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Claimant Report - Exposure to Tetrachloroethylene  
or Dry Cleaning Solvents

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. When were symptoms of malignant neoplasm of the bladder first noticed? *(Please be as specific as possible)*

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**Tetrachloroethylene** is used mainly in the dry cleaning industry but is also used in car care products, and in the textile, printing and film industries. It is commonly know as perchloroethylene or 'perc'.

**Other dry cleaning solvents**

Dry cleaning solvents dissolve oils and fats that are not water soluble. Apart from 'perc', petroleum hydrocarbons, such as white spirits, are commonly used in dry cleaning. Solvents have many uses besides dry cleaning, these include degreasing, fire retardation and pesticides, for example carbon tetrachloride.

2. Has there been inhalation or skin contact with tetrachloroethylene or dry cleaning solvents for a cumulative period of at least 5,000 hours?

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

 **Yes -** Please provide details of all **service and non-service** inhalation or skin contact in the table overleaf, being as specific as possible:

**Inhalation or skin contact with tetrachloroethylene or dry cleaning solvents:**

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| --- | --- | --- |
| **Dates of inhalation or skin contact with tetrachloroethylene or dry cleaning solvents** | **Description of how this exposure to tetrachloroethylene or dry cleaning solvents occurred, please include duties being performed, the source of the exposure, how exposure occurred and the place where exposure occurred** | **Hours of inhalation or skin contact with tetrachloroethylene or dry cleaning solvents during this period** |
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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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