

HANFORD ENVIRONMENTAL HEALTH FOUNDATION
BERYLLIUM INDUCED LYMPHOCYTE PROLIFERATION TEST
CONSENT FORM

Your participation in the Beryllium Induced Lymphocyte Proliferation Test (Be-LPT) screening for Chronic Beryllium Disease is voluntary.

Chronic Beryllium Disease is a chronic, irreversible, and sometimes fatal lung disease. Onset of the disease may be delayed for months or years after exposure. Although workers having the highest levels of exposure to beryllium are at greatest risk for Chronic Beryllium Disease, individual susceptibility may play a role in who does or does not develop Chronic Beryllium Disease. Some individuals appear to have a hypersensitivity to beryllium exposure.

The Be-LPT is a blood test that can demonstrate immune system sensitivity to beryllium. A positive Be-LPT indicates sensitization. Many sensitized individuals as identified by a positive Be-LPT test, have developed Chronic Beryllium Disease at a future date. The extent to which sensitization, as measured by the Lymphocyte Proliferation Test, predicts that an individual may contract the clinical disease is not known.

The Be-LPT can produce false positive results, showing an immune sensitization when in fact there may be none. It may also produce false negative results, not showing a sensitivity that may have occurred.

All positive tests will be repeated. Follow-up may include medical counseling, possible removal from beryllium work, and possible referral for additional tests that may include a lung lymphocyte proliferation test and collection of a transbronchial biopsy sample for analysis.

Private insurance companies may interpret positive sensitization to beryllium as an increased risk.

You will need to indicate your acceptance of this voluntary blood test by signing below. If you have additional questions, you should discuss them with the medical examiner.

I choose to ACCEPT the Beryllium Induced Lymphocyte Proliferation Test procedure:

Signature Date

I choose to DECLINE the Beryllium Induced Lymphocyte Proliferation Test procedure:

Signature Date

Witness: _____
Signature Date