

Claimant Report - Exposure to Aromatic Amines

Malignant Neoplasm of the Bladder

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
|  |  | |  | |  | |  | |

Report Detail

Aromatic amines are chemicals used in industry. Exposure through skin contact, ingesting or inhaling the chemical can occur through working as a dye worker, chemical worker, rubber or plastic worker, painter, textile worker or leather processing worker. However, some other industries may also use one or more of these chemicals in their products. Chlornaphazine was used as a treatment for cancer before its use was discontinued.

1. Has there been exposure to one or more of the following for a cumulative period of **at least** 250 days at some time?

|  |  |
| --- | --- |
| auramine dye | 2,4-diaminoanisole or 2,4 diaminoanisole sulphate |
| benzidine based dyes | 2,6-dimethylaniline |
| benzidine | 2-naphthylamine |
| chlornaphazine | 4,4'-methylene bis(2-chloroaniline) (MOCA) |
| magenta dye | 4,4'-methylenedianiline |
| ortho-ansidine | 4,4'-thiodianiline |
| ortho-toluidine | 4-aminobiphenyl |
| para-chloroaniline | 4-chloro-ortho-phenylenediamine |
| para-cresidine | 4-chloro-ortho-toluidine |
| other aromatic amine (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

 **No -** *Please sign the form and return it to the Department*

 **Yes -** Please provide details of all **service and non-service** exposure in the following table, being as specific as possible:

**Exposure to aromatic amines:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period of exposure** (Date and length of exposure eg. September 1960 - 5 days) | **Duties/work being performed** | **Where exposure took place** eg. home, school, workshop | **Aromatic amine exposed to** | **How exposed** eg. Skin contact, inhaled or ingested |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Claimant's Signature

***You are reminded that:***

* The Declaration you signed on the claim form also covers the information you supply on this form.
* There are penalties for knowingly making false or misleading statements.

|  |
| --- |
|  |
| **/ /** |