

~~CONFIDENTIAL~~

404306

JOINT PROOF TEST COMMITTEE
Washington 25, D. C.

27751

Reply to:
Joint Technical Planning Comm.

13 July 1949

USAF, Rm 3928
The Pentagon, Wash. 25, D. C.

Subject: Bio-Medical Test Program

**To: Dr. Alvin G. Graves, 3-Division Leader
Los Alamos Scientific Laboratory
Los Alamos, New Mexico**

BEST COPY AVAILABLE

1. On July 12 the Joint Proof Test Committee approved the attached Bio-Medical Program which was prepared after consultation with representatives of the National Military Establishment and the Atomic Energy Commission.

2. The Proof Test Committee desires that you request your Bio-Medical Project Director, Dr. George V. Lacey, to discuss this program with all interested agencies of the National Military Establishment and the Atomic Energy Commission and to report to the Proof Test Committee the extent of the participation of these agencies.

3. Under the authority delegated to me by the Joint Chiefs of Staff and by information copy of this letter, agencies of the Military Establishment are requested to cooperate with Dr. Lacey in the necessary details for the implementation of this program.

4. It is requested that you submit Dr. Lacey's report to the Proof Test Committee by September 1, 1949, or as shortly thereafter as possible.

**E. E. Gosselin
Lt. General, USAF
Chairman, Joint Proof Test Committee**

Attachments:
Bio-Medical Program
cc: **Director, Div. of Biology and Medicine
Chief, Dental & Surgery, Department of the Navy
The Surgeon General, Department of the Army
Air Surgeon, Headquarters, USAF
Chief, Chem. Corps, Department of the Army
Chief of Military Applications
Military Liaison Com.
Dr. George V. Lacey**

~~CONFIDENTIAL~~

DEPARTMENT OF ENERGY DECLASSIFICATION REVIEW
1. REVIEW DATE: _____
2. AUTHORITY: _____
3. NAME: _____
4. 2ND REVIEW DATE: _____
5. AUTHORITY: _____
6. NAME: _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

DEPARTMENT OF ENERGY DECLASSIFICATION REVIEW
1. REVIEW DATE: _____
2. AUTHORITY: _____
3. NAME: _____
4. 2ND REVIEW DATE: _____
5. AUTHORITY: _____
6. NAME: _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____