

**Occupational Diseases in Mines and Works Act, 1973
(ACT No. 78 of 1973)**

Definitions

'benefit' means money which has been awarded or which is required to be awarded or money which has been paid or which is required to be paid or the payment of money or a claim for the payment of money, as the context may require, to or in respect of a person or to or in respect of the dependants of a person, on the ground that such person was under the previous Act found to be suffering from pneumoconiosis or tuberculosis, or has under this Act been found to be suffering from a compensable disease, but does not include money awarded under the previous Act or this Act to a person in the form of a special grant or in the form of assistance in connection with the training of any person;

'cardiorespiratory organs' means all or any one of the following organs, namely larynx, trachea, bronchial tree, lung parenchyma, pleurae, lymphatic system of the lungs, vascular system of the lungs, nerve supply of the lungs, diaphragm and nerve supply to diaphragm, heart, pericardium and large intrathoracic bloodvessels;

'certification committee' means the Medical Certification Committee for Occupational Diseases established under section 39;

'commissioner' means the Compensation Commissioner for Occupational Diseases appointed under section 54 (a);

'compensable disease' means-

- (a) pneumoconiosis;
- (b) the joint condition of pneumoconiosis and tuberculosis;
- (c) tuberculosis which, in the opinion of the certification committee, was contracted while the person concerned was performing risk work, or with which the person concerned was in the opinion of the certification committee already affected at any time within the twelve months immediately following the date on which that person performed such work for the last time;
- (d) permanent obstruction of the airways which, in the opinion of the certification committee, is attributable to the performance of risk work;
[Para. (d) substituted by s. 1(a) of Act 30 of 1978.]
- (e) any other permanent disease of the cardiorespiratory organs which in the opinion of the certification committee is attributable to the performance of risk work; or

(eA) progressive systemic sclerosis which, in the opinion of the certification committee, is attributable to the performance of risk work; or
[Para. (eA) inserted by s. 1 of Act 27 of 1974.]

(f) any other disease which the Minister, acting on the advice of a committee consisting of the director and not fewer than three other medical practitioners designated by the Minister, has, subject to the provisions of subsection (2), by notice in the Gazette declared to be a compensable disease and which, in the opinion of the certification committee, is attributable to the performance of risk work at a mine or works;

[Para. (f) substituted by s. 2 of Act 45 of 1975.]

[The Minister has in G.N. 1209 of June 1989 declared platinum salt sensitivity (platinosis) to be a compensatable disease, with effect from 10 May 1989.]

'director' means the Director of the Medical Bureau for Occupational Diseases appointed under section 3(1) (a);

'medical practitioner' means a person who is registered as a medical practitioner under the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974);

[Definition of 'medical practitioner' substituted by s. 1(i) of Act 208 of 1993.]

'Minister' means the Minister for National Health and Welfare;

[Definition of 'Minister' substituted by s. 7(b) of Act 89 of 1988 and by s.1 (k) of Act 208 of 1993.]

'pneumoconiosis' means a permanent lesion, excluding a calcified lesion, of the cardio-respiratory organs caused by the inhalation of dust in the course of the performance of risk work;

[Definition of 'pneumoconiosis' substituted by s. 1(b) of Act 30 of 1978.]

'previous Act' means the Pneumoconiosis Compensation Act, 1962 (Act 64 of 1962), including the other laws repealed by section 136 of any laws relating to the payment of compensation to or in respect of persons in respect of miner's phthisis or silicosis or pneumoconiosis or tuberculosis contracted in the employment of mines or as a result of employment at mines, which receded the Pneumoconiosis Compensation Act, 1962;

'risk' in relation to a mine or a works, means the risk of contracting a compensable disease, to which persons who perform risk work in or at or in connection with that mine or works are exposed, or the risk determined by the risk committee under section 20 or 21 in respect of that mine or works, as the context may require;

Ss 13(1)

The Minister may by notice in the Gazette declare to be risk work any particular work or all work performed in or at or in connection with any mine or works or part of a mine or works, or at a particular place or under particular circumstances in or at or in connection with any mine or works.

(2) The Minister shall under subsection (1) declare any such work as is referred to in that subsection to be risk work if he is satisfied, after consultation with the risk committee and after consideration of such representations (if any) as may have been made to him by the owner of the mine or works in question or by any organisation acting on behalf of such owner or on behalf of persons employed at that mine or works, that any person performing the work in question is exposed to-

(a) dust of which the composition and concentration is such that it is of the opinion of the Minister harmful or potentially harmful; or

(b) gases, vapours or chemical substances, or factors or working conditions, which, in the opinion of the Minister, are harmful or potentially harmful.

S34

Duties of medical practitioner in regard to post-mortem examination or service

(1) The director may authorise or in writing direct any medical practitioner in the Republic to perform a post-mortem examination or other post-mortem service under this Act of a nature determined by the director, and a medical practitioner so authorised or directed who has performed a post-mortem examination or other post-mortem service in accordance with such authorisation or direction, shall forthwith submit to the director a detailed report on the result of the examination or service performed by him.

(2) A medical practitioner in the Republic who attended a deceased person at the time of or immediately before his death, or has opened the body of a deceased person, and who knows or has reason to believe that such person worked at a mine or works, shall remove the cardiorespiratory organs and any other prescribed organs or parts of the body of the deceased and shall send such organs and parts of the body to the prescribed place or, if no place has been prescribed, to the bureau or to any other place specified by the director, in accordance with the prescribed procedure or, if no procedure has been prescribed, in accordance with such instructions as may be issued by the director.

(3) Notwithstanding anything contained in subsection (1) or (2), a medical practitioner shall not perform a post-mortem examination on any deceased person or remove his cardio-respiratory organs or any other organs or parts of his body, without the consent of his widow (if any) or an adult near relative of the deceased, if the widow or such a relative can readily be consulted.

Chapter IV

Certification of compensable diseases

S39

Establishment and constitution of certification committee

(1) There shall be established a committee, to be called the Medical Certification Committee for Occupational Diseases, which shall exercise the powers and perform the functions conferred upon or assigned to it by this Act.

(2) The certification committee shall consist of the director and not less than three or more than five other members to be appointed by the Minister, who shall be medical practitioners and of whom, subject to the provisions of subsection (4)-

(a) one shall be a medical practitioner whose name has been submitted to the Minister in terms of that subsection by the owners of controlled mines and controlled works or by an organisation or organisations qualified, in the opinion of the Minister, to act on behalf of such owners; and

(b) one shall be a medical practitioner whose name has been so submitted by an organisation or organisations qualified, in the opinion of the minister, to act on behalf of persons who perform risk work at controlled mines or controlled works.

S44

Degrees of compensable diseases

(1) For the purpose of this Act a person shall be deemed to be suffering from a compensable disease in the first degree-

(a) in the case of pneumoconiosis, if the certification committee has found that he is suffering from pneumoconiosis, whether or not it has impaired his cardiorespiratory functions, and the certification committee has found a resultant permanent disability of more than 10 per cent but not more than 40 per cent;

(b) in the case of a compensable disease referred to in paragraph (d) of the definition of "compensable disease" in section 1 (in this section referred to as "the definition"), if the certification committee has found that he is suffering from such a disease and the certification committee has found a resultant permanent disability of more than 10 per cent but not more than 40 per cent;

(c) in the case of a compensable disease referred to in paragraph (c), (e), (eA) or (f) of the definition, if the certification committee has found that he is suffering from such a disease which has permanently impaired his ability to perform his ordinary work by more than 10 per cent but by not more than 40 per cent;

[Sub-s. (1) substituted by S. 14(a) of Act 208 of 1993]

(2) For the purposes of this Act a person shall be deemed to be suffering from a compensable disease in the second degree-

(a) if the certification committee has found that he is suffering from more than one compensable disease simultaneously which together have permanently impaired his ability to perform his ordinary work by more than forty percent, or that he is suffering from tuberculosis and another compensable disease simultaneously

(b) in the case of pneumoconiosis, if the certification committee has found that he is suffering from pneumoconiosis which has permanently impaired his cardiorespiratory functions by more than 40 per cent;

(c) in the case of a compensable disease referred to in paragraph (d) of the definition, if the certification committee has found that he is suffering from such a disease which has permanently impaired his cardiorespiratory functions by more than 40 per cent

(d) in the case of a compensable disease referred to in paragraph (e) of the definition, if the certification committee has found that he is suffering from such a disease which has permanently impaired his ability to perform his ordinary work by more than 40 per cent

(e) in the case of a compensable disease referred to in paragraph (f) of the definition, if the certification committee has found that he is suffering from such a disease which has permanently impaired his ability to perform his ordinary work by more than 40 per cent

(f) in the case of a compensable disease referred to in paragraph (c) or (eA) of the definition, if the certification committee has found that he is suffering from such a disease which has permanently impaired his ability to perform his ordinary work by more than 40 per cent

[Para. (f) a

DEPARTMENT OF HEALTH
NATIONAL CENTRE FOR OCCUPATIONAL HEALTH

Telephone: 720-5734

P.O. BOX 4788
JOHANNESBURG
2000

PATIENT: XXXXXXXXXXXX XX XXXXXXXXXXXX

AGE:71

BUR NO:

P NO: 0/1997

Service: 1950-1985

Last Mine worked: XXXXXXXX

Gold 35 YRS

Date of Birth: 20/06/1926

Ref No: 0000000

Date of Death: 27/12/1997

Date Received: 06/01/1998

Date Examined: 10/02/1998

Date of Report: 02/03/1998

Population Group: WHITE

Clinical cause of death:

CARDIAC FAILURE

NCOH main findings:

HEPATOCELLULAR CARCINOMA

Report on examination of cardio-respiratory organs

A limited autopsy has also been performed, see attached report

MACROSCOPIC REPORT

REGIONAL GLANDS

Are fibrosed

Are tumour infiltrated

PULMONARY VESSELS

Show no gross change

BRONCHI

Show no gross change

PLEURA

There are no palpable plaques

HEART

Total weight:384G

Ventricular mass (N<250):252G

Mass of Left Ventricle + Septum (N<190):190G

Mass of Right Ventricle (N<65):62G

Left Ventricle + Septum: Right Ventricle 3.1

Atherosclerosis is marked

Disease is present in the aortic valve

Ischaemic fibrosis is present

There is calcific aortic stenosis

LUNGS

Inflated: not weighed

There is no evidence of pneumoconiosis

Emphysema is moderate

The type of emphysema is panacinar and centrilobular

Emphysema score on the whole lung section:34

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Telephone: 720-5734

P.O. BOX 4788
JOHANNESBURG
2000

PATIENT: XXXXXXXXXXXX XX XXXXXXXXXXXX
P NO: 0/1997

AGE:71

BUR NO:

Consolidation is present in the left and the right lung
Tuberculosis is absent

MICROSCOPIC REPORT

REGIONAL GLANDS

Foci of concentric fibrosis

Foci of malignancy

The tumour is compatible with a metastatic liver carcinoma.

LUNG(S)

Moderate dust deposition but no pneumoconiosis

The consolidation shows:

an acute broncho-pneumonia

BRONCHI AND BRONCHIOLES

Chronic bronchiolitis cannot be assessed due to poor preservation

Bronchial gland hyperplasia is absent

DR J MURRAY

(Medical officer)

**DEPARTMENT OF HEALTH
NATIONAL CENTRE FOR OCCUPATIONAL HEALTH**

Telephone: 720-5734

P.O. BOX 4788
JOHANNESBURG
2000

PATIENT: XXXXXXXXXXXX XX XXXXXXXXXXXX
P NO: 0/1997

AGE:71

BUR NO:

COMPENSATION DATA

Date:

ANTEMORTEM COMPENSATION

1 degree:
OAD

POSTMORTEM COMPENSATION

No change

**PATHOLOGY STANDARDS FOR AUTOPSY EXAMINATION AND
COMPENSATION IN TERMS OF THE OCCUPATIONAL DISEASES IN MINES
AND WORKS ACT
1998**

Identification of the specimen must be checked by comparing names and numbers on the booklet, aluminium tags and plastic bags.

Sections for microscopic examination as follows:

- | | |
|-----------------------|----------------------|
| 1. Main bronchus | 5. Right lower lobe. |
| 2. Hilar lymph glands | 6. Left upper lobe |
| 3. Right upper lobe | 7. Left mid zone. |
| 4. Right middle lobe | 8. Left lower lobe. |

Heart (including both myocardium and coronary artery) can be included.

All cases of cancer of lung, trachea, larynx and mesothelioma (any site):

- 1) additional sections of normal lung (in 1 cassette) and tumour (in a separate cassette).
- 2) tissue for electron microscopic asbestos fibre typing and counting - from the upper, mid and lower zones of the uninvolved lung - 3cu cms., to include the pleura. This to be submitted to the EM unit with the name, MBOD no, P no, date of examination and pathologist.

Histologic stains:

Bronchus - alcian blue, aldehyde HE

Glands - aldehyde HE

Lungs - aldehyde HE, alcian blue

Zn and Grocott's, Reticulin where indicated

Mesothelioma - immunohistochemical confirmation

SILICOSIS

1. Alveolar proteinosis. Other causes to be excluded.
2. Dust reticulation with/without collagenisation is recorded but not quantified.
3. Nodular silicosis - a nodular interstitial lesion which is distributed around small blood vessels and respiratory bronchioles. There is concentric collagenisation. Silicotic plaques can be found in relation to the pleura and islets may also be present in parenchymal lymph glands.

Quantify islets as follows:

occasional	1 - 4
few	5 - 14
moderate	15 - 30
large number	>30

Nodules (islets), pleural plaques and silicotic parenchymal lymphnodes are all counted and added together.

Silicotic lesions in the regional lymphglands are not accepted as indicating pneumoconiosis.

4. Massive fibrosis - coalescent silicotic islets forming a focus of fibrosis 2cm or more in diameter. Zones of diffuse fibrosis and active/inactive tuberculosis may be present in the lesion. The maximum diameter of the lesion/s and location must be recorded.

Certification

- 1st degree - moderate / large number of islets
- massive fibrosis where the sum of the lesions is >5cms
- 2nd degree - alveolar proteinosis

MIXED DUST PNEUMOCONIOSIS

Is distinguished from silicotic islets by the extension of the fibrosis into the alveolar walls. The collagenisation need not be concentric.

Qualification and certification as for silicosis.

COAL WORKERS PNEUMOCONIOSIS

1. Simple coal worker's pneumoconiosis (macules) - an interstitial lesion distributed around respiratory bronchioles composed of coal dust and collagen, with or without focal emphysema
2. Massive fibrosis - black masses of coal dust 2cm or more in diameter. Collagen need not be present. The maximum diameter and location of the lesion/s must be recorded in the additional comments section.
3. Rheumatoid coal pneumoconiosis - interstitial nodules (0.5 to 2cm diameter) showing concentric layering of coal dust. Quantify as for silicosis.

Quantification and certification of the lesion as for nodular silicosis.

ASBESTOS RELATED DISEASE

1. Asbestosis - asbestos bodies associated with interstitial fibrosis.

quantify:

- slight - fibrosis confined to the respiratory bronchioles and adjacent alveoli.
moderate - extension of the fibrosis
marked - widespread fibrosis with only a few recognisable alveoli.

1. Asbestotic plaques - circumscribed areas of dense acellular collagen with a basket weave appearance. Plaques may be present on the parietal or visceral pleura, diaphragm and pericardium. The diameter of the largest plaque - as greater or less than 5cm - must be recorded. Also record if the plaques are densely calcified.
2. Diffuse pleural fibrosis - cellular fibrosis involving the parietal pleura, visceral pleura or interlobar fissures which measures 5cm or more in diameter. This finding must be recorded in the additional comments section.
3. Lung, laryngeal and tracheal cancer - histological types: squamous, adeno, small cell, large cell, bronchioloalveolar.
4. Mesothelioma - pleural, peritoneal, pericardial. The histological subtype must be recorded.

Certification

1st degree - moderate asbestosis

- asbestotic plaques in sum >5cm which are not heavily calcified
- diffuse pleural fibrosis >10mm thick and in sum > half the pleural surface

2nd degree - marked asbestosis

- diffuse pleural fibrosis >10mm thick and in sum > half the pleural surface with the opposite lung showing some evidence of asbestos associated pathology
- lung, laryngeal, tracheal cancer with a history of asbestos exposure
- mesothelioma (any site) with a history of asbestos exposure.

EMPHYSEMA

Emphysema may be panacinar, centrilobular, focal, and irregular. The severity is assessed visually or by gridcounting of a whole lung section if available.

Quantify:

insignificant degree: less than 35%

moderate degree: between 35% and 65%

marked degree: over 65%

Certification:

1st degree - moderate

2nd degree - marked

The results of lung function tests within 2 year of death take precedence over the pathology findings. There must be at least 10 years high dust service and at least 20 years low dust service. Certification is only considered within 10 years of leaving service.

CHRONIC BRONCHITIS & CHRONIC BRONCHIOLITIS

Because of great problems with tissue preservation, and because clinico-pathological studies have shown that the pathological assessment of these diseases does not contribute over and above emphysema this will no longer be used for certification. These items should however still be recorded in the booklet.

ACTIVE TUBERCULOSIS

Granulomatous inflammation with caseous necrosis, epithelioid histiocytes and Langhans giant cells, with or without acid fast bacilli. In some circumstances not all of the above features may be present. Applies to lesions in the lung parenchyma and bronchi, wall of a cavity, pleura, pericardium and hilar lymph glands. The presence of fibro-caseous and miliary disease, tuberculous bronchopneumonia and cavities is recorded. The extent of disease must be recorded. Record presence of acid fast bacilli if ZN stain positive.

Pulmonary tuberculosis quantified as follows:

insignificant - focal lesion involving <10% of lung

moderate - lesion involving 10-40% of lung

marked - >40% of lung volume obliterated

Certification:

2nd degree - moderate and marked tuberculosis

- miliary and bronchopneumonic tuberculosis
- tuberculous pericarditis
- tuberculosis of any severity in the lungs and lymph nodes **plus** any other certifiable disease (eg emphysema, silicosis in the 1st degree)

NB severe chronic tuberculosis: those cases where there is extensive destruction of the lung (ie a cause of death) but where activity may not be found. Record such cases on an individual basis.

Where certifiable tuberculosis is the only disease present then compensation is only awarded if risk work was > 1 year duration (in shifts) and if deceased died within one year of ceasing risk work. If there is tuberculosis with any other certifiable disease there are no time limits.

ADDITIONAL COMMENTS

Booklet amendments:

1. Pleura: to silicotic pleural plaques
2. Lungs: the pigmented zones are fibrotic and are aggregated in
3. Tuberculosis: change insignificant to focal
4. Add in a section on certification findings
5. Review CWP

Basis for compensation:

- <10% disability = NCD ie presence of disease is recorded but no compensation
- 10 - 40% disability = 1st degree
- >40% disability = 2nd degree

Massive fibrosis: in life <1/3 vs >1/3 of lung tissue affected. **Detail** extent of involvement.

Heart: it is important to note right ventricular hypertrophy as this indicates to the committee an increased disability and may be used to upgrade compensation.

Asbestosis: it is important not to overdiagnose.

Diffuse pleural thickening: not simply adhesions!

Tuberculous pericarditis: a section of heart must be taken if this is mentioned clinically

Other pneumoconioses: eg mica, are dealt with on an individual basis

COMPENSATION DATA: AUTOPSY & MBOD

Date Deferred: Pathology Service

P number _____ Bureau no. _____ Population group _____

Service _____ Age _____

TUBERCULOSIS

TB glands (active) PTB: Marked
 Moderate
 Focal TB pleurisy

TB pericarditis

SILICOSIS

Marked
 Moderate
 Few
 Occasional
 Other

EMPHYSEMA

Marked
 Moderate
 Insignificant

Asbestotic plaques
 Lung cancer
 Mesothelioma

ANTEMORTEM COMPENSATION

Not submitted Ncd T only

1 degree: Silicosis Tuberculosis OAD
 Asbestosis Asbestos plaques Unknown

Other

2 degree: Silicosis Tuberculosis OAD
 Asbestosis Cancer Mesothelioma

Other

POSTMORTEM COMPENSATION

No change Ncd on service Ncd T only

1 degree: Silicosis Tuberculosis OAD
 Asbestosis Asbestos plaques

Other

2 degree: Silicosis Tuberculosis OAD
 Asbestosis Cancer Mesothelioma

Other

Cor pulmonale

COMMENT _____

Compensation Commissioner's Office

Bureau number CCOD number

Date received at CCOD office

Paid:

1. Yes Date

 Amount.....

 Degree 1st 2nd

2. No

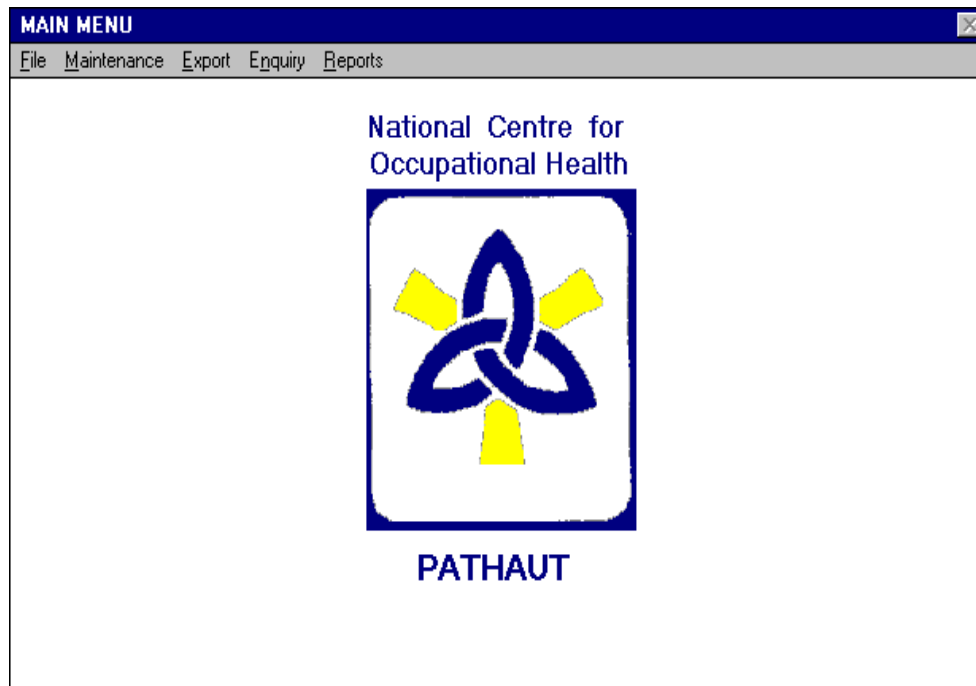
 Reason.....

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Reminder sent: Yes/No

Comment:

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.....



Biographical Information (Booklet Information)

P Number: 1/2000
 Bureau Number: [REDACTED]
 Pathologist: 3 K GERSTON

Examination report status code
 Cardio-respiratory organs only
 Cardio-respiratory organs with limited autopsy
 Cardio-respiratory organs with full autopsy

Cause of Death : Death Certificate
 Code: 936 0 0
 Description: NATURAL CAUSES

Cause of Death : Pathologists Findings
 Code: 283 2 0
 Description: MYOCARDIAL INFARCTION, PULMONA

Dates
 Date Received (dd/mm/yyyy): 5/01/2000
 Date of Examination (dd/mm/yyyy): 26/01/2000
 Date of Report (dd/mm/yyyy): 13/02/2000

Record will be Changed
 Next Page >> Cancel Compensation Data

Biographical Information (Patient Information)

National ID Number: 00000000000
 Industry Number: [REDACTED]
 Surname: [REDACTED]
 First Name and Initials: [REDACTED]
 Population Group: 2 WHITE

Dates
 Birth (dd/mm/yyyy): [REDACTED]
 Death (dd/mm/yyyy): 29/12/1999
 Age at death in years: 64

Exposure Information

Most:	1	GOLD	type:	13.0	years
Second most:	3	ASBESTOS	type:	1.0	years
Third most:	6	DIAMOND	type:	10.0	years
Fourth most:	0		type:	0.0	years
Other:	0		type:	0.0	years

All inclusive calendar period: year started: 1980, year ended: 1991
 Last mine worked: 19 [REDACTED]

Record will be Changed
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Macroscopic Report (Regional Glands / Pulmonary Vessels / Bronchi Information)

REGIONAL GLANDS

Could not be examined Are autolysed Are pigmented Are enlarged Are fibrosed
 Show no gross change Are calcified Are tuberculous Are tumour infiltrated

Additional Comments

PULMONARY VESSELS

Could not be examined No gross change Thrombo embolism is present

Location of thrombo embolism - Additional Comments
 Left side Right side

BRONCHI

Could not be examined Show no gross change Bronchiectasis is present

Additional Comments

Record will be Changed

Macroscopic Report (Heart Information)

Examination

Was not submitted Poorly preserved Shows no gross change

Ventricular Mass

Total Weight: G
 Ventricular mass (N=250): G
 Mass of L V + septum (N=190): G
 Mass of R V (N=65): G
 L V + septum: R V: G

Enlarged due to

Left ventricular hypertrophy
 Right ventricular hypertrophy

Atherosclerosis is

Absent Slight Moderate Marked

Valve disease present

Mitral Aortic Tricuspid Pulmonary

Pericardium pericarditis

Chronic non-specific Fibrinous Tuberculous

Other factors present

Antemortem thrombus Bypass grafts
 Ischaemic fibrosis Valve replacement
 Wound

Additional Comments

An old infect is present

Record will be Changed

Macroscopic Report (Pleura Information)

Palpable plaques

Absent Occasional Few Moderate Numerous

Chronic non-specific pleurisy

Left side Right side

Acute pleurisy

Left side Right side

Asbestosotic plaque

Location
 Left side Right side

Involves
 Parietal Pleura Visceral Pleura Diaphragm

Malignancy

Left side Right side

Additional Comments

Record will be Changed

Macroscopic Report (Lung Information)

Weight

Inflated, not weighed
 Poorly Preserved
 Whole section taken

Left lung

Submitted, weighed G
 Incomplete, not weighed

Right lung

Submitted, weighed G
 Incomplete, not weighed

Pigments

Show(s) an increase in pigment
 There is no evidence of pneumoconiosis

Pigment aggregated in islets: Occasional Few
 Moderate Large Number

Pigment aggregated in nodules: Occasional Few
 Moderate Large Number

Pigment aggregated in macules: Occasional Few
 Moderate Large number

Emphysema

Emphysema score

Absent Insignificant
 Moderate Marked

Emphysema type

Panacinar Centriobular
 Focal Irregular

Score on whole lung section:

Whole lung section unsuitable
 Marginal Bullae are present

Record will be Changed

Macroscopic Report (Neoplasm / Oesophagus Information)

NEOPLASM

Primary neoplasm

Left lung Right lung

Tumour Description

Central Peripheral
Tumour measurement: mm

Metastatic neoplastic deposits

Left lung Right lung

Consolidation

Absent
 Left lung
 Right lung

Parenchyma shows

Necrosis Fibrosis
 Encapsulated necrosis
 Cavitation Miliary TB

Tuberculosis is

Absent Slight
 Moderate Marked

Miscellaneous

There is a lacerated wound
 Haemorrhage is present
 Palpable foci are present

Additional Comments

OESOPHAGUS

There is a neoplasm
Tumour measurement: mm

Additional Comments

Record will be Changed

Microscopic Report (Regional Glands Information)

Too poorly preserved for assessment
 Dust deposition but no fibrosis
 Diffuse non-specific fibrosis
 Foci of concentric fibrosis
 Foci of calcification
 Encapsulated necrosis in keeping with inactive tuberculosis
 Granulomatous inflammation consistent with active tuberculosis
 Sarcoidosis cannot be excluded
 Foci of malignancy

Additional Comments

Record will be Changed

Microscopic Report (Lung Information) Part A

THE SECTIONS SHOW

Dust deposition but no pneumoconiosis
 Significant Moderate Marked

Presence of silicotic nodules
 Silicotic pleural plaque formation

Ferruginous bodies
 Are not present
 Are present but there is no associated fibrosis
 With slight interstitial fibrosis
 With moderate interstitial fibrosis
 With marked interstitial fibrosis

The necrosis shows epithelioid granulomas and Langhans giant cells, consistent with an active
 Fibrocaseous Tuberculosis Tuberculoma
 Tuberculous Bronchopneumonia Miliary Tuberculosis
 Tuberculous cavity

Foci of dust reticulation
 with insignificant collagenisation
 with significant collagenisation
 Particles, probably silica, are present

The macules show
 Insignificant collagenisation and related focal emphysema
 Significant collagenisation and related focal emphysema
 Significant collagenisation without related focal emphysema

The nodules show mixed dust pneumoconiosis
 The features of massive fibrosis

Stains for acid fast bacilli were
 Positive Negative

The necrosis is encapsulated, in keeping with inactive tuberculosis

Record will be Changed

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Microscopic Report (Lung Information) Part B

The consolidation shows
 An acute broncho-pneumonia
 An acute lobar-pneumonia
 An organising pneumonia
 A suppurative pneumonia
 A viral pneumonitis
 Diffuse alveolar damage (shock lung)
 A fungal infection
 An aspiration pneumonia
 Other 0 ...

Foci of broncho-pneumonia are present in some sections

The neoplasm is a
 Small cell lung carcinoma
 Large cell lung carcinoma
 Squamous lung carcinoma
 Lung adenocarcinoma
 Bronchio-alveolar carcinoma
 Metastatic neoplasm
 Chondroid hamartoma
 Other 0 ...

The pleura shows a malignant mesothelioma

The mesothelioma is
 Epithelial Sarcomatous

The cavity is
 An inactive tuberculous cavity
 A bronchiectatic cavity
 An abscess cavity
 Other 0 ...

The palpable foci show
 Non-specific fibrosis
 Non-specific fibrosis with elastosis
 Nodular muscular hyperplasia
 Parenchymal lymph nodes

Record will be Changed

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Microscopic Report (Lung Information Part C / Heart)

LUNG

The pleura shows
 An active tuberculous pleurisy
 A chronic non-specific pleurisy
 A fibrinous pleurisy
 An empyema
 A fibrino-haemorrhagic pleurisy
 Fibrosis with elastosis consistent with a Medlar's cap

Miscellaneous
 The necrosis shows the features of an infarct
 Bihartzia is present
 There is intra-alveolar Haemorrhage Oedema
 Tissue has been taken for asbestos fibre counts

Additional Comments

HEART
 A tuberculous pericarditis An acute myocardial infarct

Additional Comments

Record will be Changed

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Microscopic Report (Bronchi and Bronchioles / Oesophagus Information)

BRONCHI AND BRONCHIOLES

Chronic bronchiolitis

Cannot be assessed due to poor preservation
 Is absent
 Is insignificant
 Is moderate
 Is marked

Bronchial gland hyperplasia

Cannot be determined due to poor preservation
 Cannot be determined, main bronchi are absent
 Is absent
 Is insignificant
 Is moderate
 Is marked

Field Index: 0.00

Additional Comments

OESOPHAGUS

Sections show a squamous carcinoma

Additional Comments

Record will be Changed

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Summary Information

I AM OF THE OPINION THAT

Silicosis
 Mixed dust fibrosis
 Asbestos related disease
 Other 0 ...
 Coal worker's pneumoconiosis

Additional Comments

COMMENT

The service has been noted

Additional Comments

REVIEW

Date of review: Reason for review:

Pathologist 1 0 ... 2 0 ... 3 0 ...

The case has been reviewed and:

The original findings are confirmed
 The findings have been amended as follows:

Record will be Changed

<< Previous Page Compensation Data Close

Update Antemortem Compensation Records

Pathout Number: 1/2000 Print: Yes No Date: 0 0 0 Deferred: Pathology Service

ANTEMORTEM COMPENSATION

Not submitted Ncd T Only

1 degree: Silicosis Asbestosis Tuberculosis
 Asbestos plaques OAD Unknown
 Other: 0 ...

2 degree: Silicosis Asbestosis Tuberculosis
 Cancer OAD Mesothelioma
 Other: 0 ...

POSTMORTEM COMPENSATION

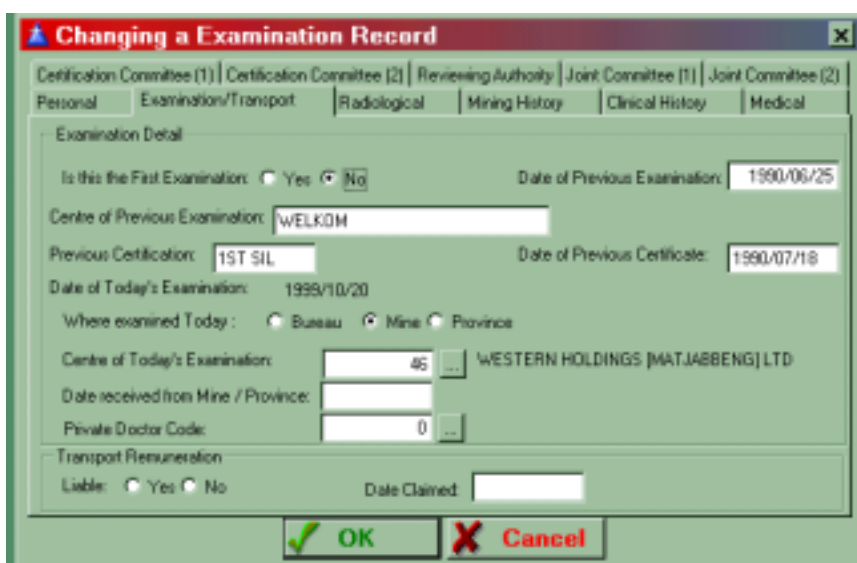
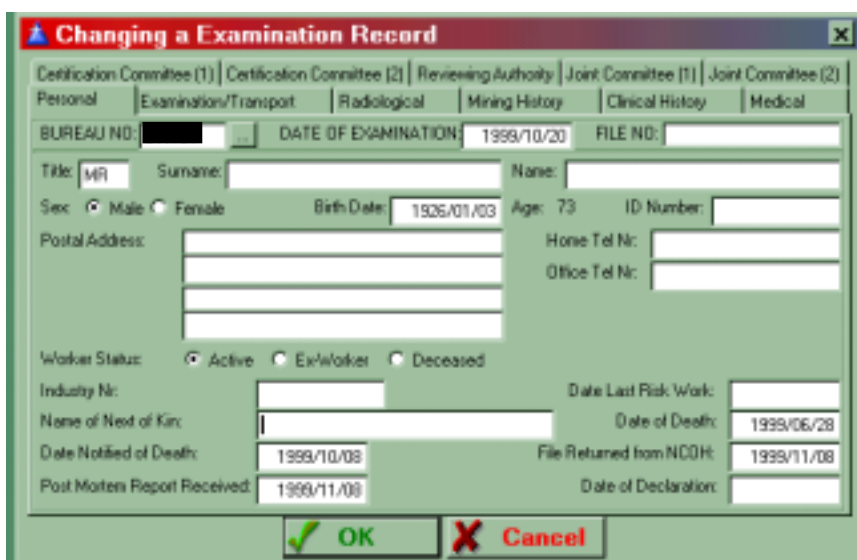
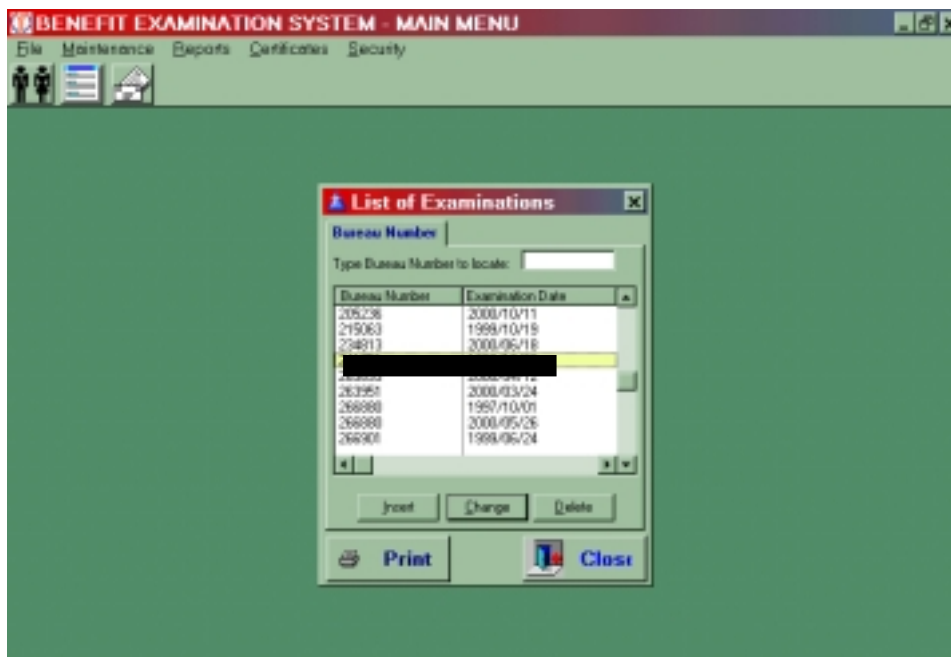
No change Ncd Ncd on service T Only

1 degree: Silicosis Asbestosis Tuberculosis
 Asbestos plaques OAD
 Other: 0 ...

2 degree: Silicosis Asbestosis Tuberculosis
 Cancer OAD Mesothelioma
 Other: 0 ...

Comment

Close



Changing a Examination Record

Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Personal | Examination/Transport | **Radological** | Mining History | Clinical History | Medical

Radological Report

p q r s t u A B C fba tba cv hi es hv ef
 1/0 1 2 3 pla plv plc em cpa ct oth

Comments: Date of X-Ray Plate:

Radological Report (Repeat)

p q r s t u A B C fba tba cv hi es hv ef
 1/0 1 2 3 pla plv plc em cpa ct oth

Comments: Date of X-Ray Plate:

OK Cancel

Changing a Examination Record

Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Personal | Examination/Transport | Radological | **Mining History** | Clinical History | Medical

Company Nr	Mine Name	Start Date	End Date	Months
[REDACTED]	RUSTENBURG PLATINUM (AMANDELBULT)	1991/05/01	1999/07/10	100
[REDACTED]	STILFONTEIN GOLD MINE CO LTD	1975/01/01	1991/01/01	194

OK Cancel

Changing a Examination Record

Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Personal | Examination/Transport | Radological | Mining History | **Clinical History** | Medical

Clinical History

Name of Private Doctor / Hospital:

Address of Private Doctor / Hospital:

Family History:

Previous Illnesses:

History of Present Illnesses:

OK Cancel

Changing a Examination Record

Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Personal | Examination/Transport | Radiological | Mining History | Clinical History | Medical

Medical Examination:
 Weight: Height (CMS): Blood Pressure:

General Appearance:

Chest and Lungs:

Other Relevant Medical Information:

Investigation Required:

Do You Smoke: Yes No

Clinical Summary / Diagnosis:

Any Disease other than Occupational Disease:

Lung Function Tests Performed Today: Yes No

OK Cancel

Changing a Examination Record

Personal | Examination/Transport | Radiological | Mining History | Clinical History | Medical

Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Previous Certification

NCD No T
 Pn 20-50 No T
 Pn 50-75 No T
 Pn 75+ No T
 1st D No T
 1st D +T
 2nd D No T
 2nd D +T
 CD No T
 CD +T
 T Only

Current Certification

Comments:

Certification Type: Living Deceased

Pn20-50 NoT
 Pn50-75 NoT
 Pn75+ NoT
 Pn20-50 +T
 Pn50-75 +T
 Pn75+ +T
 NCD
 1stD No T
 1stD +T
 2ndD NoT
 2ndD +T
 1stD T
 2ndD T
 T as before
 T current
 T can antedate
 T cannot antedate
 T reactivated
 T Not Attributable to Mining service
 T Not Attributable to Non Risk Service
 T Date:

TB Confirmed
 TB Suspected

OK Cancel

Changing a Examination Record

Personal | Examination/Transport | Radiological | Mining History | Clinical History | Medical

Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Diagnosis

SA
 DwPn
 Other Pn
 DAD
 PSS
 ACSOP
 ASB P
 ASB I
 ASB PI
 ASB M
 ASB MP
 ASB MI
 ASB MPI
 ASB CA
 TB
 Aggravation
 Deter: Yes No
 Date Certified:

Notification of Certification Committee Finding

Number of months before follow up visit is required (if applicable):

Certificate Type: Deceased person suffering from an occupational disease

Copy to Compensation Commissioner: Yes No Date:

Copy to Applicant: Yes No Date:

Copy to Examination Centre: Yes No Date:

Date file returned to Filing Department:

OK Cancel

Changing a Examination Record

Personal | Examination/Transport | Radological | Mining History | Clinical History | Medical
 Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Reviewing Authority

Appeal referred to Reviewing Authority: Yes No Decision Confirmed: Yes No

Defer: Yes No Refer to Joint Committee: Yes No

Comments:

Date:

OK Cancel

Changing a Examination Record

Personal | Examination/Transport | Radological | Mining History | Clinical History | Medical
 Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Decision: Confirmed / Upgraded: Confirmed Upgraded Defer: Yes No

Joint Committee - Comments:

Previous Certification

Pn20-50 NoT Pn50-75 NoT Pn75+ NoT Pn20-50 +T Pn50-75 +T Pn75+ +T NCD

1stD No T 1stD +T 2ndD NoT 2ndD +T 1stD T 2ndD T

T as before T current T can antedate T cannot antedate T reactivated

T Not Attributable to Mining service T Not Attributable to Non Risk service

TB Confirmed TB Suspected

Upgraded Certification

Certification type: Living Deceased

Pn20-50 NoT Pn50-75 NoT Pn75+ NoT Pn20-50 +T Pn50-75 +T Pn75+ +T NCD

1stD NoT 1stD +T 2ndD NoT 2ndD +T 1stD T 2ndD T

T as before T current T can antedate T cannot antedate T reactivated

T Not Attributable to Mining service T Not Attributable to Non Risk Service T Date:

TB Confirmed TB Suspected

OK Cancel

Changing a Examination Record

Personal | Examination/Transport | Radological | Mining History | Clinical History | Medical
 Certification Committee (1) | Certification Committee (2) | Reviewing Authority | Joint Committee (1) | Joint Committee (2)

Diagnosis

S4 CwPh OTHER Ph DAD PSS ACSOP ASB P

ASB I ASB PI ASB M ASB MP ASB MI ASB MPI ASB CA

TB Aggravation Date Certified:

Office Use Only

Certificate Type:

Copy to Compensation Commissioner: Yes No Date:

Copy to Applicant: Yes No Date:

Copy to Examination Centre: Yes No Date:

Date file returned to filing department: Compensatable at Certification Committee Yes No

OK Cancel