>/</u>					
PC _____ TC _____					
Other _____ (Number)					
Number of enclosures and attachments _____					

SO: signed original CC: carbon copy PC: photostat TC: typed copy

Signature Susan McGowan (RPP)

Date October 5, 1945

Postal Registry No. _____

PLEASE SIGN AND RETURN ORIGINAL RECEIPT IMMEDIATELY

RECEIPT

8009930

RECEIPT

P.O. Box 287 Crittenden Station
ROCHESTER 7, NEW YORK

To: Dr. Hodge

Re: Receipt of Material

- Original to be signed personally by the recipient and returned to the sender.
- Duplicate to be retained by the recipient.
- Triplicate retained by sender for suspense file.

I have personally received from (sender) Dr. Bale

(sender's address) _____, the material as identified below. I assume full responsibility for the safe handling, storage, and transmittal elsewhere of this material in accordance with existing regulations. The material, including enclosures and attachments is identified as follows: (in identifying material avoid any reference which might cause the receipt form to be classified).

Description	Date of Document	From	Addressed to	Ref. or File No.	Date Mailed
Letter <u>memo</u>	10/8/45	Dr. Bale	Copy 1 of 4A		messenger
Drawing _____					
Report _____					
Other _____ (Indicate)					
No. and Nature of copies:					
SO _____ CC _____					
PC _____ TC _____					
Other _____ (Number)					
Number of enclosures and attachments _____					

SO: signed original CC: carbon copy PC: photostat TC: typed copy

Signature A. C. Hodge (di.)

Date 10/8/45

Postal Registry No. _____

PLEASE SIGN AND RETURN ORIGINAL RECEIPT IMMEDIATELY

RECEIPT

8009931

BAS

Mimeo No. 10

RECEIPT

P.O. Box 287 Crittenden Station
ROCHESTER 7, NEW YORK

To: Administrative Assistant

Re: Receipt of Material

Original to be signed personally by the recipient and returned to the sender.
Duplicate to be retained by the recipient.
Triplicate retained by sender for suspense file.

I have personally received from (sender) Dr. Samuel Bassett (Dr. Bale)

(sender's address) as above, the material as identified below. I assume full responsibility for the safe handling, storage, and transmittal elsewhere of this material in accordance with existing regulations. The material, including enclosures and attachments is identified as follows: (in identifying material avoid any reference which might cause the receipt form to be classified).

Description	Date of Document	From	Addressed to	Ref. or File No.	Date Mailed
Letter XX	10.17.45	Dr. Bassett	Dr. W. Langham	II-138-4829	by hand
Drawing					
Report					
Other (Indicate)					
No. and Nature of copies: SO <u>1 CC 2-5 of 7A</u>					
PC <u>TC</u>					
Other (Number)					
Number of enclosures and attachments					

SO: signed original

CC: carbon copy

PC: photostat

TC: typed copy

Signature J. H. Glavin

Date 10/18/45

Postal Registry No.

PLEASE SIGN AND RETURN ORIGINAL RECEIPT IMMEDIATELY

RECEIPT

8009933

