

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT						2. ADDITIONAL SERVICE INFORMATION (Second Echelon)			A. LABORATORY CONDUCTING DRUG TESTING			
3. BASE/AREA CODE		4. UNIT IDENTIFICATION CODE		5. DOCUMENT/BATCH NUMBER		6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)			B. BATCH NUMBER		C. REPORT OF RESULT (DTG/Serial No.)	
7. SPECIMEN NUMBER						8. COMPLETE SSN			9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN THC COC	
(1)											E. DISC CODE	
(2)											F. ACCESSION NUMBER	
(3)											G. RESULT	
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.									(3) CERTIFYING OFFICIAL (Printed Name and Title)			
(1) SIGNATURE						(2) DATE SIGNED						

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	USN/MC	USAF	
(1)	SIGNATURE	SIGNATURE		1	SUBMITTING UNIT	Message address of unit submitting urine samples		
	NAME	NAME		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.
(2)	SIGNATURE	SIGNATURE		3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	
	NAME	NAME		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
(3)	SIGNATURE	SIGNATURE		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 separate number by the submitting unit.	
	NAME	NAME					3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen	
(4)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME	NAME		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
(5)	SIGNATURE	SIGNATURE		8	COMPLETE SSM	Full SSN of person from whom sample obtained.		
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(6)	SIGNATURE	SIGNATURE		10	TEST INFORMATION	Milliars: A-E1-E4; P-E5-048; Sinilitasale: C-TDP Relitias; E-TDP PRP; F-TD; ADDFE SIAE: G-alker TDP; H-alker amilitias	Leave Blank.	Entry required only if additional testing is requested: F=Full Panel; S=Steroaid; O=Other drug; Provide clarification in attached message.
	NAME	NAME				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.
(7)	SIGNATURE	SIGNATURE		12. CHAIN OF CUSTODY (LINE (1)).				
	NAME	NAME		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 occurring 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 shipment (unless hand carried to lab) each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a				
(8)	SIGNATURE	SIGNATURE		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						