

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT _____ 2. ADDITIONAL SERVICE INFORMATION (Second Echelon) _____

A. LABORATORY CONDUCTING DRUG TESTING

B. BATCH NUMBER _____ C. REPORT OF RESULT (DTG / Serial No.) _____

D. DRUGS TESTED

3. BASE / AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT / BATCH NUMBER	6. DATE SPECIMEN COLLECTED (YYYY)	9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN	
						THC	COC
7. SPECIMEN NUMBER	8. COMPLETE SSN						
(1)	-	-					
(2)	-	-					
(3)	-	-					
(4)	-	-					
(5)	-	-					
(6)	-	-					
(7)	-	-					
(8)	-	-					
(9)	-	-					
(10)	-	-					
(11)	-	-					
(12)	-	-					

E. DISC CODE _____ F. ACCESSION NUMBER _____ G. RESULT _____

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.

(1) SIGNATURE _____ (2) DATE SIGNED _____

(3) CERTIFYING OFFICIAL (Printed Name and Title)

12. CHAIN OF CUSTODY			LAN	THRU	PURPOSE OF CHANGE / REMARKS
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.			
(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	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.
3 BASE / AREA CODE	Service Code Area	Leave blank. For future use.
4 UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.	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 separate number by the submitting unit.
6 DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.	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.
7 SPECIMEN NUMBER	Use number pre-printed on form to identify bottle.	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 premises to conduct the collection.	
10 TEST INFORMATION	Military: A = ET - EA; B = ES to 010; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TD; ADAPCP Staff; G = other TDP; N = other nonmilitary	Leave blank
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 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 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 / DISCREPANCIES