# Reference Determination Content

*Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.*

## Left Hand - Laceration

### Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 10 December 2010;
- A treatment record by the unit medic, Forward patrol base, Afghanistan, dated 14 April 2011;
- A treatment record and aeromedical evacuation request by the unit medic, dated 19 April 2011;
- An operation note and X-ray report by the surgeon and radiologist, Role 3 hospital, Afghanistan, dated 23 April 2011;
- A microbiology report by Role 3 hospital laboratory, dated 23 April 2011;
- An outpatient health record by the deployed medical officer, dated 6 June 2011;
- A specialist consultation by the hand surgeon, dated 12 October 2011;
- An ultrasound left palm by the radiologist, dated 2 February 2012;
- An operation report by the hand surgeon, dated 20 March 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 November 2016.

### Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 February 2004 and 30 June 2018

# Left Hand - Laceration

You have stated that your condition was caused by:

- *having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration*

**Diagnosis:** Laceration

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a treatment record by the unit medic, Forward patrol base, Afghanistan, dated 14 April 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

*Statement of Principles concerning Cut, Stab, Abrasion and Laceration (Reasonable Hypothesis) (No. 37 of 2025)*

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with an open, bleeding wound across the left palm with immediate pain on 14 April 2011.

The diagnosis is established by the contemporaneous record of the unit medic on 14 April 2011, who described, measured and sutured a 6 cm laceration across the left palm with a distal flap and contamination. The Role 3 surgeon confirmed the wound and its infection at operation on 23 April 2011, recorded intact flexor tendons, and cultured Staphylococcus aureus from the wound.

This has then led to further investigations and the diagnosis of your condition of *Laceration*. I have accepted your condition of *Laceration*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 14 April 2011.

# Left Hand - Laceration (Worsening)

## Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 10 December 2010;
- A treatment record by the unit medic, Forward patrol base, Afghanistan, dated 14 April 2011;
- A treatment record and aeromedical evacuation request by the unit medic, dated 19 April 2011;
- An operation note and X-ray report by the surgeon and radiologist, Role 3 hospital, Afghanistan, dated 23 April 2011;
- A microbiology report by Role 3 hospital laboratory, dated 23 April 2011;
- An outpatient health record by the deployed medical officer, dated 6 June 2011;
- A specialist consultation by the hand surgeon, dated 12 October 2011;
- An ultrasound left palm by the radiologist, dated 2 February 2012;
- An operation report by the hand surgeon, dated 20 March 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 November 2016.

## Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 February 2004 and 30 June 2018

## Left Hand - Laceration (Worsening)

You have stated that the worsening of your condition was caused by:

- *inability to obtain appropriate clinical management for cut, stab, abrasion or laceration before clinical worsening*

**Diagnosis:** Laceration (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a treatment record by the unit medic, Forward patrol base, Afghanistan, dated 14 April 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

*Statement of Principles concerning Cut, Stab, Abrasion and Laceration (Reasonable Hypothesis) (No. 37 of 2025)*

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for cut, stab, abrasion or laceration before clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with an open, bleeding wound across the left palm with immediate pain on 14 April 2011.

The diagnosis is established by the contemporaneous record of the unit medic on 14 April 2011, who described, measured and sutured a 6 cm laceration across the left palm with a distal flap and contamination. The Role 3 surgeon confirmed the wound and its infection at operation on 23 April 2011, recorded intact flexor tendons, and cultured Staphylococcus aureus from the wound.

After the condition arose, it was worsened during your service. You were unable to obtain appropriate management because of the conditions of your warlike service: the forward patrol base held no antibiotics while resupply was delayed, wound care was limited to irrigation with bottled water, and aeromedical evacuation was declined from 19 April 2011 to 23 April 2011 because of dust storms and combat operations.

This has then led to further investigations and the diagnosis of your condition of *Laceration (Worsening)*. I have accepted your condition of *Laceration (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 23 April 2011.

*service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.*