FROM (NAME & LOCATION): R. D. Osland, M.D. - W. G. Krummrich Plant

DATE: November 6, 1974

SUBJECT: PCB Investigation

REFERENCE:

cc: E. Kelly, M.D. - A2SA
G. A. Hippe
H. J. Horner

Company Confidential

TO: P. E. Heisler

This investigation was prompted by the safety suggestion of dated June 29, 1974. He suggested that a possible Aroclor in bodies with people working with the materials might be harmful to the laboratory workers. The procedure for handling this investigation was as follows: blood tests were done on the people who had personal contact with the chemical, the samples were submitted to Mr. Orville Hicks in the General Offices for Aroclor determination, and the remaining blood samples were submitted to Clinical Laboratories in St. Louis for liver function tests.

The copy of Mr. Hicks work is enclosed for your inspection. The only significance is that the ppb of Aroclor 1254 determination showed infinitesimally small amounts detected. The two people who had the largest amount of Aroclor 1254 in ppb detected showed no obvious clinical change in their serological blood tests. Hemograms were done on all the subjects and these were within normal limits. Because of the wide variation in the reporting of the liver function tests, these were submitted to two laboratories and only confirmed abnormalities by both laboratories will be considered. A copy of these reports in a chart form with their normal variations will be included in this report.

There were two individuals, and , who had confirmed elevations of abnormal liver function tests. Although these were relatively small they should be taken into consideration. Both of these individuals had no detectable PCB in their blood.

One might conclude from this summation that if there is a "liver abnormality" it is not work related but due to some extraneous cause and perhaps should be investigated from another clinical standpoint.

In summary, six laboratory workers were investigated for their exposure to PCB and it's possible tetragenic, caryogenic and physiologic reports. The amount of PCB detected was extremely low. The amount of abnormality discovered in the battery of the liver function test was not conclusive in that there was no consistency to the reported abnormality.

R. D. Osland, M.D.

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