SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)

3. BASE/AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT / BATCH NUMBER	6. DATE SPECIMEN COLLECTED YYYY MM DD

A. LABORATORY CONDUCTING DRUG TESTING

B. BATCH NUMBER	C. REPORT OF RESULTS (DTG/Serial No

D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE	(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title)

12. CHAIN OF CUSTODY

	DATE (YYMMDD) a.	RELEASED BY b.	LAN RECEIVED BY c.	THRU PURPOSE OF CHANGE / REMARKS d.
(1)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(2)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(3)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(4)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(5)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(6)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(7)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(8)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(9)		SIGNATURE	SIGNATURE	
		NAME	NAME	
(10)		SIGNATURE	SIGNATURE	
		NAME	NAME	

INSTRUCTIONS

BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use.	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service code area.	Leave blank. For future use.	Four-character Base Identification code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit		Do not use.
5	DOCUMENT/BATCH NUMBER	Do not use.	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a seperate number by the submitting unit.	3-digit batch nember common to all specimens in the shipment (Ex., 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit-year, two-digit-month, and two-digit-day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 to E10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; F = TD; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used.

12. CHAIN OF CUSTODY (LINE (1))

a. DATE - Date of collection/shipment.
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

Note: If/when custody of specimens changes other than for a shipment (unless hand carried to the lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER / DISCREPENCIES