Exhibit 6

In cooperation with the Coordinating Center, the other Clinical Centers, and NIEHS staff, the Clinical Center shall participate in the design of the trial protocol, and then recruit, evaluate, treat and follow-up patients according to trial protocol. The Clinical Center shall provide data to the Coordinating Center, and monitor for efficacy and adverse effects. The Clinical Center shall participate in the randomization according to trial protocol and document that randomization has occurred according to assignment; and collect, monitor and edit data. The Clinical Center principal investigator (PI) shall participate, along with the other Clinical Center PIs, the Coordinating Center PI, and NIEHS program staff, in the final analyses and write-up of the studies.

Patient population: For purposes of planning the study, the Clinical Center shall provide to the Steering Committee the source population from which the Clinical Center will draw patients eligible for the trial, including numbers, ages, racial composition, and regular sources of health care. For all Centers combined, NIEHS estimates that evaluating the drug treatment for an effect of 3 developmental quotient points will require that the trial have 786 evaluable children with complete data at an absolute minimum; each Clinical Center shall recruit enough children so that on the order of 333 children per center are randomized. Stratified or blocked sampling may be desirable.

Recruitment: For purposes of planning the study, the Clinical Center shall provide to the Steering Committee a description of any previous efforts at recruiting patients into clinical studies at the institution, and plans for recruitment into this one. If referred patients are to be the source, then the referral sources shall be discussed and the rates of referral estimated.

If the Clinical Center must screen their population (or otherwise deal with children who have no information on recent blood lead levels) then it the Clinical Center shall provide blood lead analyses in support of the screening program; however, the blood lead level determination that actually determines eligibility will be performed centrally for the study (see Laboratory section below.)

Eligibility: Children eligible for the trial should be about two years old and have blood lead levels between about 20 and 45 μg/dl at the time of randomization, i.e., on at least two occasions and after iron deficiency is treated. (See women and minority recruitment below.)

Data collection schedules: The Clinical Center shall schedule and see the children according to trial protocol.

Source identification and clean-up: The Clinical Center will evaluate and clean-up the children's homes and other sites as necessary according to trial protocol. The Clinical Center shall identify potential lead sources in the child's environment and decrease the exposure in those who need it. If clean-up efforts involve other institutions, such as health departments, then the Clinical Center shall coordinate plans for working with them. Each Clinical Center shall be responsible for preparing its own clean up efforts, in consultation with the Clean-up Subcommittee.