# BIOASSAY INFORMATION SUMMARY SHEET (BISS)

For use of this form, see DA Pamphlet 385-25; the proponent agency is DAS.

## PRIVACY ACT STATEMENT

DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301-Departmental Regulation: Purposes; 42 USC 2073, 2093, 2095, 2111, 2133, 2134, 2201(b), and 2201(o). The authority for soliciting the social security number is 10 CFR 20; 44 USC 3101-Record Management by Agency Heads, General Duties, and AR 385-10.

**PRINCIPAL PURPOSE(S):** To establish qualification of the internal dose from bioassay specimens. The internal dose will be added to deep dose equivalent to determine the total effective dose equivalent the individual has received annually. The total effective dose equivalent will be documented in the individual's exposure history. The information is used in the evaluation of risk of exposure to ionizing radiation or radioactive materials. The data permits meaningful comparison of both current (short-term) and long-term exposure to ionizing radiation or radioactive material. Data on your exposure to ionizing radiation or radioactive materials is available to you upon request.

**ROUTINE USES:** The information may be used to provide data to other Federal agencies, academic institutions, and non-governmental agencies, such as the National Council on Radiation Protection and Measurement and the National Research Council, involved in monitoring/evaluating exposures of individuals to ionizing radiation or radioactive materials who are employed as radiation workers on a permanent or temporary basis and exposure received by monitored visitors. The information may also be disclosed to appropriate authorities in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding.

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information, including social security number; however, the installation or activity must maintain a completed Automated Dosimetry Record (ADR) on each individual occupationally exposed to ionizing radiation or radioactive material as required by 10 CFR 20, 29 CFR 1910.1096, and DA PAM 385-25. If information is not furnished, the individual may not become a radiation worker. The social security number is used to assure that the Army has an accurate identifier not subject to the coincidence of similar names or birthdates among the large number or persons on whom exposure data is maintained.

**Bioassay Information Summary Sheet Completion Guidance:**

**Purpose:** The Bioassay Information Summary Sheet must be completed when bioassay specimens are collected and when bioassay results are submitted to the USADC.

**Completion Procedures:**

**Part A:** The information will be used by the laboratory analyzing the data. The RSO or person responsible for collecting the specimen will fill out Part A. Check with the RSO or analyzing laboratory if there are question on how to properly fill out.

**Part B:** Once the dosimetry assessment is complete the RSO will fill in Part B. Generally, 10 CFR 20 requires a calculation only if an intake is greater than 10 percent of the ALI or exposure to more than 10 percent of the DAC. The uncertainty of the assessment is required and must be included as part of the results. The RSO will submit the Bioassay Information Summary Sheet along with the data of the bioassay specimen to the USADC. USADC will include the results into the individual's dose records as the committed effective dose equivalent (CEDE) which will be summed with the deep dose equivalent (DDE) for the total effective dose equivalent (TEDE).

***PART A: Complete this section and submit with the bioassay specimen.***

| | | |
|---|---|---|
| 1. NAME *(Last, First, Middle)* | 2. SOCIAL SECURITY NUMBER | 3. DATE OF BIRTH *(YYYYMMDD)* |
| 4. DOSIMETRY ACCOUNT CODE | 5. NRC LICENSE OR ARA NUMBER | |
| 6. RSO NAME | 7. EMAIL | 8. TELEPHONE |
| 9. REASON FOR BIOASSAY SPECIMEN COLLECTION | | 10. NUCLIDE |

| | | |
|---|---|---|
| 11. EXPOSURE DURATION<br>☐ ACUTE<br>☐ CHRONIC | 12. DATE/TIME OF EXPOSURE<br>*(YYYYMMDD HH:MM)* | 13. EXPOSURE PATHWAY<br>☐ INHALATION ☐ INGESTION ☐ INJECTION ☐ WOUND<br>☐ OTHER *(describe)* |
| 14. NUCLIDE CHEMICAL FORM<br>(IF KNOWN) CLASS OR TYPE ☐ D ☐ W ☐ Y<br>☐ F ☐ M ☐ S | | 15. SPECIMEN COLLECTION DATE/TIME *(YYYYMMDD HH:MM)*<br>START END |

***PART B: Complete this section after the dosimetry assessment is complete, then send to the U.S. Army Dosimetry Center.***

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|---|---|
| 16. DOSIMETRY MODELS USED<br>☐ ICRP-26/30 ☐ ICRP-60/68 | 17. ESTIMATED INTAKE (microcurie) |

18. **ICRP-26/30 DOSE EQUIVALENTS OR ICRP-60/68 EQUIVALENT DOSES**

| **ICRP-26/30 and ICRP-60/68** | | | **ICRP-60/68 ONLY** | | |
|---|---|---|---|---|---|
| **ORGAN/TISSUE** | **CODE** | **rem** | **ORGAN/TISSUE** | **CODE** | **rem** |
| GONADS | SZ | | COLON | MZ | |
| BREAST | TZ | | STOMACH | NZ | |
| LUNG | UZ | | BLADDER | OZ | |
| RED BONE MARROW | VZ | | LIVER | PZ | |
| BONE SURFACE | WZ | | ESOPHAGUS | QZ | |
| THYROID | XZ | | SKIN | RZ | |
| REMAINDER | YZ | | | | |
| CEDE OR COMMITTED EFFECTIVE DOSE (ZZ) | | rem | | | |

| | |
|---|---|
| 19. APPROVED BY | DATE |