

BIOASSAY INFORMATION SUMMARY SHEET (BISS)

For use of this form, see DA Pamphlet 385-10; the proponent agency is DAS.

OMB No.: 0702-0109

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The public reporting burden for this collection of information, 0702-0109, is estimated to average 15 minutes per response, including time for reviewing the instructions, completing, and reviewing the collection information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

PART A: PERSONAL INFORMATION (Print legibly or type all information requested.) See Privacy Act Statement on page 2.
Complete this section and submit with bioassay specimen.

1. NAME (Last, First, Middle)		2. DATE OF BIRTH (YYYYMMDD)	3a. SOCIAL SECURITY NUMBER
4. DOSIMETRY ACCOUNT CODE	5. NRC LICENSE OR ARA NUMBER		3b. DODID NUMBER
6. RSO NAME	7. EMAIL		8. TELEPHONE
9. REASON FOR BIOASSAY SPECIMEN COLLECTION			10. NUCLIDE(S)
11. EXPOSURE DURATION <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC		12. DATE/TIME OF EXPOSURE (YYYYMMDD HH:MM): _____	
13. DURATION OF CHRONIC EXPOSURE (YYYYMMDD HH:MM): START _____ END _____			
14. EXPOSURE PATHWAY <input type="checkbox"/> INHALATION <input type="checkbox"/> INGESTION <input type="checkbox"/> INJECTION <input type="checkbox"/> WOUND <input type="checkbox"/> OTHER (describe): _____			
15. NUCLIDE CHEMICAL FORM _____ CLASS OR TYPE <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Y <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> UKN			
16. SPECIMEN COLLECTION DATE/TIME (YYYYMMDD HH:MM): START _____ END _____			

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

17. DOSIMETRY MODELS USED <input type="checkbox"/> ICRP-26/30 <input type="checkbox"/> ICRP-60/68		18. ESTIMATED INTAKE (microcurie)			
19. 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					
20. APPROVED BY					DATE

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 questions 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 Annual Limit of Intake or exposure is more than 10 percent of the Derived Air Concentration. The uncertainty of the assessment is required and must be included as part of the results. The RSO will submit the BISS 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 effective dose equivalent (EXDE) for the total effective dose equivalent (TEDE).

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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; 29 U.S.C. 661, Occupational Safety and Health; AR 385-10, The Army Safety and Occupational Health Program, 10 CFR 20, Standards for Protection Against Radiation; and E.O. 9397 (SSN) as amended.

PRINCIPAL PURPOSE: To monitor, evaluate, and control the risks of individual exposure to ionizing radiation or radioactive materials by comparison of test for short and long term exposure. Conduct investigations of occupational health hazards and relevant management studies and ensure efficiency in maintenance of prescribed safety standards. As well as ensure individual qualifications and education in handling radioactive materials are maintained. Data on your exposure to ionizing radiation or radioactive material is available to you upon request. For additional information see the System of Records Notice A0040-11 DASG, Radiation Exposure Records (<https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>).

ROUTINE USES: To the Department of Veterans Affairs to verify occupational radiation exposure for evaluating veterans benefit. To the National Council on Radiation Protection and Measurement and the National Research Council, for the purpose of monitoring/evaluating exposures of individuals to ionizing radiation or radioactive materials.

DISCLOSURE: Voluntary. However, the installation or activity must maintain a completed Automated Dosimetry Record (ADR) on each individual occupationally exposed to ionizing radiation or radioactive material. If information is not furnished, individual may not become a radiation worker.