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Claimant Report - Phenacetin

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

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| **Surname** |  | **Given Names** |  | **DVA File Number** |
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Report Detail

1. Has there ever been ingestion of phenacetin? (Phenacetin is no longer used in medications but prior to 1975 it was used in many analgesics and headache remedies including APC (aspirin, phenacetin and caffeine), Vincent's powders, Bex, Bromo seltzer, Empirin Compound and many other over-the-counter and prescription drugs.)

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

 **Yes**

2. Over a period of time was sufficient phenacetin taken to total 100 grams of phenacetin? (Work this out using the quantity of phenacetin contained in each dose of the product taken eg APC tablets contained 250mg phenacetin therefore 400 tablets would have to be taken before 100 grams of phenacetin had been ingested. Empirin Compound contained 150mg phenacetin therefore 660 tablets would have to be taken before 100 grams of phenacetin had been ingested. Your doctor may be able to help you with this if the phenacetin was a prescribed drug.)

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

 **Yes -** Please give details of the phenacetin products ingested for each identifiable medical condition as required in the table overleaf:

**Phenacetin consumption:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnosis of disability treated with phenacetin**  | **Name of product containing phenacetin**  | **Dose taken each time eg number of tablets or powders** | **Frequency of ingestion eg** twice a day, once per month, a couple of times per year | **Period of phenacetin ingestion** |
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Claimant's Signature

***You are reminded that:***

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

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