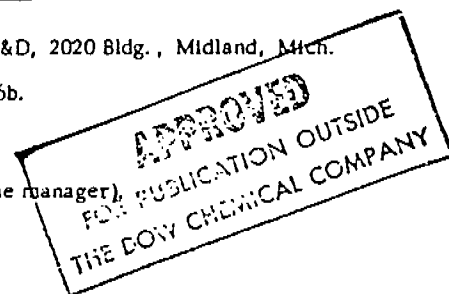


RELEASE OF TECHNICAL INFORMATION
(Numbers 1 - 15, 22 - 24 for originators of request; 16 - 21 for reviewers)

- 1a. Title of Proposed ~~Text~~, Publication or Release LONG-TERM MORTALITY EXPERIENCE OF 594 EMPLOYEES EXPOSED TO VINYL CHLORIDE IN A CONTROLLED INDUSTRIAL ENVIRONMENT
- 1b. Request for release of ☐ Title only ☐ Abstract only ☒ Full text
2. Author(s) Ott, M. G., Langner, R. R., Holder, B. R.
3. Return request to: Name M. G. Ott Phone No. 6-4109
Address Corporate Medical - 2030 Dow Center - Midland
4. Date submitted to sponsor 7-23-74
5. Final release decision required no later than 8-14-74
- 6-13. See page 2.
14. Please classify as one of following: ☐ Agricultural and/or Biochemical, ☐ Analytical, ☐ Chemical Engineering and/or Industrial Chemistry, ☐ Instrument and/or Control, ☒ Medical and/or Pharmaceutical, ☐ Metallurgy and/or Mineralogy, ☐ Organic, ☐ Physical Chemistry, Inorganic, Physics, ☐ Physical Properties, ☐ Polymers, ☐ Other _____
15. I have reviewed and approved this paper and recommend its release as being in the interest of Dow. It is appropriate to the intended audience and reflects the professional standards desired by this organization and Dow.
Sponsor Harold L. Gordon Signature Harold L. Gordon, M.D. Date _____ Organization Corporate Medical Dept.
- 16a. Received by _____ on _____ for approval.
Responsible line manager Date
Indicate appropriate reviewers in (16b on page 2) and forward to Corporate R&D, 2020 Bldg., Midland, Mich.
- 16c. Corporate R&D will _____ to reviewers designated in 16b.
- 17-18. See page 2.
19. Final review by L. Blair (responsible line manager)
☐ Approved for release, note comments if made
☐ Approved for limited release and/or only after revisions are made

describe
☐ Not approved for release _____
reasons
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Signature Date
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22. Final approved draft. I have complied with the conditions stated above; the originally submitted manuscript has been changed to this final form and will be submitted, published and/or presented in this form.

Signature Date
23. Three copies of completed cover sheet and final manuscript to CRI for distribution to CRI Midland, Texas and Western.
24. Cover sheet copies: Responsible line manager (16a), Corporate R&D, Public Relations, College Relations.



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16b. To be reviewed by

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(Reviewers to be designated at Step 16a)	Name	Recommendation			Signature	Date
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☐ b. Patent Dept.	_____	☐	☐	☐	_____	_____
☐ c. Trademark	_____	☐	☐	☐	_____	_____
☐ d. Tech. Center	_____	☐	☐	☐	_____	_____
☒ e. E. H. Blair	<u>E. H. Blair</u>	☒	☐	☐	<u>E. H. Blair</u>	<u>8/4/77</u>
☒ f. E. Hammond	<u>E. Hammond</u>	☒	☐	☐	<u>E. Hammond</u>	<u>7/12/77</u>
☒ g. Legal	<u>Donna Roberts</u>	☐	☐	☐	_____	_____
☒ h. H. L. Gordon, MD	<u>-Corp. Medical Dept.</u>	☒	☐	☐	<u>H. L. Gordon</u>	<u>7/12/77</u>

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18. Reviewers in (17) return to: Corporate R&D, 2020 Bldg., Midland, Michigan.

19-24. See page 1.

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