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SUBJ/UPDATE OF LABORATORY UNITS FOR RADIATION MEDICAL EXAMINATIONS (CORRECTED COPY)//

REF/A/DOC/BUMEDNOTE 6470/27JAN25//
REF/B/DOC/NAVMED P-5055 CH-2/2DEC22//
REF/C/DOC/UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND LTR/30APR24//

NARR/REF A IS BUMEDNOTE 6470, LABORATORY UNITS FOR RADIATION MEDICAL EXAMINATIONS.

REF B IS NAVMED P-5055, RADIATION HEALTH PROTECTION MANUAL CH-2.

REF C IS UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND LETTER//

RMKS/1. Purpose. Ref (A) modifies policy for urinalysis reporting criteria, allowing unspun automated flow cytometry analytic methods performed by Australian laboratories to be used in radiation medical examinations (RME). Current analytic methods performed by U.S. Navy laboratories use a centrifuge-spun microscopy method, and is the only method currently supported by Ref (B) and the NAVMED 6470/13 medical record - ionizing radiation medical examination form.

2. Background

- a. RME are performed to identify cancerous or pre-cancerous conditions, which include laboratory analysis of blood and urine samples. U.S. Laboratories, in line with American Urological Association guidelines, normally use a centrifuge-spun microscopy method to analyze urine samples to identify the number of red blood cells (RBC) present and report their results in units of RBC per high power field (RBC/HPF).
- b. Australian laboratories perform urinalysis using a different method (non-centrifuged automated flow cytometry) supported by the Royal Australian College of Pathologists, reporting results in cells per microliter (ul) (or units of 10^6 cells/l). Per Ref (C), both methods are appropriate to determine the presence or absence of hematuria. A value of 10×10^6 RBC/l (10 RBC/ul) is approximately equivalent to 3 RBC/HPF identified in ref (b), article 2-4, subparagraph 2g(1). Values greater than or equal to 10×10^6 RBC/l (10 RBC/ul) are considered to be greater than or equal to 3 RBC/HPF.

3. Action

- a. Providers performing RME for Australian sailors or civilian workers must transcribe the urinalysis laboratory results to the NAVMED 6470/13 form, including the applicable units, with additional corrections being made as identified in subparagraphs 4a(1) through 4a(4):
 - a.1. Urinalysis results with RBC counts using automated flow cytometry which are greater than or equal to 10×10^6 RBC/l, or greater than or equal to 10 RBC/ul, must be repeated. Document repeat urinalysis results in the summary of abnormal findings block. In each case, the local or attending physician must perform further clinical evaluations to determine the reason for the

hematuria (if present) and record this reason. The physician's evaluation of the hematuria and his or her requests for other studies or consultations must be directed toward ruling out cancer. If the repeat study shows fewer than 10×10^6 RBC/l or 10 RBC/ul, a comment will be made in the summary of abnormal findings block with an annotation of not considered disqualifying (NCD). If the repeat urinalysis shows equal to or greater than 10×10^6 RBC/l or 10 RBC/ul, a definitive evaluation according to the most recent Urological Society of Australia and New Zealand guidelines for evaluation of microhematuria by a physician certified as a fellow of the Royal Australian College of Surgeons in urology with appropriate expertise will be performed. If definitive evaluation results in a finding of cancer, the summary of abnormal findings comment will include an annotation of considered disqualifying (CD). If the hematuria is chronic, has been evaluated during a previous physical examination and determined not to be due to cancer, and laboratory results do not indicate a change in patient status, the condition is not disqualifying and does not need to be reevaluated unless clinically indicated. If repeat test results continue to persist at or higher than the limit, follow the protocol identified within article 2-4, subparagraph 2g of Ref (B) to properly document and repeat the study, with board-certified urologist evaluation as specified.

a.2. If cancer is the suspected cause of the hematuria, the case must be submitted to the radiation effects advisory board. Otherwise, the responsible physician can medically qualify the individual for radiation work. The basis for a determination of CD or NCD must be given by the responsible physician as a comment in the summary of abnormal findings and recommendations block of NAVMED 6470/13.

a.3. The urinalysis evaluation method specified in block 12b of NAVMED 6470/13 must be corrected from "urine microscopy" to read "urine flow cytometry," with the correction made per article 2-6, paragraph 2 of Ref(b).

a.4. An entry must be made in block 14 of NAVMED 6470/13 annotating that an automated flow cytometry evaluation method was utilized for urinalysis performed in block 12b, per BUMEDNOTE 6470 of 27 JAN 2025.

b. U.S. Navy personnel reviewing RME performed for Australian personnel should review associated laboratory reports to ensure proper transcription of results, and ensure any other applicable documentation (e.g., repeated study results, board-certified urologist evaluation, etc.), supporting the RME is present within the health record.

4. Ref (A) will remain in effect until it is incorporated into Ref (B), cancelled, or replaced. Ref (A) can be found at <https://esportal.med.navy.mil/bumed/directives/pages/default.aspx>

5. The BUMED point of contact is CAPT Joseph A. Sorcic, Head, Radiation Health, phone: (571) 215-0581, email: joseph.a.sorcic.mil@health.mil

6. Released by Rear Admiral Darin K. Via, N093, Surgeon General of the Navy.//

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