ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE

BERYLLIUM HEALTH SURVEILLANCE PROGRAM
LYMPHOCYTE PROLIFERATION TEST

The blood Lymphocyte Proliferation Test (LPT) is used to detect sensitivity to beryllium. Individuals that are sensitive to beryllium have been shown to be at higher risk of contracting chronic beryllium disease.

Participation in this program and the LPT is on a voluntary basis. You are not obligated to take the LPT. Your blood will be tested by a laboratory or laboratories experienced in the LPT.

Three vacutainers, approximately 30 cc of blood will be drawn. Some individuals, for quality control purposes, will be asked to give six vacutainers, approximately 60 cc of blood. This is a normal venipuncture, as used for regular laboratory testing, therefore, there is very little risk from this procedure.

The results of your LPT will be reported to you, the Rocky Flats Environmental Technology Site Occupational Medicine and Health Effects Department research staffs, and if required by law to the Department of Energy, and the Occupational Safety and Health Administration. The records may be provided to other organizations within the Company if a legitimate need to know exists, such as the Legal Department for the defense of an action or claim brought against the Company and for which the information is relevant. For those individuals diagnosed with chronic beryllium disease, this information may also be made available to the Risk Manager for Kaiser-Hill, LLC, to allow the site to file an Employer's First Report of Injury for Workers' Compensation.

Your name or other unique identifiers (Rocky Flats employee number, social security number, etc.) will not be used in any reports generated from this study. No future employer (except for any successor Manager and Operator of Rocky Flats), agency, group, organization or person will have access to the information provided by you, unless you authorize it in writing.

I have read the description above and voluntarily consent to participate in this study. I understand that I can withdraw at any time from participation without prejudice against me.

Date	Signature
Rocky Flats Employee Number (for identification purposes)	Printed Name
Social Security Number (for identification purposes)	Witness' Signature