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Monsanto

DEPARTMENT OF MEDICINE &
ENVIRONMENTAL HEALTH

Monsanto Company
800 N. Lindbergh Boulevard
St. Louis, Missouri 63166
Phone: (314) 694-1000

October 15, 1979

Mr. Frank Cagnetti
Executive Director
Medical Center Fund of Cincinnati
234 Goodman Street
Cincinnati, Ohio 45267

Dear Mr. Cagnetti:

This letter sets forth the terms and conditions under which the Medical Center Fund of Cincinnati ("Fund") under the supervision of Dr. Raymond R. Suskind and his staff will conduct a clinical study involving approximately 120 present employees of the Monsanto Company ("Monsanto"), W. G. Krummrich plant in Sauget, Illinois ("Study"). Said employees included in the Study are those with past or present exposure to the chlorophenols and pentachlorophenol processes at the W. G. Krummrich Plant, whose exposure lasted at least six months. The terms and conditions of this agreement are as follows:

1. The Study shall be conducted by Dr. Raymond R. Suskind, who shall be the principal investigator (Dr. Suskind and his staff are referred to herein as "Principal Investigator"), in accordance with the attached protocol captioned, "A Study of Workers Involved in the Manufacture of Chlorophenols."
2. The Principal Investigator shall, under the auspices of the Fund, supervise all obligations under this agreement for a total fee amount estimated in the attachment captioned "Budget-Monsanto Study" to be \$40,454. Thirty percent (30%) or \$12,136 of the estimated budget will be submitted to the Fund at the initiation of the project to cover the initial and on site examination expenses. Thereafter, the Fund shall submit a statement for services rendered and an itemized accounting of expenses incurred during each quarter within 10 days after the end of such quarter. It is agreed that the final 10% of this fee amount shall be paid to the Fund only after Monsanto receives the final report of the Study. Upon receipt of said report, Monsanto will also pay the Fund for reasonable expenses connected with the Principal Investigator's performance under this agreement, actually incurred by the Fund above the estimated budget amount for the expense, upon submission by the Principal Investigator and approval by Monsanto

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of an itemized account of expenses for which payment is sought. The Principal Investigator will provide the Monsanto Medical Department with summaries of individual examinations and objective data. This medical information of individual examinations will also be made available to the personal physicians of the participants upon receiving a signed release form from the examinee.

3. Monsanto will provide the Principal Investigator copies of work histories and medical records ("Records") for the individuals covered by the Study.
4. The Principal Investigator shall provide Monsanto a preliminary report of the findings of the Study upon completion of a proper analysis of the data. The contents of the preliminary report will be discussed with Monsanto and a final report of the Study will be reviewed with Monsanto by the Principal Investigator before publication. The scientific conclusions and judgments arising out of the Study shall be the sole responsibility of the Principal Investigator. The Principal Investigator will notify Monsanto prior to any verbal or written release to the public concerning the results of the Study.
5. All Records provided from Monsanto files, including all the information contained therein, shall be held in strict confidence by the Fund and the Principal Investigator and shall not be disclosed to any third party. The Fund and the Principal Investigator warrant that they shall take every reasonable precaution to maintain said confidentiality within the Fund's organization. Access to the Records within the Fund's organization shall be limited to licensed physicians or other persons trained and qualified to deal with data under medical supervision, all of whom shall be bound by the provisions of this agreement.

Upon completion of the Study by the Fund, or at any earlier time as requested by Monsanto, the Fund shall return to Monsanto all Records which were provided from its files.

Any publication or release to the public by the Fund or the Principal Investigator of any information obtained from the Records shall be strictly limited to a compilation of statistical health data only and shall neither identify any individual by name, address or other traceable characteristic nor contain any personal or sensitive information with respect to any particular individual.

6. The Fund is, and shall perform this agreement as, an independent contractor and, as such, shall have and maintain complete control over all of its employees and operations. Neither the Fund, the Principal Investigator nor any other person employed by the Fund, shall represent, act or be deemed to be an employee, agent or representative of Monsanto.

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7. The administrative aspects of this agreement for Monsanto shall be under the direction of Dr. George Roush, Jr.
8. Upon receipt of a reasonable request by Monsanto during the Study and for five years after Monsanto receives the final report of the Study, the Fund and the Principal Investigator shall cooperate with Monsanto regarding questions or inquiries by third parties relating to the Study, and the Principal Investigator shall, on a mutually acceptable basis with Monsanto: (a) testify at and participate in proceedings in which Monsanto may be involved, and (b) execute and provide affidavits or similar statements regarding matters relating to the Study.
9. This letter shall constitute the entire agreement with respect to the Study and cancel and supersede all prior negotiations, dealings and agreements whether oral or written regarding the Study and may not be modified unless done in writing signed by the Fund and Monsanto.

If the above terms and conditions are in order, it is requested that the Fund and the Principal Investigator indicate their acceptance and agreement to the above terms and conditions by executing and dating this letter in duplicate at the places indicated below and returning one of the signed duplicates to Monsanto.

Very truly yours,

Monsanto Company

By [Signature]

Title: Director, Department of
Medicine and Environmental
Health

ACCEPTED AND AGREED TO THIS 23 DAY OF October, 1979

Medical Center Fund of Cincinnati

By [Signature]

Frank Cagnetti

Title: Executive Director

ACCEPTED AND AGREED TO THIS 23 DAY OF October, 1979

By [Signature]

Dr. Raymond R. Suskind

Title: Director, Department of Environmental Health

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BUDGET

MONSANTO STUDY, ST. LOUIS

A. PERSONNEL:

(Includes Preparation, On-Site and Assembly and Analysis of Results and Reports)

Professional:	Principal Investigator	30 Days	
	2 Examining Physicians	12 Days	
	Program Coordinator	25 Days	\$17,920
Technical:	3 Interviewers	30 Days	
	Photographer	5 Days	2,240
Administrative and Secretarial:		105 Days	8,400
TOTAL PERSONNEL COSTS			\$28,560

B. SERVICES:

Epidemiologic and Statistical Services		\$ 6,000
Dermatology Laboratory:		
Biopsies: 50 @ \$21.00	= \$1,050	
Cultures: Mycology - 40 @ \$13.00	= 520	
Bacterial - 25 @ \$10.00	= 250	1,820
TOTAL SERVICE COSTS		\$ 7,820

C. OTHER COSTS:

Travel: (4 People for 2 Days; 1 Person for 3 Days; 1 Person for 6 Days; 1 Person for 7 Days)		
Air Fare: 6 @ \$132	= \$792	
Per Diem: 2 Days @ \$50	= 720	\$ 1,512
2 Visits of 1 Day Each:		
Air Fare: 2 @ \$132	= \$264	
Per Diem: 2 Days @ \$50	= 100	364
Car Rental (Includes Daily Rental, Mileage Charge): University Car for 7 Days		198
Office Supplies (Paper, Copying, etc.)		2,000
TOTAL OF OTHER COSTS		\$ 4,074
TOTAL BUDGET	C25482	\$40,454

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UNIVERSITY OF CINCINNATI
DEPARTMENT OF ENVIRONMENTAL HEALTH
W.G. KRUMMRICH PLANT
MONSANTO COMPANY

INFORMED CONSENT STATEMENT

Before agreeing to participate in this study, it is important that you understand the purpose of the examination, its benefits and possible discomforts. The objective of this examination is to determine the health status of the employees of the W.G. Krummrich plant of the Monsanto Company who have been exposed to chlorinated phenols and to identify those conditions which may be related to the work environment.

I, _____, agree to participate in the medical research study conducted by the University of Cincinnati under the direction of Dr. Raymond R. Suskind. I understand that I will be interviewed and asked a series of questions about myself and the health of my family. In addition to a physical examination, I shall permit blood to be drawn and furnish urine for laboratory examination. If indicated by the physician's examination, skin biopsies and skin scrapings for laboratory diagnosis will be done. The discomfort of the biopsy will be the same as with a skin injection.

The University of Cincinnati Medical Center follows a policy of making all decisions concerning compensation and medical treatment for injuries occurring during or caused by participation in biomedical or behavioral research on an individual basis. If I believe I have been injured as a result of research, I will contact Dr. Suskind.

Any questions that I may have concerning this study will be answered by Dr. Raymond R. Suskind, phone (513) 872-5701, or his associates

I am free to withdraw from this investigation at any time. Should I wish to withdraw, I have been assured that standard therapy for my condition will remain available to me. I have been informed of the probable as well as unpredictable consequences of my withdrawal from the study.

Subject _____

Investigator R. R. Suskind M.D.

Witness _____

Date _____

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HEALTH STATUS RESEARCH PROGRAM
UNIVERSITY OF CINCINNATI
EMPLOYEES OF THE W.G. KRUMMRICH PLANT, MONSANTO COMPANY
QUESTIONNAIRE

Name: _____
Last First Middle

Address: _____
Street Apt. #

City State Zip Code

Telephone Number: _____
area code

Social Security Number: _____

Present Status: ☐ Active hourly
(check one) ☐ Active Salary
☐ Other

Current Department: _____ # | | | | |

Job Title: _____ # | | | |

Clock Number: | | | |

Interviewer Number: | | |

Date of Interview: | | | | | |
mo. day yr.

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A. PERSONAL DATA

1. Birthdate:
 mo. day yr.
2. Sex: male female
3. Race: White, not of Hispanic Origin
 Black, not of Hispanic Origin
 Hispanic
 American Indian or Alaskan Native
 Asian or Pacific Islander
 Other _____
4. Marital Status: single married divorced
 separated widowed
5. Number of Marriages:
6. Education: Highest grade completed
Elementary = 01 - 08 Secondary = 09 - 12
College = 13 (1 year)
 14 (2 years)
 15 (3 years)
 16 (4 years)
 17 (5 years)
 18 (6 years)
 19 (7 or more years)

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1. Were you employed in pentachlorophenol production? 1 yes 1 no

Date of leaving penta work: /
 mo. yr.

What was your main job or work:(describe)

mo. day yr.

4. Beginning with your first job at the Krummrich plant, give the following information:

Department	Job Title	Dates	What you did (work description)
		(from/to) mo/yr/mo/yr	
1. _____	_____	-	_____

2. _____	_____	-	_____

3. _____	_____	-	_____

4. _____	_____	-	_____

5. _____	_____	-	_____

6. _____	_____	-	_____

7. _____	_____	-	_____

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Department	Job Title	Dates (from/to) mo/yr/mo/yr	What you did (work description)
8. _____	_____	-	_____

9. _____	_____	-	_____

10. _____	_____	-	_____

5. Previous work history, before Krummrich including Armed Forces:

Employer	Job Title	Dates (from/to) mo/yr/mo/yr	Work Description
_____	_____	-	
_____	_____	-	
_____	_____	-	
_____	_____	-	
_____	_____	-	
_____	_____	-	
_____	_____	-	
_____	_____	-	
_____	_____	-	
_____	_____	-	

6. While working at the Krummrich plant were you engaged in other employment?

a. mechanical work ☐ yes ☐ no

b. farming ☐ yes ☐ no

c. other ☐ yes ☐ no (describe _____)

7. In previous employment, were you exposed to dust, solvents, cutting oils, welding or soldering fumes, fertilizer, weed killers, etc.

☐ yes ☐ no

If yes, specify which: _____

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C. AT WORK

- | | | |
|---|-------------------------|------------------------|
| 1. Do you or did you smoke on the job? | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 2. Do you or did you eat on the job? | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 3. Do you or did you drink coffee or soft drinks on the job? | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 4. Do you or did you wear short sleeves at work? | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 5. Do you or did you wear long sleeves at work? | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 6. Have you ever worn gloves on the job?
What kind? _____
What job? _____ | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 7. Have you worn protective sleeves on the job? | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 8. Have you worn special shoes or boots other than safety shoes at work? | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 9. Have you ever used a respirator on a job?
What job? _____ | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 10. Do you or did you use special safety glasses or goggles on the job?
What job? _____ | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 11. Do you or did you use waterless hand cleaner? | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 12. Was soap supplied by the company?
What kind? _____ | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 13. Was soap supplied by you?
What kind? _____ | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 14. Do you or did you wear any protective clothing on the job like an apron or special suit?
Which? _____
What job? _____ | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 15. Do you or did you use a mask at work?
What job? _____ | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |
| 16. Do you or did you use protective creams on your skin at work?
<u> </u> <u> </u> often <u> </u> <u> </u> occasionally <u> </u> <u> </u> seldom
What brand? _____ | <u> </u> <u> </u> yes | <u> </u> <u> </u> no |

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17. Do you or did you change out of your work clothes regularly before going home? ☐ yes ☐ no
18. Do you or did you change out of your work shoes regularly before going home? ☐ yes ☐ no
19. Where are your work clothes laundered?
☐ home ☐ company
☐ commercial laundry
20. Do you or did you shower before going home? ☐ yes ☐ no
21. Did you ever have an illness you felt was caused by your work? ☐ yes ☐ no

Describe illness: _____

What job? _____

Department _____

Type of work _____

When _____

D. TOBACCO CONSUMPTION

1. Do you presently smoke cigarettes? ☐ yes ☐ no
- If yes, total years smoking? ☐ ☐ ☐
 packs smoked per day? ☐ ☐ -1 ☐ 1-2 ☐ 2-3 ☐ 3+
2. If you do not now smoke cigarettes, have you smoked them in the past? ☐ yes ☐ no
- If yes, at what age did you start? ☐ ☐ ☐
 total years smoked? ☐ ☐ ☐
 packs smoked a day? ☐ ☐ -1 ☐ 1-2 ☐ 2-3 ☐ 3+

E. ALCOHOL CONSUMPTION

1. Do you now drink alcoholic beverages? ☐ yes ☐ no
- If no, did you ever drink alcoholic beverages? ☐ yes ☐ no
- How old were you when you gave up drinking? ☐ ☐ ☐
2. How old were you when you first started drinking? ☐ ☐ ☐

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3. About how often do you drink some kind of alcoholic beverage?

 almost every day

 three or four times a week

 once or twice a week

 once or twice a month

 less than once a month

4. When you drink beer, about how many cans or bottles of beer do you usually drink?

 0 1-2 3-4 5-6 6+

5. When you drink wine, about how many glasses of wine do you usually drink?

 0 1-2 3-4 5-6 6+

6. When you drink highballs, mixed drinks, or other kinds of liquor, about how many drinks do you usually have?

 0 1-2 3-4 5-6 6+

7. Have your drinking habits changed over time? yes no

IF YES:

8. If you reduced your alcoholic intake, indicate year. 19

9. When you drank beer, about how many cans or bottles did you usually drink?

 1-2 3-4 5-6 6+

10. When you drank wine, about how many glasses did you usually drink?

 1-2 3-4 5-6 6+

11. When you drank highballs, mixed drinks, or other kinds of liquor, how many did you usually have?

 1-2 3-4 5-6 6+

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F. FAMILY HISTORY

Have either your father, your mother, any of your brothers or sisters (including half-brothers and half-sisters), or any of your children had any of the following problems?

READ EACH PROBLEM. CHECK A "YES" OR A "NO" RESPONSE. IF "YES", CHECK THE APPROPRIATE RELATIONSHIP(S). IF "YES" FOR A BROTHER OR SISTER, ASK:

How many of your brother(s) or sister(s) have (had) this problem?

AND ENTER APPROPRIATE RESPONSE.

PROBLEM	RESPONSE	RELATIONSHIP	HOW MANY SIBLINGS/CHILDREN HAVE (HAD) THIS PROBLEM
1. Asthma	☐ yes ☐ no	☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Children	☐ ☐
2. Hayfever	☐ yes ☐ no	☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Children	☐ ☐
3. Acne (pimples)	☐ yes ☐ no	☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Children	☐ ☐
4. Eczema	☐ yes ☐ no	☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Children	☐ ☐
5. Hives	☐ yes ☐ no	☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Children	☐ ☐

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G. PERSONAL MEDICAL HISTORY

1. Have you been bothered with any of the following conditions?

Headaches	☐ yes	☐ no
High Blood Pressure	☐ yes	☐ no
Bronchitis	☐ yes	☐ no
Pneumonia	☐ yes	☐ no
Pleurisy	☐ yes	☐ no
Chest Pain	☐ yes	☐ no
Kidney Trouble	☐ yes	☐ no
Bladder Trouble	☐ yes	☐ no
Diabetes	☐ yes	☐ no
Thyroid Problems	☐ yes	☐ no
Stomach Ulcer	☐ yes	☐ no
Constipation	☐ yes	☐ no
Colitis	☐ yes	☐ no
Liver Problems	☐ yes	☐ no
Arthritis	☐ yes	☐ no
Teenage Acne	☐ yes	☐ no
Skin Boils	☐ yes	☐ no
Poison Ivy or Poison Oak	☐ yes	☐ no
Hives	☐ yes	☐ no
Other Rash	☐ yes	☐ no
Skin Cancer	☐ yes	☐ no
Other Forms of Cancer	☐ yes	☐ no

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2. Have you ever been hospitalized? yes no

IF YES, ASK:

Why were you hospitalized?

In what year were you hospitalized?

What was the name of the hospital?

Where is the hospital (in what city and state)?

CONDITION	YEAR	HOSPITAL - NAME	CITY	STATE
	19 <u> </u> <u> </u> <u> </u>			
	19 <u> </u> <u> </u> <u> </u>			
	19 <u> </u> <u> </u> <u> </u>			
	19 <u> </u> <u> </u> <u> </u>			
	19 <u> </u> <u> </u> <u> </u>			
	19 <u> </u> <u> </u> <u> </u>			

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- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| 3. Do you have headaches? | ☐ yes | ☐ no |
| daily? | ☐ yes | ☐ no |
| weekly? | ☐ yes | ☐ no |
| less than weekly? | ☐ yes | ☐ no |
| 4. Do you have trouble sleeping? | ☐ yes | ☐ no |
| 5. Are you tired most of the time? | ☐ yes | ☐ no |
| 6. Do you need more sleep than usual? | ☐ yes | ☐ no |
| 7. Do you have a good appetite? | ☐ yes | ☐ no |
| 8. Do you lose your temper easily? | ☐ yes | ☐ no |
| 9. Do you feel angry often? | ☐ yes | ☐ no |

H. SOCIAL HISTORY

- | | | |
|---|---|-----------------------------|
| 1. How many times have you been married? | ☐ ☐ ☐ ☐ | |
| 2. How many children do you have? | ☐ ☐ ☐ ☐ | |
| 3. Do you have as many children as you wanted to have? | ☐ yes | ☐ no |
| 4. Did your wife have any miscarriages? | ☐ yes | ☐ no |
| How many? | ☐ ☐ ☐ | |
| 5. Were there any stillbirths? | ☐ yes | ☐ no |
| 6. Were any of the children born with any birth defects or deformities? | ☐ yes | ☐ no |
| Indicate type of birth defect. | | |
| _____ | | |
| _____ | | |
| _____ | | |

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1. MEDICATION HISTORY

1. Do you regularly use health aids such as those for constipation, indigestion, arthritis, or headache (for example aspirin, laxatives, diet pills, etc.)? ☐ yes ☐ no

If yes, what kind or brand: _____

2. Do you regularly use salves or liniments such as those for itchy skin, burns, abrasions, etc.? ☐ yes ☐ no

If yes, what kind or brand: _____

3. Do you have or have you ever had acne? ☐ yes ☐ no

If yes, how was it treated? _____

4. Are you now taking medication(s) prescribed by a doctor? ☐ yes ☐ no

If yes, specify the name(s) of the medication and the illness(es) being treated: _____

5. Do you have any known allergic reactions to drugs? ☐ yes ☐ no

If yes, to what drugs (be specific)? _____

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Additional History
Review of Systems

Physical Examination

Lymph nodes

|
|
|

 yes no

 yes no

Other organ systems, if indicated

|
|
|

 yes no

 yes no

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Abnormal Findings

From History ☐ yes ☐ no
Detail:

From Physical Examination ☐ yes ☐ no
Detail:

Diagnosis - Impression

1.

2.

3.

4.

Comments

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LABORATORY TESTS

Please check if done:

Urine Sample	ID# <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> yes	<u> </u> <u> </u> no
Blood Sample	ID# <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> yes	<u> </u> <u> </u> no
Skin Biops.	ID# <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> yes	<u> </u> <u> </u> no
Skin Scrapings	ID# <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> yes	<u> </u> <u> </u> no
Culture	ID# <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> yes	<u> </u> <u> </u> no
Photograph	ID# <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> yes	<u> </u> <u> </u> no

OTHER TESTS:

COMMENTS:

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