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.

Pelvic Inflammatory Disease

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 25 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 June 2025;
- A ship's health record by the medical officer, frigate, Middle East, dated 18 May 2011;
- An antenatal booking record by the general practitioner, dated 12 October 2011;
- A birth record by the obstetric unit, dated 2 June 2012;
- An operation report by the gynaecologist, dated 23 June 2012;
- An emergency department record (microbiology and pelvic ultrasound reports) by the emergency physician and radiologist, dated 3 July 2012;
- A laparoscopy operation report by the gynaecologist, dated 5 July 2012;
- An outpatient health record by the general practitioner, Naval health centre, dated 25 May 2013;
- A ship's health record by the medical officer, frigate, Middle East, dated 10 June 2013;
- An ultrasound by the CT and microbiology reports and gynaecology consultation, Radiologist and Gynaecologist, dated 17 June 2013;
- A hysterosalpingography report by the radiologist, dated 14 September 2015.

Your service

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

6 February 2004 and 28 April 2017

Pelvic Inflammatory Disease

You have stated that your condition was caused by:

- *being infected with Chlamydia trachomatis in the lower genital tract at the time of the clinical onset of pelvic inflammatory disease*
- *being infected with Neisseria gonorrhoeae in the lower genital tract at the time of the clinical onset of pelvic inflammatory disease*
- *being infected with Mycoplasma genitalium in the lower genital tract at the time of the clinical onset of pelvic inflammatory disease*
- *having bacterial vaginosis at the time of the clinical onset of pelvic inflammatory disease*
- *having an intrauterine device inserted within the 21 days before the clinical onset of pelvic inflammatory disease*
- *undergoing a procedure involving instrumentation of the uterine cavity through the cervix within the 21 days before the clinical onset of pelvic inflammatory disease*
- *giving birth, or having a miscarriage or termination of pregnancy, within the 6 weeks before the clinical onset of pelvic inflammatory disease*
- *smoking at least 10 cigarettes per day for at least the 12 months before the clinical onset of pelvic inflammatory disease*
- *taking a systemic corticosteroid at a dose of at least 20 milligrams of prednisolone or equivalent per day for at least 14 days within the 4 weeks before the clinical onset of pelvic inflammatory disease*

Diagnosis: Pelvic Inflammatory Disease

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 June 2025, and is supported by a laparoscopy operation report by the gynaecologist, dated 5 July 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being infected with Chlamydia trachomatis in the lower genital tract at the time of the clinical onset of pelvic inflammatory disease*
- *being infected with Neisseria gonorrhoeae in the lower genital tract at the time of the clinical onset of pelvic inflammatory disease*

- *being infected with Mycoplasma genitalium in the lower genital tract at the time of the clinical onset of pelvic inflammatory disease*
- *having bacterial vaginosis at the time of the clinical onset of pelvic inflammatory disease*
- *having an intrauterine device inserted within the 21 days before the clinical onset of pelvic inflammatory disease*
- *undergoing a procedure involving instrumentation of the uterine cavity through the cervix within the 21 days before the clinical onset of pelvic inflammatory disease*
- *giving birth, or having a miscarriage or termination of pregnancy, within the 6 weeks before the clinical onset of pelvic inflammatory disease*
- *smoking at least 10 cigarettes per day for at least the 12 months before the clinical onset of pelvic inflammatory disease*
- *taking a systemic corticosteroid at a dose of at least 20 milligrams of prednisolone or equivalent per day for at least 14 days within the 4 weeks before the clinical onset of pelvic inflammatory disease*

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 constant lower abdominal and pelvic pain, fever, rigors, purulent vaginal discharge, pain on intercourse and pain on movement, and you could not care for your newborn without help on 3 July 2012.

The diagnosis was confirmed at diagnostic laparoscopy on 5 July 2012, which showed bilateral purulent salpingitis with pus in the pouch of Douglas. This is the reference standard for the diagnosis of pelvic inflammatory disease. The clinical criteria were also met: lower abdominal pain, cervical motion tenderness and adnexal tenderness, with fever of 38.9 degrees, a purulent discharge, a raised white cell count and CRP, and positive cervical nucleic acid tests for Chlamydia trachomatis, Neisseria gonorrhoeae and Mycoplasma genitalium.

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

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

I have therefore accepted that this condition is related to your service with effect from 2 July 2012.

Pelvic Inflammatory Disease (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 25 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 June 2025;
- A ship's health record by the medical officer, frigate, Middle East, dated 18 May 2011;
- An antenatal booking record by the general practitioner, dated 12 October 2011;
- A birth record by the obstetric unit, dated 2 June 2012;
- An operation report by the gynaecologist, dated 23 June 2012;
- An emergency department record (microbiology and pelvic ultrasound reports) by the emergency physician and radiologist, dated 3 July 2012;
- A laparoscopy operation report by the gynaecologist, dated 5 July 2012;
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- A ship's health record by the medical officer, frigate, Middle East, dated 10 June 2013;
- An ultrasound by the CT and microbiology reports and gynaecology consultation, Radiologist and Gynaecologist, dated 17 June 2013;
- A hysterosalpingography report by the radiologist, dated 14 September 2015.

Your service

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

6 February 2004 and 28 April 2017

Pelvic Inflammatory Disease (Worsening)

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

- *being infected or reinfected with Chlamydia trachomatis or Neisseria gonorrhoeae within the 60 days before the clinical worsening of pelvic inflammatory disease*
- *having an intrauterine device inserted within the 21 days before the clinical worsening of pelvic inflammatory disease*

- *taking a systemic corticosteroid at a dose of at least 20 milligrams of prednisolone or equivalent per day for at least 14 days within the 4 weeks before the clinical worsening of pelvic inflammatory disease*
- *having pelvic inflammatory disease that has not been treated to cure, including failure of test-of-cure or partner treatment, before the clinical worsening of pelvic inflammatory disease*
- *inability to obtain appropriate clinical management for pelvic inflammatory disease*

Diagnosis: Pelvic Inflammatory Disease (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 June 2025, and is supported by a laparoscopy operation report by the gynaecologist, dated 5 July 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being infected or reinfected with Chlamydia trachomatis or Neisseria gonorrhoeae within the 60 days before the clinical worsening of pelvic inflammatory disease*
- *having an intrauterine device inserted within the 21 days before the clinical worsening of pelvic inflammatory disease*
- *taking a systemic corticosteroid at a dose of at least 20 milligrams of prednisolone or equivalent per day for at least 14 days within the 4 weeks before the clinical worsening of pelvic inflammatory disease*
- *having pelvic inflammatory disease that has not been treated to cure, including failure of test-of-cure or partner treatment, before the clinical worsening of pelvic inflammatory disease*
- *inability to obtain appropriate clinical management for pelvic inflammatory disease*

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 constant lower abdominal and pelvic pain, fever, rigors, purulent vaginal discharge, pain on intercourse and pain on movement, and you could not care for your newborn without help on 3 July 2012.

The diagnosis was confirmed at diagnostic laparoscopy on 5 July 2012, which showed bilateral purulent salpingitis with pus in the pouch of Douglas. This is the reference standard for the diagnosis of pelvic inflammatory disease. The clinical criteria were also met: lower abdominal

pain, cervical motion tenderness and adnexal tenderness, with fever of 38.9 degrees, a purulent discharge, a raised white cell count and CRP, and positive cervical nucleic acid tests for Chlamydia trachomatis, Neisseria gonorrhoeae and Mycoplasma genitalium.

After the condition arose, it was worsened during your service. Cervical swabs on 17 June 2013 were again positive for Chlamydia trachomatis, a reinfection acquired within the 60 days before the worsening, from 11 April 2013 to 10 June 2013, from your partner, who had not been notified or treated because partner notification was not completed by the treating Defence clinic in 2012. A levonorgestrel intrauterine device was inserted by a Defence-funded general practitioner on 25 May 2013, 16 days before the worsening, within the 21 days from 20 May 2013 to 10 June 2013, as contraception for your deployment and without test-of-cure or screening beforehand. Prednisolone 25 mg daily was taken from 20 May 2013 to the worsening on 10 June 2013, 21 days within the 4 weeks before the worsening, for an asthma exacerbation, and continued on board. After the 2012 episode no test-of-cure was arranged for the macrolide-resistant Mycoplasma genitalium or the chlamydial infection, and your partner was not treated. On warlike service at sea from 10 June to 16 June 2013 you had only oral antibiotics, with no pelvic ultrasound, intravenous therapy or gynaecological care, until your aeromedical evacuation.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 10 June 2013.

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