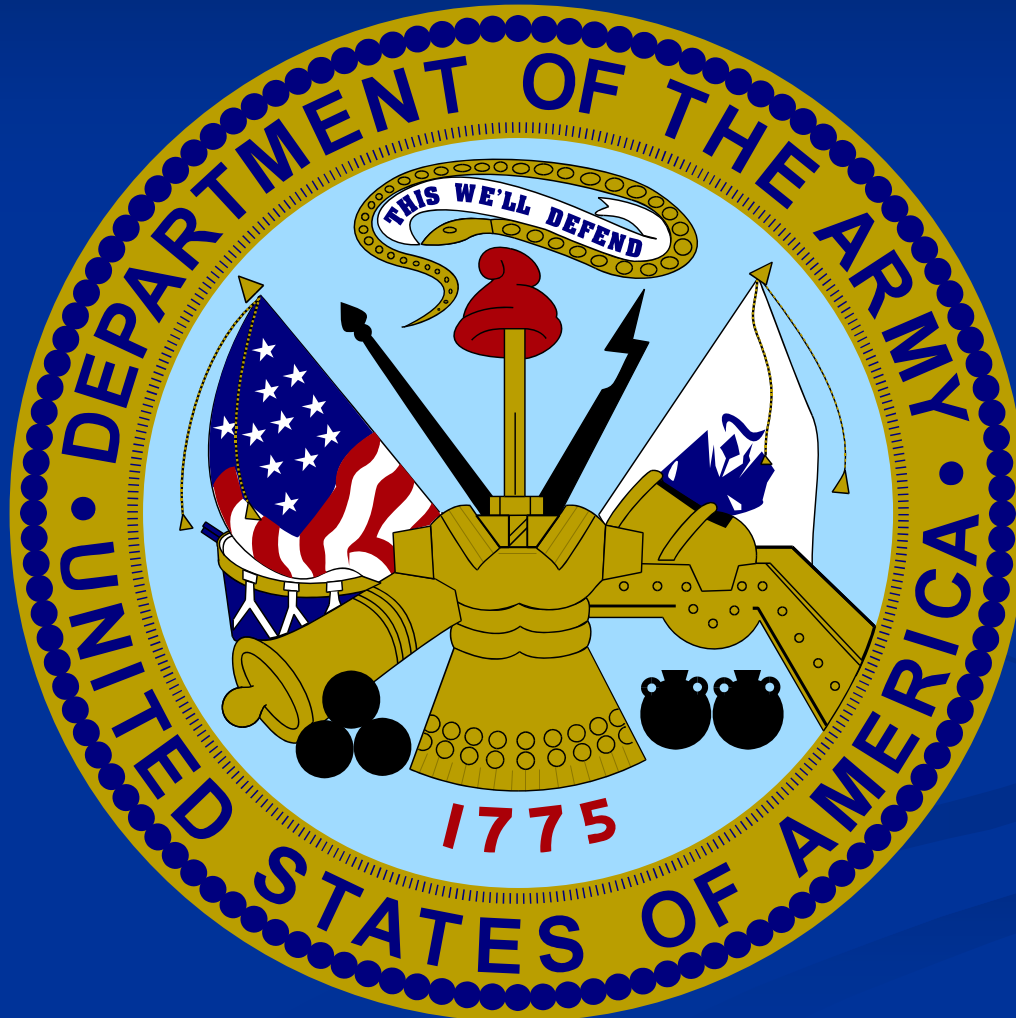


# DoD DRUG TESTING PROGRAM (DTP)





Conduct Testing



Samples Due



Collect Samples



Samples Collected



Positive Results



Personnel Roster



Pool Maintenance



System Utilities



Quit



To conduct any type of testing click Conduct Testing

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- 109TH Transportation Co. (highlighted)
- US Army
- FSB



Other Testing Options

Testing Premise: Random Testing (IR)

Collection Date: 11/05/2002

Randomization Method:  Percentage  Total Number

Testing Percentage: 10

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today.

**Choose correct pool for testing by highlighting the pool**

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- 109TH Transportation Co.
- US Army
- FSB

Other Testing Options

Testing Premise: Random Testing (IR)

Collection Date: 11/05/2002

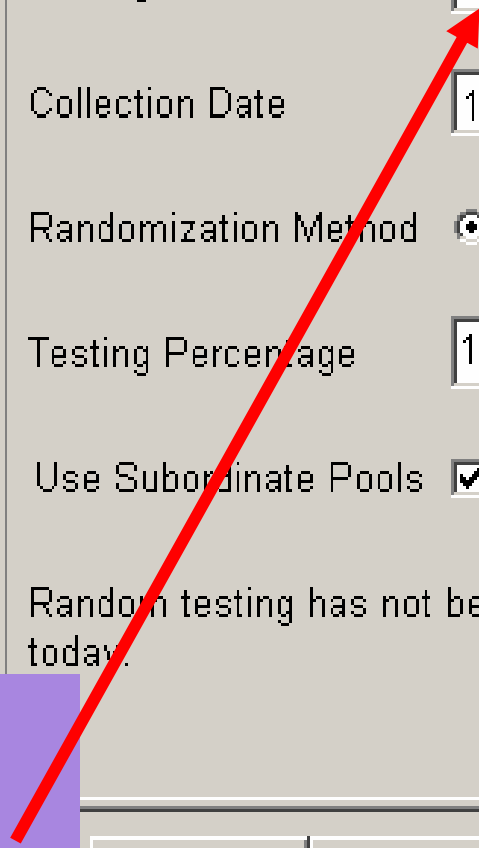
Randomization Method:  Percentage  Total Number

Testing Percentage: 10

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today.

**Choose correct testing premise (example of IR)**



Prev Next  Finish  Cancel  Help

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- 109TH Transportation Co.
- US Army
- FSB

Other Testing Options

Testing Premise: Random Testing (IR)

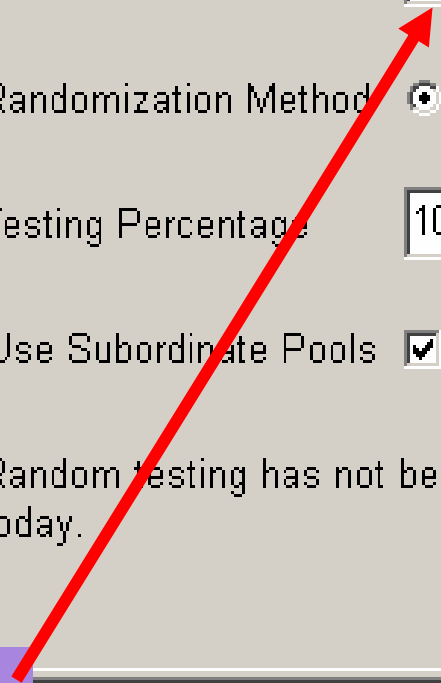
Collection Date: 11/05/2002

Randomization Method:  Percentage  Total Number

Testing Percentage: 10

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today.



**Choose correct collection date**

Prev Next  Finish  Cancel  Help

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
- PERSCOM
  - Alpha CO
  - Bravo CO
  - Charlie CO
  - Headquarters CO

Other Testing Options

Testing Premise: Unit Sweep (IU)

Collection Date: 11/14/2002

Randomization Method

Testing Percentage

Use Subordinate Pools

November, 2002

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/14/2002

Choose correct collection date

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- 109TH Transportation Co.
- US Army
- FSB

Other Testing Options

Testing Premise: Random Testing (IR)

Collection Date: 11/05/2002

Randomization Method:  Percentage  Total Number

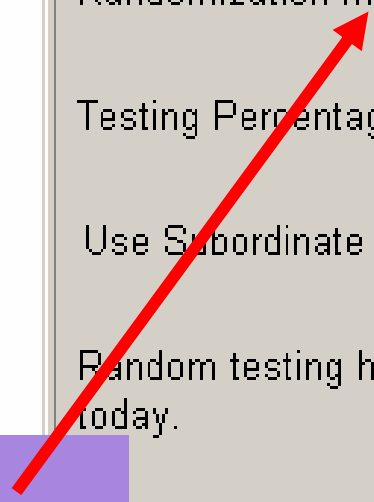
Testing Percentage: 10

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today.

Prev Next  Finish  Cancel  Help

**Choose correct Randomization Method**



The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- 109TH Transportation Co.
- US Army
- FSB

Other Testing Options

Testing Premise: Random Testing (IR)

Collection Date: 11/05/2002

Randomization Method:  Percentage  Total Number

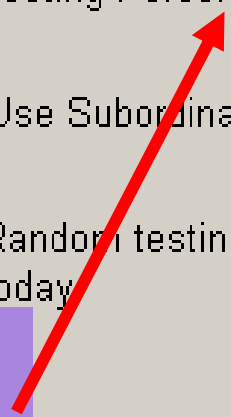
Testing Percentage: 10

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today

Prev Next  Finish  Cancel ? Help

**Choose correct testing percentage or number**





The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- 109TH Transportation Co. (highlighted)
- US Army
- FSB

Other Testing Options

Testing Premise: Random Testing (IR)

Collection Date: 11/05/2002

Randomization Method:  Percentage  Total Number

Testing Percentage: 10

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today.



If you have conducted a random test for the day this will be highlighted in red.

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- 109TH Transportation Co.
- US Army
- FSB

Other Testing Options

Testing Premise: Random Testing (IR)

Collection Date: 11/05/2002

Randomization Method:  Percentage  Total Number

Testing Percentage: 10

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today.

**If you have all the correct information click finish**

Navigation buttons: Prev, Next, Finish (with checkmark), Cancel (with X), Help (with question mark).

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- 109TH Transportation Co.
  - US Army
  - FSB

Other Testing Options

Testing Premise

Random Testing (IR) [Dropdown menu]

Information



You have finished specifying test information, the test will now be created. This may only be run one time a day, are you sure you wish to continue?

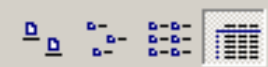
Yes [Button] No [Button]

Use Subordinate Pools

Random testing has not been conducted for the selected pool today.

Cancel [Button] Help [Button]

The computer will prompt you again to ensure you are ready to test (One random test per day) if sure click yes



Name	SSN	Rank
Boyles, Raymond	000-11-2008	PFC
Charles, Archie	000-11-3018	SSG
Damon, Ted	000-11-2010	PVT
Gellar, Jimmy	000-11-3011	SFC
Hall, John	000-11-3004	PFC
Hussein, Matthew	000-11-1007	PVT
Martin, Gary	000-11-3007	PVT
O'Reilly, Ted	000-11-3014	SGT
Summers, Edward	000-11-3010	SFC

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

You are now at the print Products screen

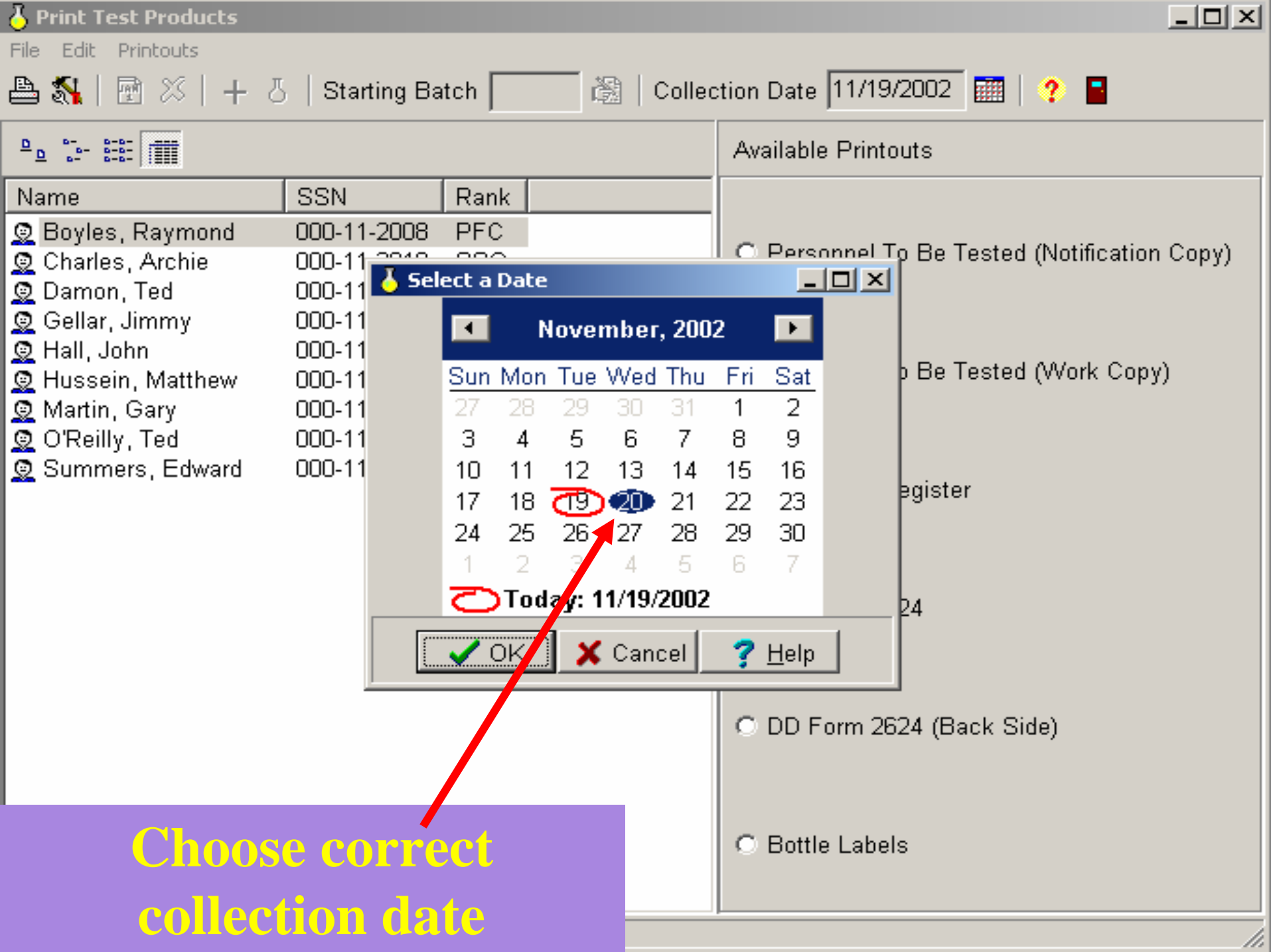
Name	SSN	Rank
Boyles, Raymond	000-11-2008	PFC
Charles, Archie	000-11-3018	SSG
Damon, Ted	000-11-2010	PVT
Gellar, Jimmy	000-11-3011	SFC
Hall, John	000-11-3004	PFC
Hussein, Matthew	000-11-1007	PVT
Martin, Gary	000-11-3007	PVT
O'Reilly, Ted	000-11-3014	SGT
Summers, Edward	000-11-3010	SFC

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624

**You may again ensure you have the correct collection date, you may change it at this time by clicking on the calendar**

(Back Side)



Name	SSN	Rank
Boyles, Raymond	000-11-2008	PFC
Charles, Archie	000-11-2018	PFC
Damon, Ted	000-11-2018	PFC
Gellar, Jimmy	000-11-2018	PFC
Hall, John	000-11-2018	PFC
Hussein, Matthew	000-11-2018	PFC
Martin, Gary	000-11-2018	PFC
O'Reilly, Ted	000-11-2018	PFC
Summers, Edward	000-11-2018	PFC

Select a Date

November, 2002

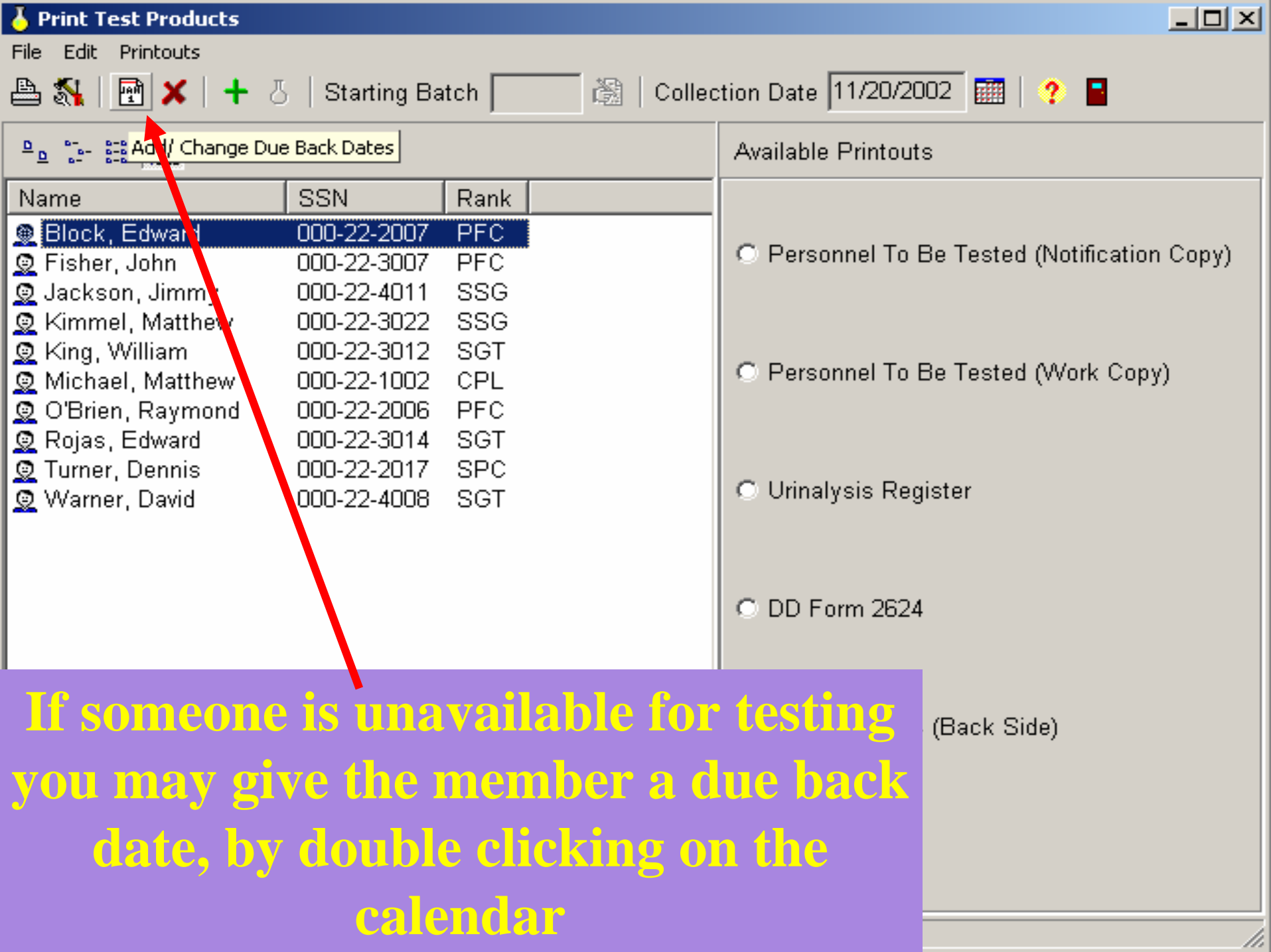
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/19/2002

OK Cancel Help

- Available Printouts
- Personnel To Be Tested (Notification Copy)
  - Personnel To Be Tested (Work Copy)
  - Register
  - DD Form 2624 (Back Side)
  - Bottle Labels

Choose correct collection date



Adm Change Due Back Dates

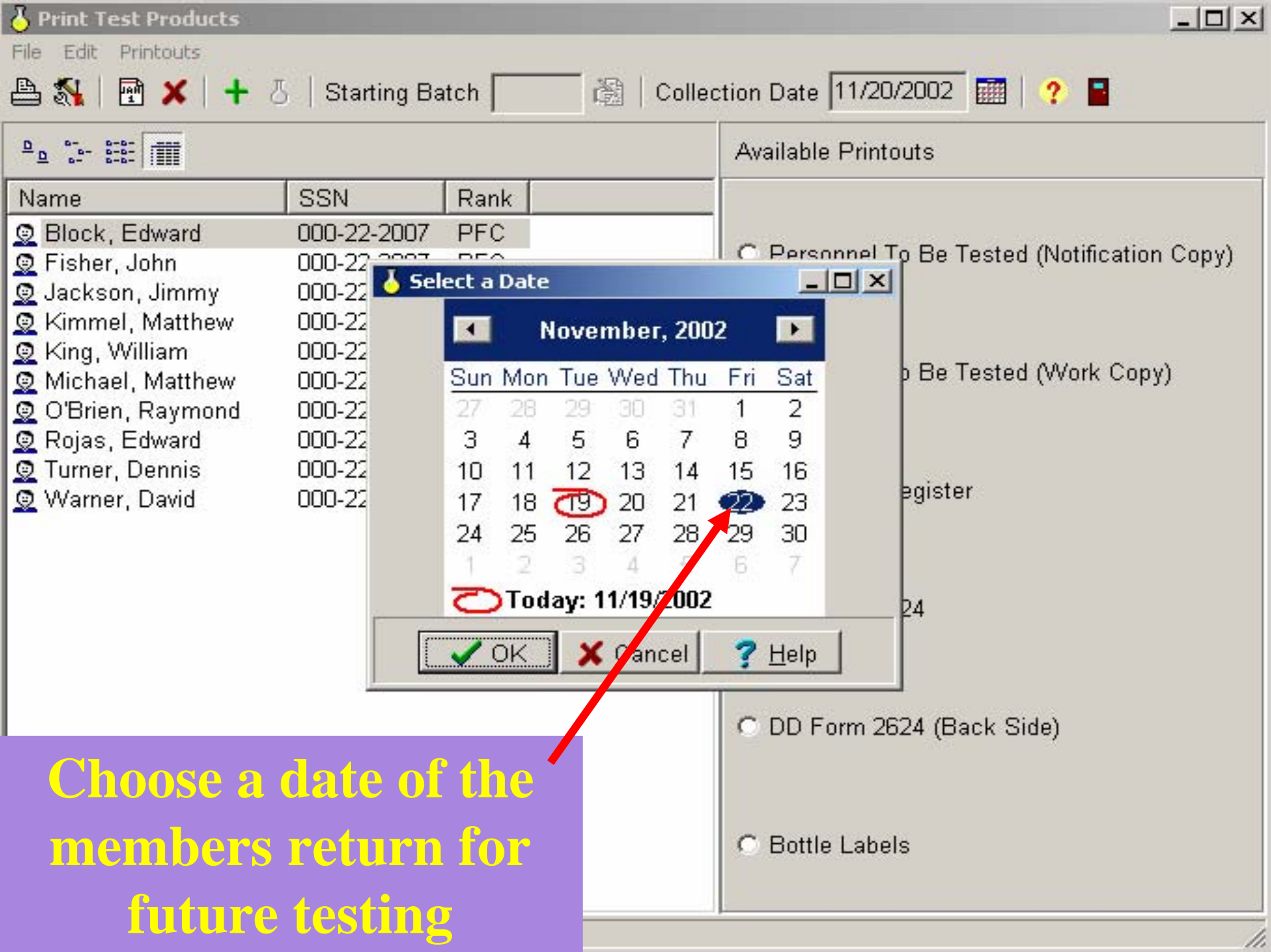
Name	SSN	Rank
Block, Edward	000-22-2007	PFC
Fisher, John	000-22-3007	PFC
Jackson, Jimmy	000-22-4011	SSG
Kimmel, Matthew	000-22-3022	SSG
King, William	000-22-3012	SGT
Michael, Matthew	000-22-1002	CPL
O'Brien, Raymond	000-22-2006	PFC
Rojas, Edward	000-22-3014	SGT
Turner, Dennis	000-22-2017	SPC
Warner, David	000-22-4008	SGT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624

If someone is unavailable for testing you may give the member a due back date, by double clicking on the calendar

(Back Side)



Name	SSN	Rank
Block, Edward	000-22-2007	PFC
Fisher, John	000-22-2007	PFC
Jackson, Jimmy	000-22-2007	PFC
Kimmel, Matthew	000-22-2007	PFC
King, William	000-22-2007	PFC
Michael, Matthew	000-22-2007	PFC
O'Brien, Raymond	000-22-2007	PFC
Rojas, Edward	000-22-2007	PFC
Turner, Dennis	000-22-2007	PFC
Warner, David	000-22-2007	PFC

**Select a Date**

November, 2002

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/19/2002

OK Cancel Help

**Choose a date of the members return for future testing**

Available Printouts

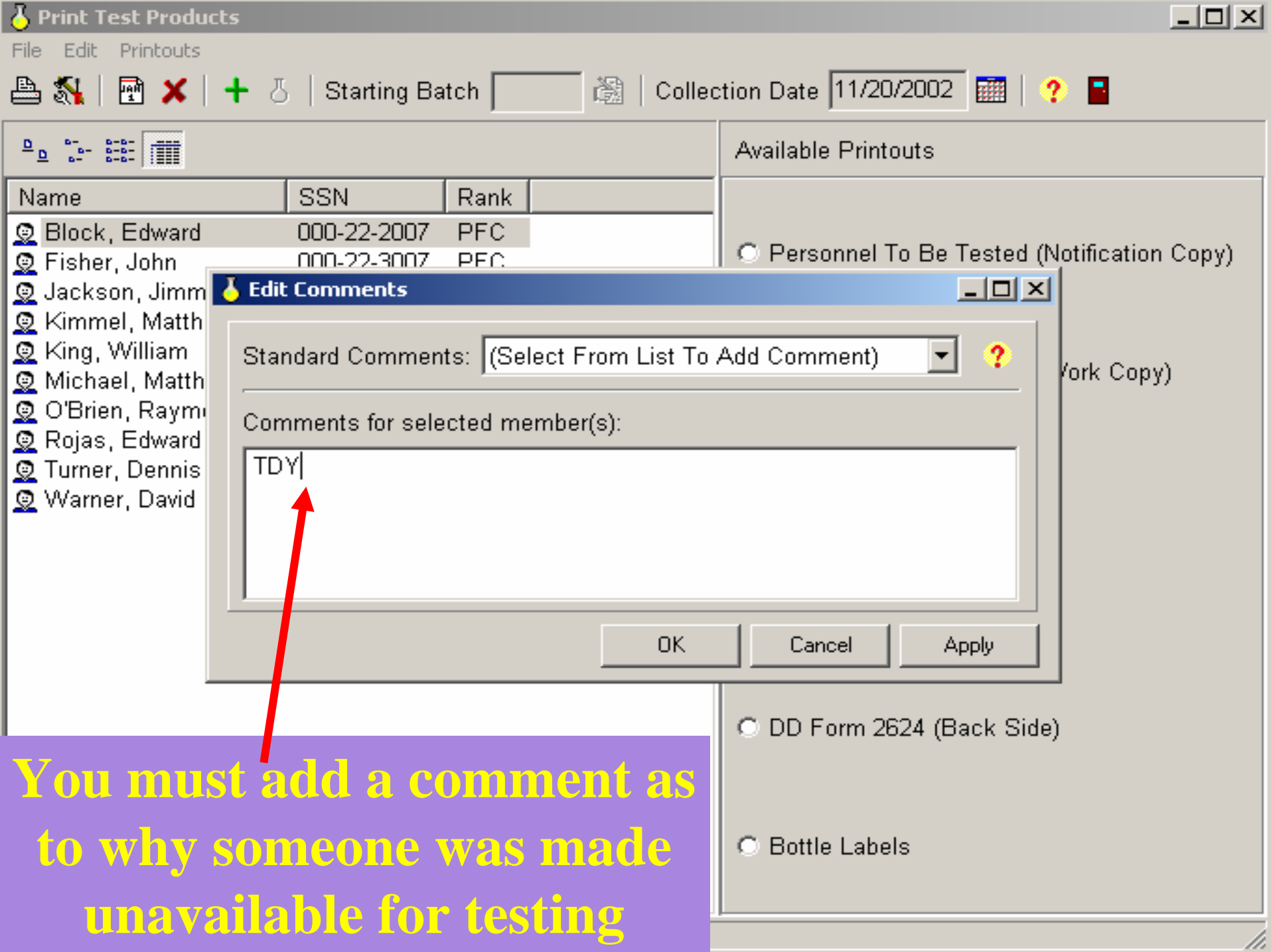
Personnel To Be Tested (Notification Copy)

Personnel To Be Tested (Work Copy)

DD Form 2624 (Back Side)

Bottle Labels





Name	SSN	Rank
Fisher, John	000-22-3007	PFC
Jackson, Jimmy	000-22-4011	SSG
Kimmel, Matthew	000-22-3022	SSG
King, William	000-22-3012	SGT
Michael, Matthew	000-22-1002	CPL
O'Brien, Raymond	000-22-2006	PFC
Rojas, Edward	000-22-3014	SGT
Turner, Dennis	000-22-2017	SPC
Warner, David	000-22-4008	SGT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Select Personnel to be tested and click the print button

100% 1 Close

Drug Testing Program

109TH Transportation Co.

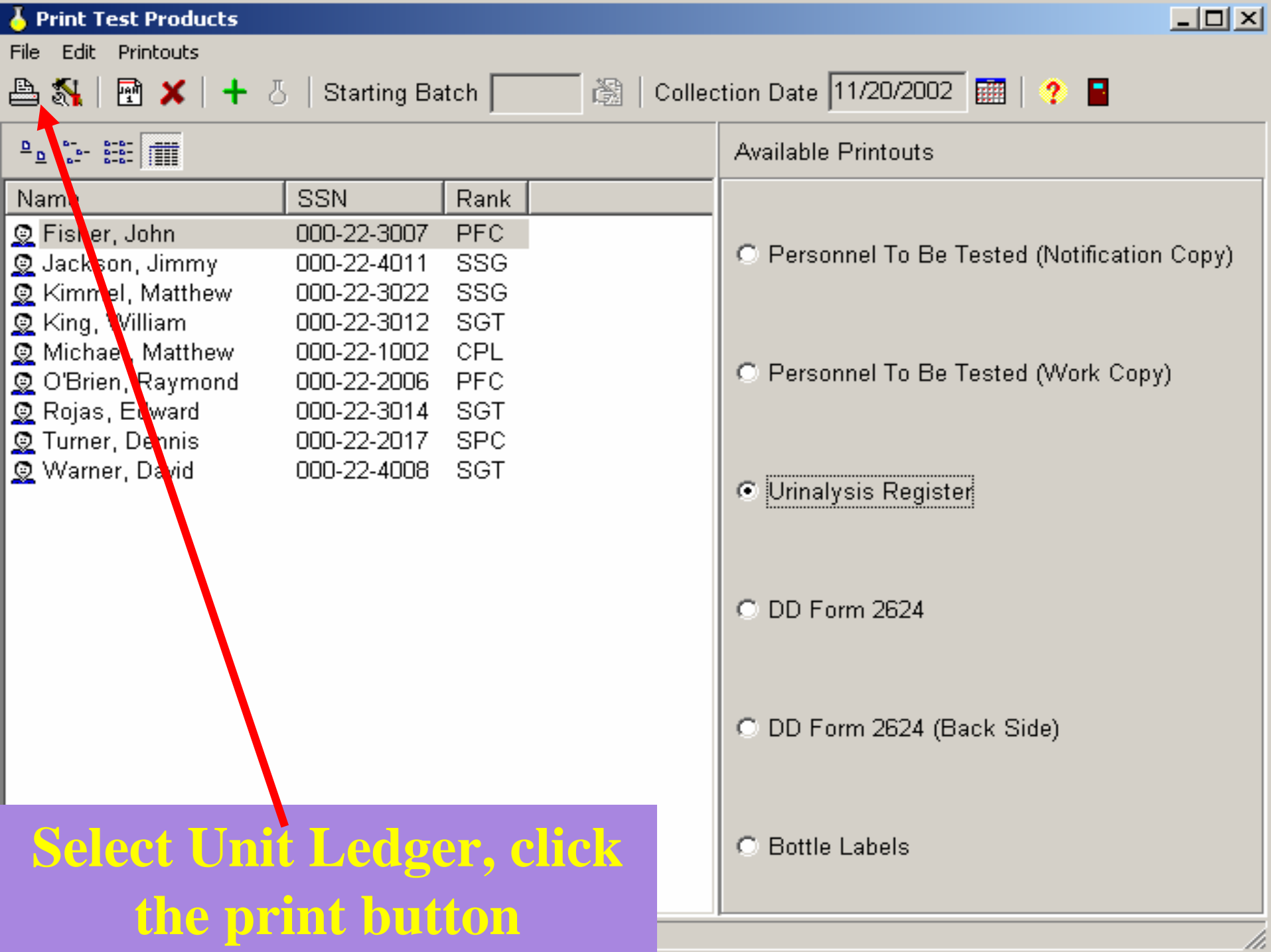
Testing Subjects

Working Copy

11/06/2002

Name	Premise	SSN	Rank	Phone Number	Due Back	Rationale
QUIGLEY, Michael	IR	631-05-0778	SPC		_____	_____
REYES, Peter	IR	089-66-5789	PFC		_____	_____
ROMINE, Kevin	IR	495-94-1061	SPC		_____	_____
TOLL, John	IR	307-94-5391	WO1		_____	_____
WILLIAMSON, Lee	IR	517-72-6397	CW2		_____	_____
WILLIS, Andrew	IR	267-83-3291	SGT		_____	_____

Print form and close out



Name	SSN	Rank
Fisher, John	000-22-3007	PFC
Jackson, Jimmy	000-22-4011	SSG
Kimmel, Matthew	000-22-3022	SSG
King, William	000-22-3012	SGT
Michael, Matthew	000-22-1002	CPL
O'Brien, Raymond	000-22-2006	PFC
Rojas, Edward	000-22-3014	SGT
Turner, Dennis	000-22-2017	SPC
Warner, David	000-22-4008	SGT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register**
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Select Unit Ledger, click the print button



100 %

1

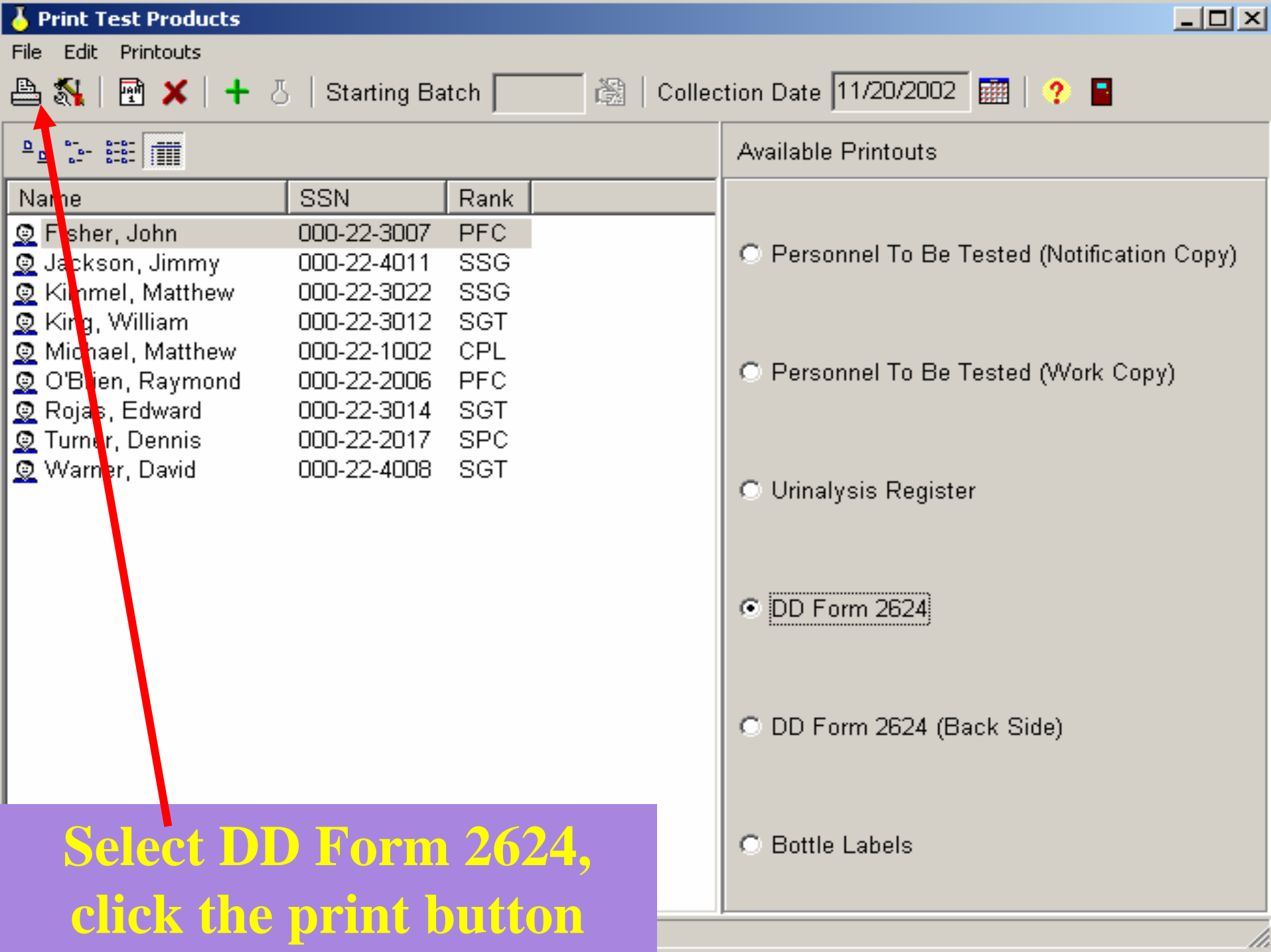
Close

# Drug Testing Program Testing Register

109TH Transportation Co.  
11/05/2002 3:03:46 PM  
IR

Date of Collection T/D/M/Y	Batch And Specimen #	Tested Members Rank, Printed Name, SSN Signature	T/I	Observer's Printed Name and Signature	Comments and Disposition
06/11/2002	Batch: Spec: 0001 001	SPC QUIGLEY, Michael 631-05-5778	IR		
06/11/2002	Batch: Spec: 0001 002	PFC REYES, Peter 089-66-5789	IR		
06/11/2002	Batch: Spec: 0001 003	SPC ROMINE, Kevin 495-94-1061	IR		
06/11/2002	Batch: Spec: 0001 004	WO1 TOLL, John 307-94-5391	IR		
	Batch: Spec: CW2	WILLIAMSON, Lee 517-72-6397	IR		
		267-83-3291	IR		

**Print form and  
close out**



# Print Test Products

File Edit Printouts

Starting Batch  Collection Date 11/20/2002

Name	SSN	Rank
Fisher, John	000-22-3007	PFC
Jackson, Jimmy	000-22-4011	SSG
Kimmel, Matthew	000-22-3022	SSG
King, William	000-22-3012	SGT
Michael, Matthew	000-22-1002	CPL
O'Brien, Raymond	000-22-2006	PFC
Rojas, Edward	000-22-3014	SGT
Turner, Dennis	000-22-2017	SPC
Warner, David	000-22-4008	SGT

## Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Select DD Form 2624,  
click the print button



100 %



1



Close

EPECIMEN CUSTODY DOCUMENT DRUG TESTING

A. LABORATORY CONDUCTING TESTING

1. SUBMITTING UNIT  
ASAP 234 Swampy Rd BLDG 4153  
FT Swampy, FL 12345-0000

5. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)  
109TH Transportation Company BLDG 2398  
FT Swampy, FL 12345-0000

Tripler Forensic Toxicology Drug Testing Laboratory  
1 Barrett White Road BLDG 40  
Tripler AMC, HI 96859-5000

3. BASE/EACODE  
TC22

4. UNIT IDENTIFICATION CODE  
W BHAAG

5. DOCUMENT/BATCH NUMBER  
001

6. DATE SPECIMEN COLLECTED  
20021106

B. BATCH NUMBER

C. REPORT OF RESULTS



Version 520

D. DRUGS TESTED

7. SPECIMEN NUMBER

8. COMPLETE SSN

9. TEST BASIS

10. TEST INFO

11. PRE SCREEN

E. DISC CODE

F. ACCESSION NUMBER

G. RESULT

001 631-05-0778

IR

A

002 089-66-5789

IR

A

003 495-94-1061

IR

A

004 807-94-5391

IR

B

005 617-72-6397

IR

B

006 287-83-3291

IR

B

Print form and close out

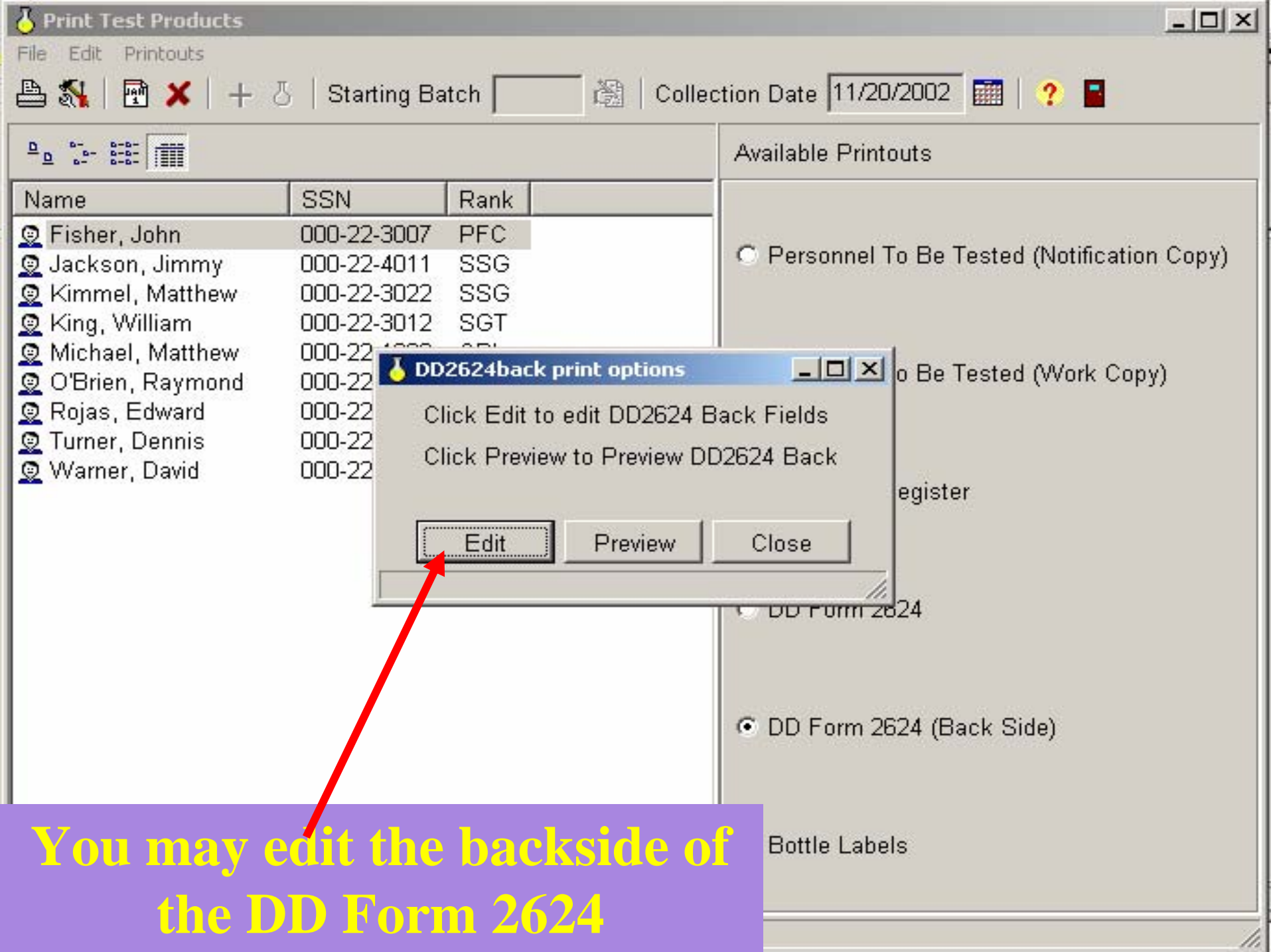


Name	SSN	Rank
Fisher, John	000-22-3007	PFC
Jackson, Jimmy	000-22-4011	SSG
Kimmel, Matthew	000-22-3022	SSG
King, William	000-22-3012	SGT
Michael, Matthew	000-22-1002	CPL
O'Brien, Raymond	000-22-2006	PFC
Rojas, Edward	000-22-3014	SGT
Turner, Dennis	000-22-2017	SPC
Warner, David	000-22-4008	SGT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels





Name	SSN	Rank
Fisher, John	000-22-3007	PFC
Jackson, Jimmy	000-22-4011	SSG
Kimmel, Matthew	000-22-3022	SSG
King, William	000-22-3012	SGT
Michael, Matthew	000-22-1000	SP4
O'Brien, Raymond	000-22-1000	SP4
Rojas, Edward	000-22-1000	SP4
Turner, Dennis	000-22-1000	SP4
Warner, David	000-22-1000	SP4

Available Printouts

Personnel To Be Tested (Notification Copy)

Personnel To Be Tested (Work Copy)

Register

DD Form 2624

DD Form 2624 (Back Side)

Bottle Labels

**DD2624back print options**

Click Edit to edit DD2624 Back Fields

Click Preview to Preview DD2624 Back

**You may edit the backside of the DD Form 2624**

Print Test Products

File Edit Printouts

Starting Batch  Collection Date 11/06/2002

frmEditDD2624back

12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD)	Released By	Received By	Purpose of Change/ Remarks
a.	b.	c.	d.
(1)	SIGNATURE	SIGNATURE	
20021106	NAME	NAME	
(2)	SIGNATURE	SIGNATURE	
	NAME	NAME	

copy)

**You may add the UPL name and name of person signing for the specimens, not recommended for the Army**

12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD) a.	Released By b.	Received By c.	Purpose of Change/ Remarks d.
(1)	SIGNATURE	SIGNATURE	Released from UPL to IBTC
20021119	NAME John Doe	NAME Jane Doe	
(2)	SIGNATURE	SIGNATURE	Placed into temporary storage
20021119	NAME Jane Doe	NAME Temp storgage BLDG 2 RM 3 Container # 1	

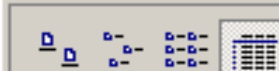
**Demonstrates the backside of the DD Form 2624, the initial date is already filled in**

12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD) a.	Released By b.	Received By c.	Purpose of Change/ Remarks d.
(1) <input type="text" value="20021119"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="John Doe"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Jane Doe"/>	Released from UPL to IBTC
(2) <input type="text" value="20021119"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Jane Doe"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Temp storgage&lt;br/&gt;BLDG 2 RM 3&lt;br/&gt;Container # 1"/>	Placed into temporary storage

OK

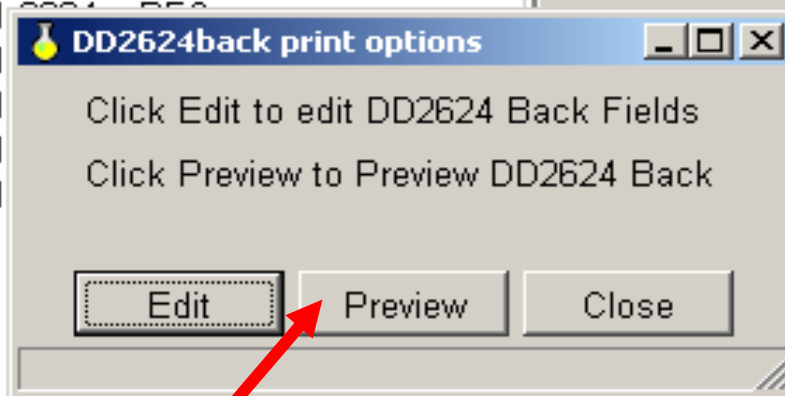
Cancel

When complete click  
OK



Name	SSN	Rank
Boyles, Raymond	000-11-2008	PFC
Charles, Archie	000-11-3018	SSG
Damon, Ted	000-11-2010	PVT
Gellar, Jimmy	000-11-3011	SFC
Hall, John	000-11-2004	PFC
Hussein, Matthew	000-11-2008	PFC
Martin, Gary	000-11-2008	PFC
O'Reilly, Ted	000-11-2008	PFC
Summers, Edward	000-11-2008	PFC

## Available Printouts

 Personnel To Be Tested (Notification Copy) Personnel To Be Tested (Work Copy) DD Form 2624 DD Form 2624 (Back Side) Bottle Labels

Click preview to view the backside of the DD Form 2642



100%



Close

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.	BLOCK	USA	USNMC	USAF
021119	SIGNATURE	SIGNATURE	Released from UPL to BTC	1 SUBMITTING UNIT	Message address of unit submitting urine samples		
	NAME John Doe	NAME Jane Doe		2 ADDITIONAL SERVICE INFORMATION (SEDO NO)	Donot use.	Message address of second echelon commander (when submitting unit reports)	Optional. May be used to identify the base POC.
021119	SIGNATURE	SIGNATURE	Placed into temporary storage	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.
	NAME Jane Doe	NAME Temp's storage BLDG 2 RM3		4 UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		Donot use.
04	SIGNATURE	SIGNATURE		5 DOCUMENT/BATCH NUMBER	Donot use.	Enter the locally assigned batch number. Batch batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex: 501). Comprises the middle portion of the full 10-character BIDN assigned to each.
	NAME	NAME		6 DATESPECIMEN	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
09	SIGNATURE	SIGNATURE		7 SPECIMEN	Use number pre-printed on form	Enter 3-digit requested specimen number (last 3)	
	NAME	NAME		8 COMPLETESSN	Full SSN (or person ID) when sample obtained.		
09	SIGNATURE	SIGNATURE		9 TEST BASIS	Indicate the testing premise to conduct the collection.		
	NAME	NAME		10 TEST	Military: A = ET - CA B = ES to CIB Civilian only: C = FDP Aviation D = FDP Coast Patrol  F = FD ADAPCP Salt G = other FDP N = other military	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide derivation in attached message.
07	SIGNATURE	SIGNATURE		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		N if used.

**NOTE: Turn DD Form 2624 over to print backside**

12. CHAIN OF CUSTODY (LINE 0)

a. DATE - Date of collection/shipment.  
 b. RELEASED BY - Signature and printed or typed full name of the analyst/ 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: When custody of specimens changes other than for shipment (unless hand carried to the lab), each change of custody requires the number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody. In comment block (d), the number of samples transferred must appear before the signature and date of the transfer.



100%

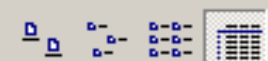


Close

12. CHAIN OF CUSTODY				INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.	LOCK	USA	USNMC	USAF	
021119	SIGNATURE	SIGNATURE	Released from UPL to BTC	1	Message address of unit submitting urine samples			
	NAME John Doe	NAME Jane Doe		2	ADDITIONAL SERVICE INFORMATION (SEDO NO)	Do not use.	Message address of second echelon commander (when submitting unit reports)	Optional. May be used to identify the base POC.
021119	SIGNATURE	SIGNATURE	Placed into temporary storage	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.
	NAME Jane Doe	NAME Temp storage BLDG 2 RM3		4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		Do not use.
021119	SIGNATURE	SIGNATURE		5	DOCUMENT/BATCH NUMBER	Do not use.	Enter the locally assigned batch number. Batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex: 501). Comprises the middle portion of the full 10-character BIN assigned to each.
	NAME	NAME		6	DATE SPECIMEN	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
021119	SIGNATURE	SIGNATURE		7	SPECIMEN	Use number pre-printed on form	Enter 3-digit requested specimen number (last 3)	
	NAME	NAME		8	COMPLETESN	Full SSN (or person ID) when sample obtained.		
021119	SIGNATURE	SIGNATURE		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
	NAME	NAME		10	TEST	Military: A = ET - CA B = ES to CIB Civilian only: C = FDP Aviation D = FDP Coast Patrol  F = FD ADAPCP Salt G = other FDP N = other nonmilitary	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide derivation in attached message.
021119	SIGNATURE	SIGNATURE		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		N/A if used.
	NAME	NAME		12. CHAIN OF CUSTODY (LINE 0)				

Once printed, close out form

a. DATE - Date of collection/shipment.  
 b. RELEASED BY - Signature and printed or typed full name of the analyst/ coordinator having custody of the samples.  
 c. RECEIVED BY - Use only if physical change of custody occurring prior to shipment. Otherwise leave blank.  
 d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.  
 Note: When custody of specimens changes other than for shipment (unless hand carried to the lab), each change of custody requires the number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody. In comment block (d), the number of samples received must equal the number of samples released.

Starting Batch  Collection Date 11/06/2002

Name	SSN	Rank
QUIGLEY, Michael	631-05-0778	SPC
REYES, Peter	089-66-5789	PFC
ROMINE, Kevin	495-94-1061	SPC
TOLL, John	307-94-5391	WO1
WILLIAMSON, Lee	517-72-8887	SPC
WILLIS, Andrew	267-83-8887	SPC

## Available Printouts

 Commanders Letter Individual Letter To Be Tested (Notification Copy) To Be Tested (Work Copy) Register DD Form 2624 DD Form 2624 (Back Side) Bottle Labels

**DD2624back print options**

Click Edit to edit DD2624 Back Fields  
Click Preview to Preview DD2624 Back

**When finished click the close button**

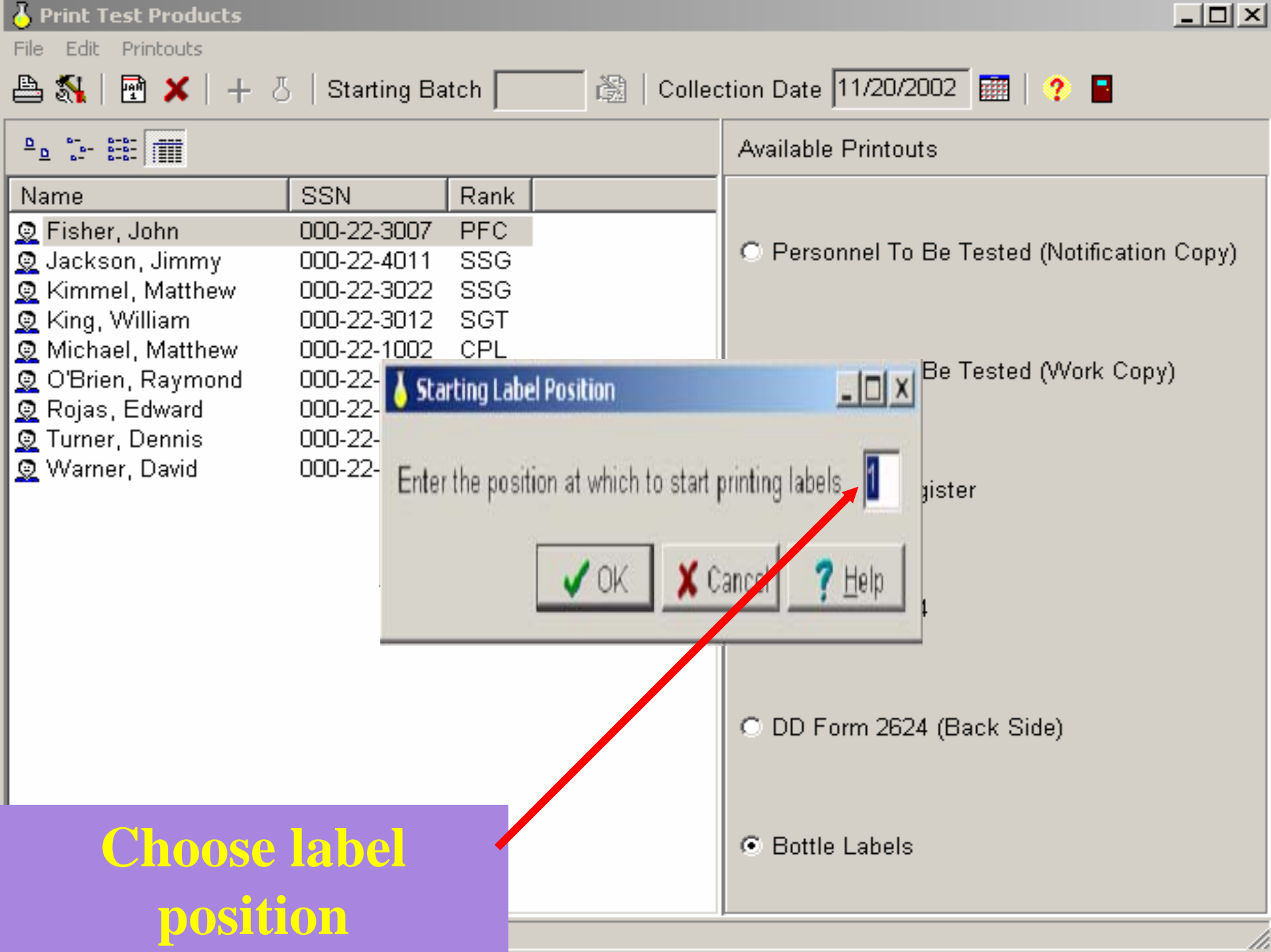


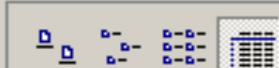
Name	SSN	Rank
Fisher, John	000-22-3007	PFC
Jackson, Jimmy	000-22-4011	SSG
Kimmel, Matthew	000-22-3022	SSG
King, William	000-22-3012	SGT
Michael, Matthew	000-22-1002	CPL
O'Brien, Raymond	000-22-2006	PFC
Rodas, Edward	000-22-3014	SGT
Turner, Dennis	000-22-2017	SPC
Warner, David	000-22-4008	SGT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels**

Select Bottle labels  
click the print button





Name	SSN	Rank
Fisher, John	000-22-3007	PFC
Jackson, Jimmy	000-22-4011	SSG
Kimmel, Matthew	000-22-3022	SSG
King, William	000-22-3012	SGT
Michael, Matthew	000-22-1002	CPL
O'Brien, Raymond	000-	
Rojas, Edward	000-	
Turner, Dennis	000-	
Warner, David	000-	

## Available Printouts

 Personnel To Be Tested (Notification Copy) Personnel To Be Tested (Work Copy)

**Starting Label Position**

Enter the position at which to start printing labels



**Click OK**

Print icon | Page 1 of 1 | 100% | Page 1 | Close

Two identical label templates are shown side-by-side. Each label contains the following text and barcodes:

Tape Here

IR 0001 001

631-05-0728

11/06/2002

BAC: TC22 UIC: BHAG

SM \_\_\_\_\_

UPL \_\_\_\_\_

267-83-3291

11/06/2002

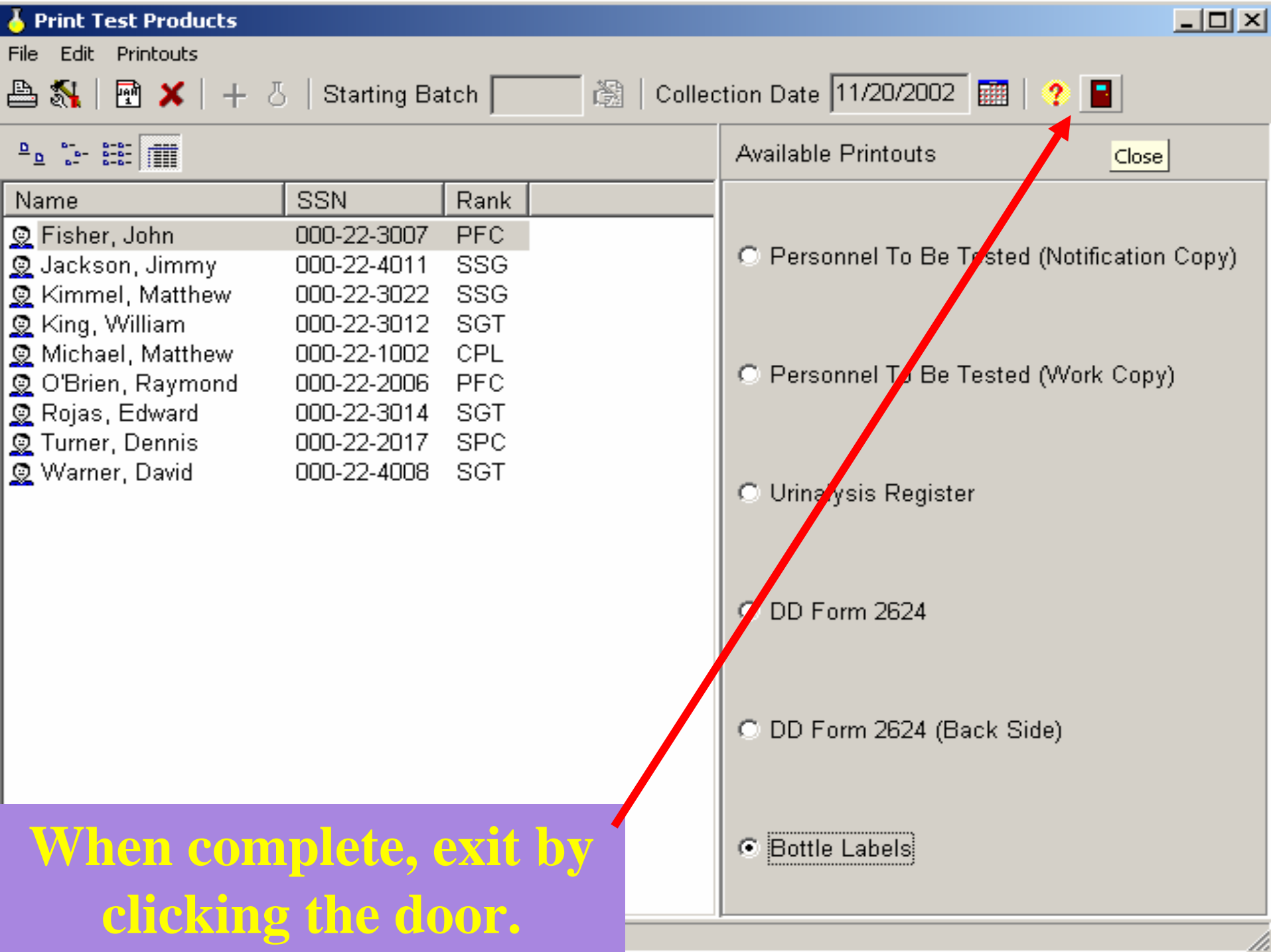
BAC: TC22 UIC: BHAG

SM \_\_\_\_\_

UPL \_\_\_\_\_

Tape Here

Print labels and close out



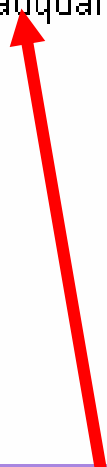


To conduct any type of testing click Conduct Testing

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

## Select A Pool For Testing

- ⊕ Global
- ⊖ PERSCOM
  - Alpha CO
  - Bravo CO
  - Charlie CO**
  - Headquarters CO



## Other Testing Options

Testing Premise

Random Testing (IR)

Collection Date

11/14/2002

Randomization Method

 Percentage Total Number

Testing Percentage

10

Use Subordinate Pools

Random testing has not been conducted for the selected pool today.

Prev

Next

 Finish Cancel Help

**Choose correct pool  
for testing by  
highlighting the pool**

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
- PERSCOM
  - Alpha CO
  - Bravo CO
  - Charlie CO
  - Headquarters CO

Other Testing Options

Testing Premise

- Unit Sweep (IU)
- Unit Sweep (IU)**
- CO Selected Random Testing (IR)
- Command Directed (CO)
- Probable Cause (PO)
- Consent (VO)
- Rehabilitation (RO)
- Mishap Investigation (AO)
- Medical Examination (MO)

Collection Date

Randomization Method

Testing Percentage

Use Subordinate Pools

**Choose correct testing premise (example of IU)**

Prev

Next

Finish

Cancel

Help



The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
- PERSCOM
  - Alpha CO
  - Bravo CO
  - Charlie CO
  - Headquarters CO

Other Testing Options

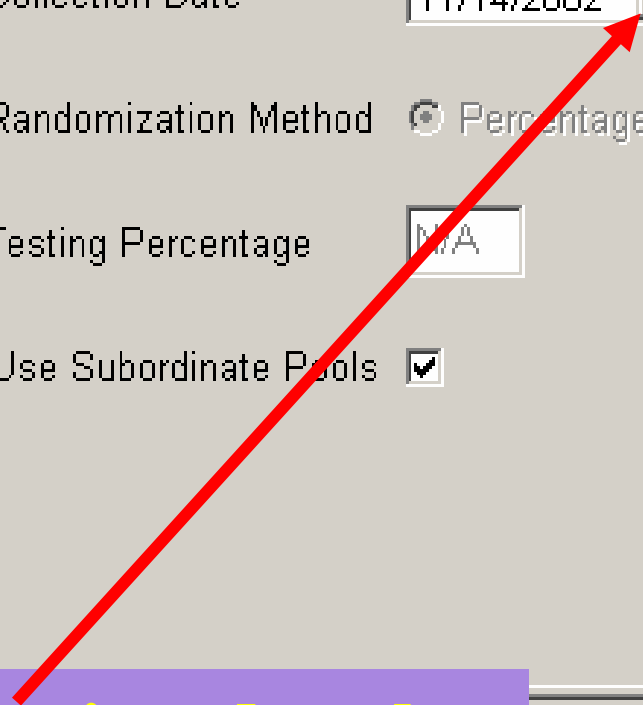
Testing Premise: Unit Sweep (U)

Collection Date: 11/14/2002

Randomization Method:  Percentage  Total Number

Testing Percentage: MA

Use Subordinate Pools:



**Choose correct collection date by clicking the down arrow**

Buttons: Finish, Cancel, Help

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
- PERSCOM
  - Alpha CO
  - Bravo CO
  - Charlie CO
  - Headquarters CO

Other Testing Options

Testing Premise: Unit Sweep (IU)

Collection Date: 11/14/2002

Randomization Method

Testing Percentage

Use Subordinate Pools

November, 2002

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/14/2002

Choose correct collection date

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
- PERSCOM
  - Alpha CO
  - Bravo CO
  - Charlie CO
  - Headquarters CO

Other Testing Options

Testing Premise Unit Sweep (IU)

Collection Date 11/15/2002

Randomization Method  Percentage  Total Number

Testing Percentage N/A

Use Subordinate Pools

If you have all the correct information click finish

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
- PERSCOM
  - Alpha CO
  - Beta CO

Other Testing Options

Testing Premise

Information



You have finished specifying test information, the test will now be created. Are you sure you wish to continue?

Yes

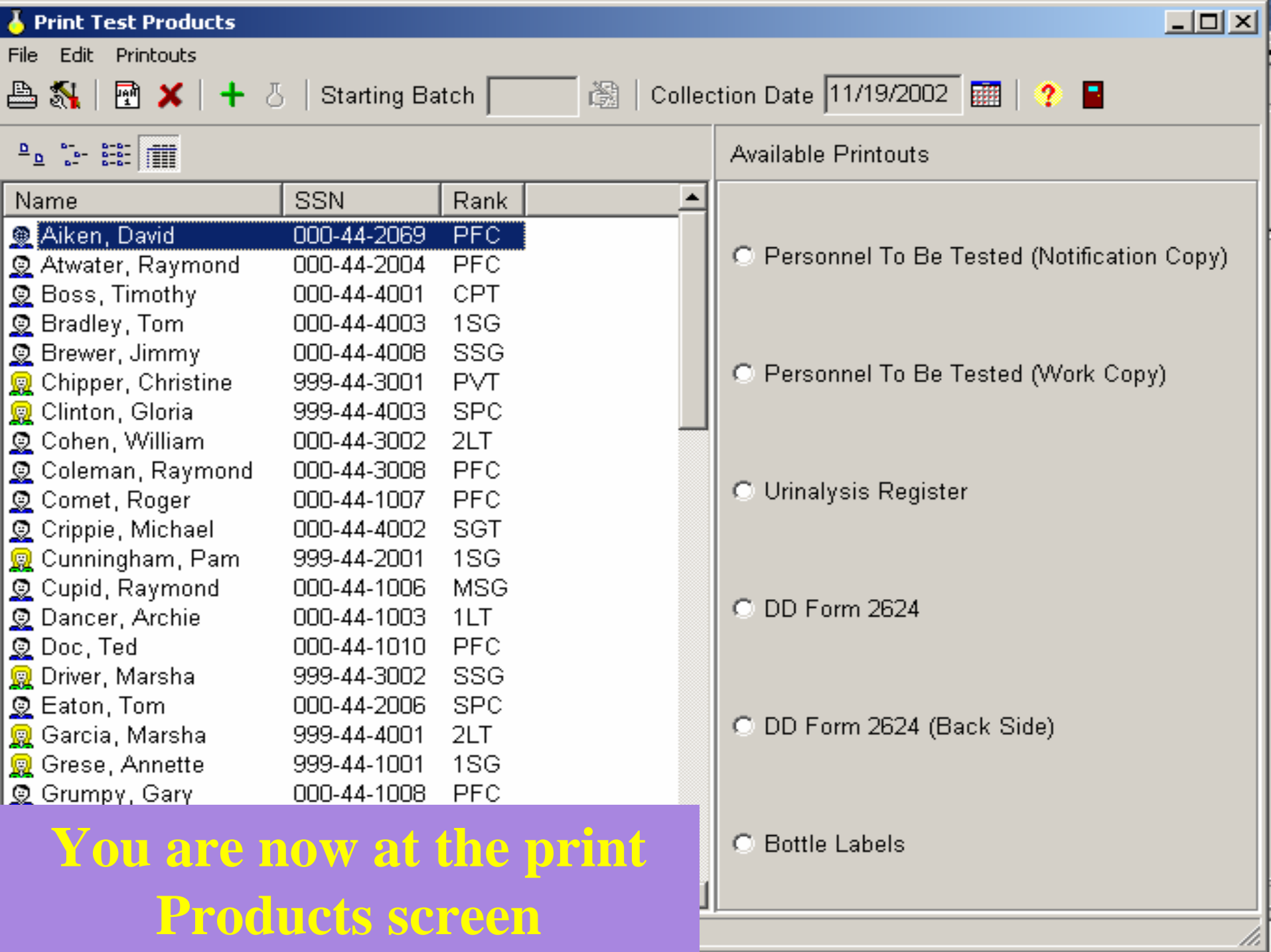
No

Use Subordinate Pools

Cancel

Help

The computer will prompt you again to ensure you are ready to test if sure click yes



# Print Test Products

File Edit Printouts

Starting Batch

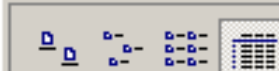
Collection Date 11/19/2002

Name	SSN	Rank
Aiken, David	000-44-2069	PFC
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Clinton, Gloria	999-44-4003	SPC
Cohen, William	000-44-3002	2LT
Coleman, Raymond	000-44-3008	PFC
Comet, Roger	000-44-1007	PFC
Crippie, Michael	000-44-4002	SGT
Cunningham, Pam	999-44-2001	1SG
Cupid, Raymond	000-44-1006	MSG
Dancer, Archie	000-44-1003	1LT
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC

## Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

**You are now at the print Products screen**



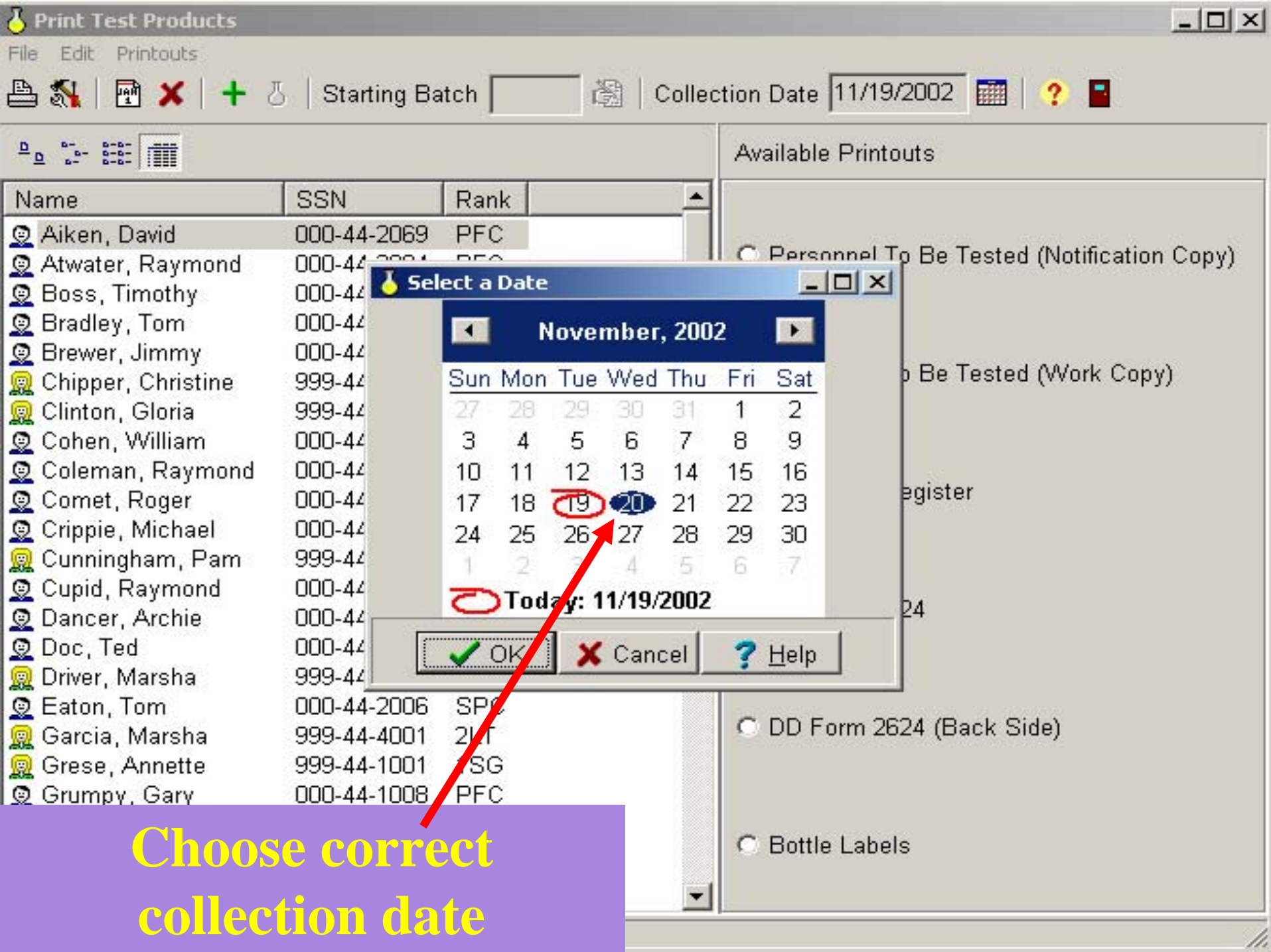
Name	SSN	Rank
Aiken, David	000-44-2069	PFC
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Clinton, Gloria	999-44-4003	SPC
Cohen, William	000-44-3002	2LT
Coleman, Raymond	000-44-3008	PFC
Comet, Roger	000-44-1007	PFC
Crippie, Michael	000-44-4002	SGT
Cunningham, Pam	999-44-2001	1SG
Cupid, Raymond	000-44-1006	MSG
Dancer, Archie	000-44-1003	1LT
Doc, Ted	000-44-1010	PFC

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624

**You may again ensure you have the correct collection date, you may change it at this time by clicking on the calendar**

(Back Side)



Name	SSN	Rank
Aiken, David	000-44-2069	PFC
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-2004	PFC
Bradley, Tom	000-44-2004	PFC
Brewer, Jimmy	000-44-2004	PFC
Chipper, Christine	999-44-2004	PFC
Clinton, Gloria	999-44-2004	PFC
Cohen, William	000-44-2004	PFC
Coleman, Raymond	000-44-2004	PFC
Comet, Roger	000-44-2004	PFC
Crippie, Michael	000-44-2004	PFC
Cunningham, Pam	999-44-2004	PFC
Cupid, Raymond	000-44-2004	PFC
Dancer, Archie	000-44-2004	PFC
Doc, Ted	000-44-2004	PFC
Driver, Marsha	999-44-2004	PFC
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	MSG
Grumpy, Gary	000-44-1008	PFC

Available Printouts

Personnel To Be Tested (Notification Copy)

Personnel To Be Tested (Work Copy)

DD Form 2624 (Back Side)

Bottle Labels

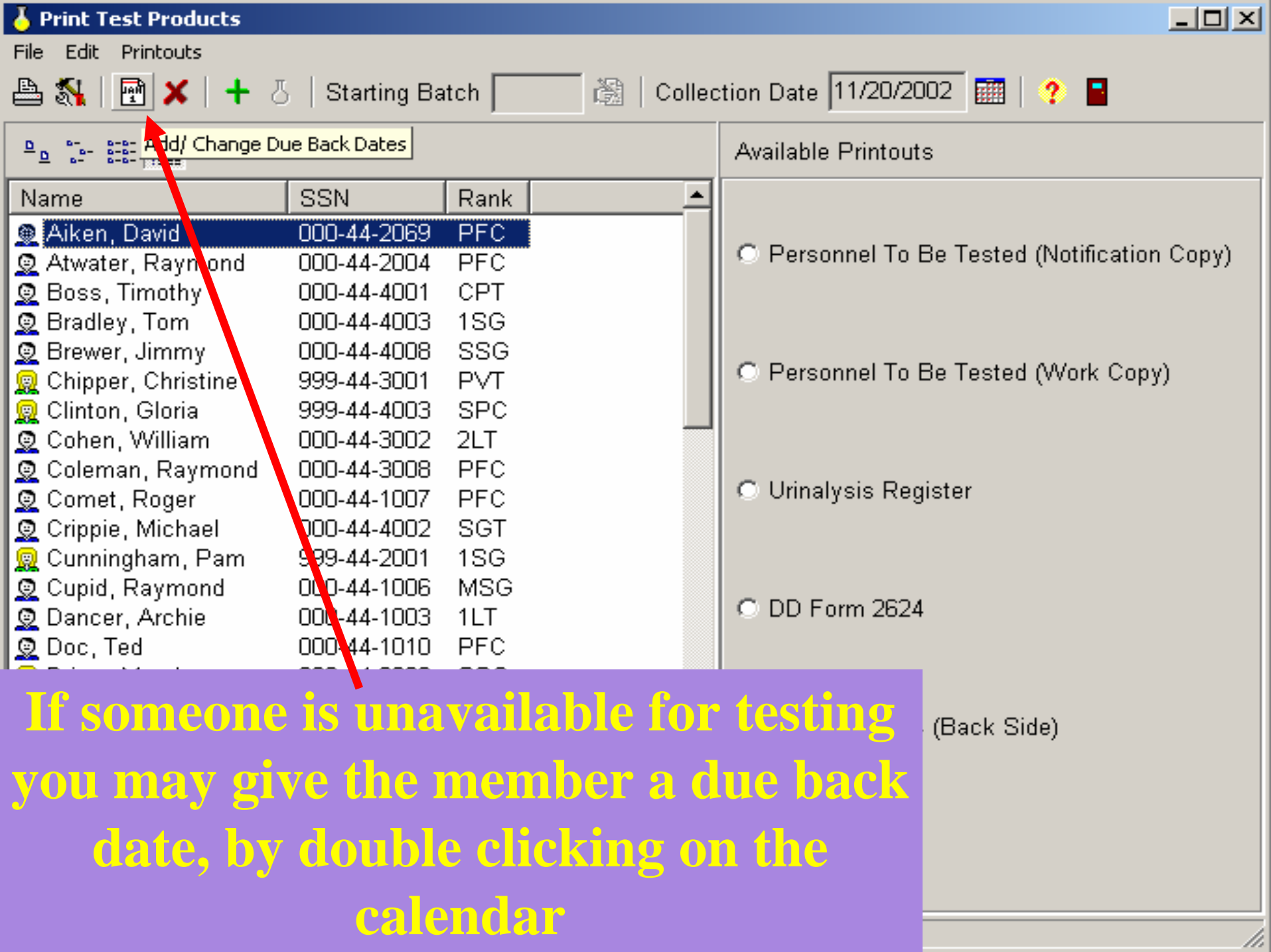
Select a Date

November, 2002

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/19/2002

Choose correct collection date



Add/ Change Due Back Dates

Name	SSN	Rank
Aiken, David	000-44-2069	PFC
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Clinton, Gloria	999-44-4003	SPC
Cohen, William	000-44-3002	2LT
Coleman, Raymond	000-44-3008	PFC
Comet, Roger	000-44-1007	PFC
Crippie, Michael	000-44-4002	SGT
Cunningham, Pam	999-44-2001	1SG
Cupid, Raymond	000-44-1006	MSG
Dancer, Archie	000-44-1003	1LT
Doc, Ted	000-44-1010	PFC

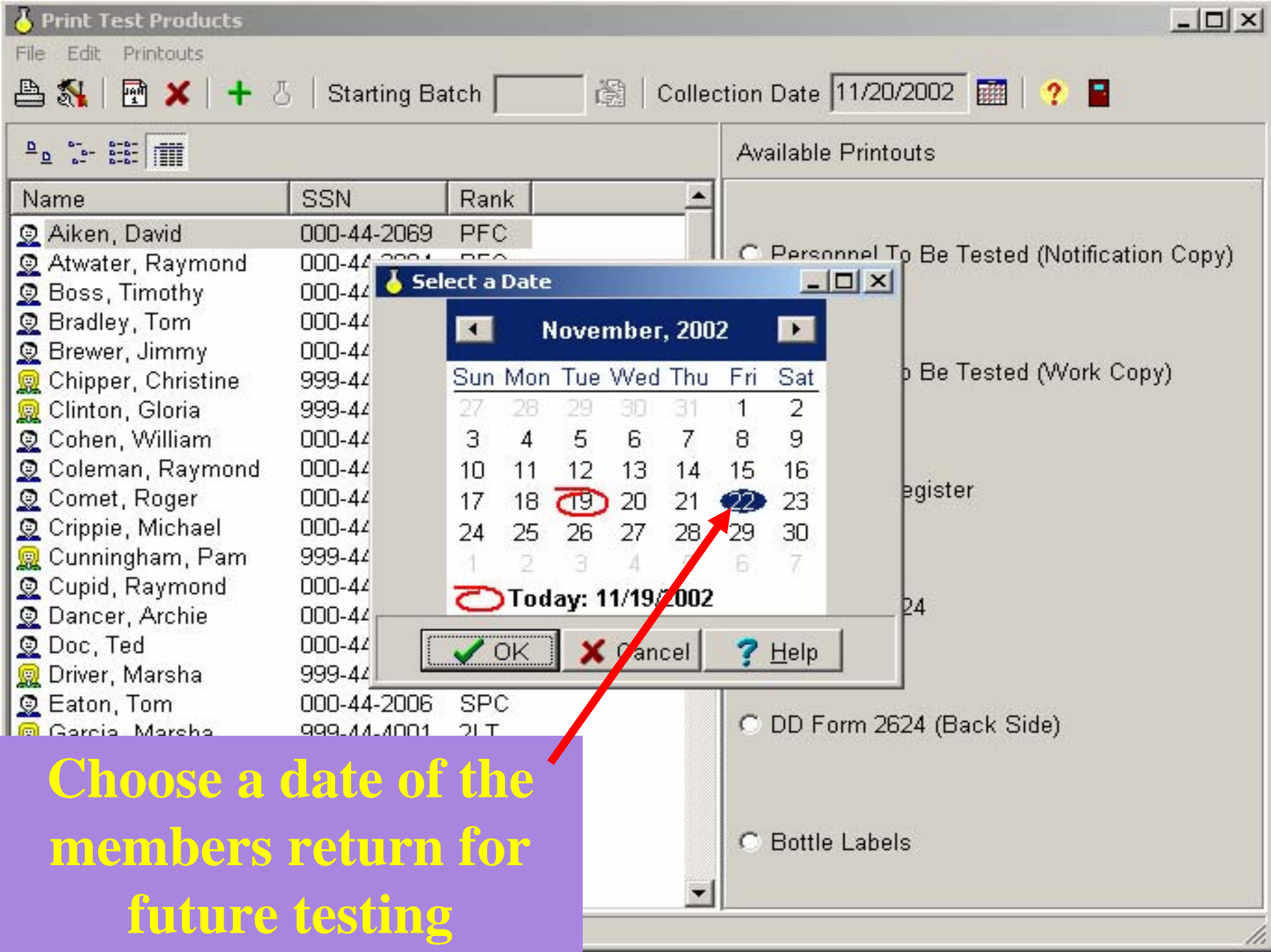
Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624

(Back Side)

**If someone is unavailable for testing you may give the member a due back date, by double clicking on the calendar**





Name	SSN	Rank
Aiken, David	000-44-2069	PFC
Atwater, Raymond	000-44-2004	SPC
Boss, Timothy	000-44-2004	SPC
Bradley, Tom	000-44-2004	SPC
Brewer, Jimmy	000-44-2004	SPC
Chipper, Christine	999-44-2004	SPC
Clinton, Gloria	999-44-2004	SPC
Cohen, William	000-44-2004	SPC
Coleman, Raymond	000-44-2004	SPC
Comet, Roger	000-44-2004	SPC
Crippie, Michael	000-44-2004	SPC
Cunningham, Pam	999-44-2004	SPC
Cupid, Raymond	000-44-2004	SPC
Dancer, Archie	000-44-2004	SPC
Doc, Ted	000-44-2004	SPC
Driver, Marsha	999-44-2004	SPC
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT

Select a Date

November, 2002

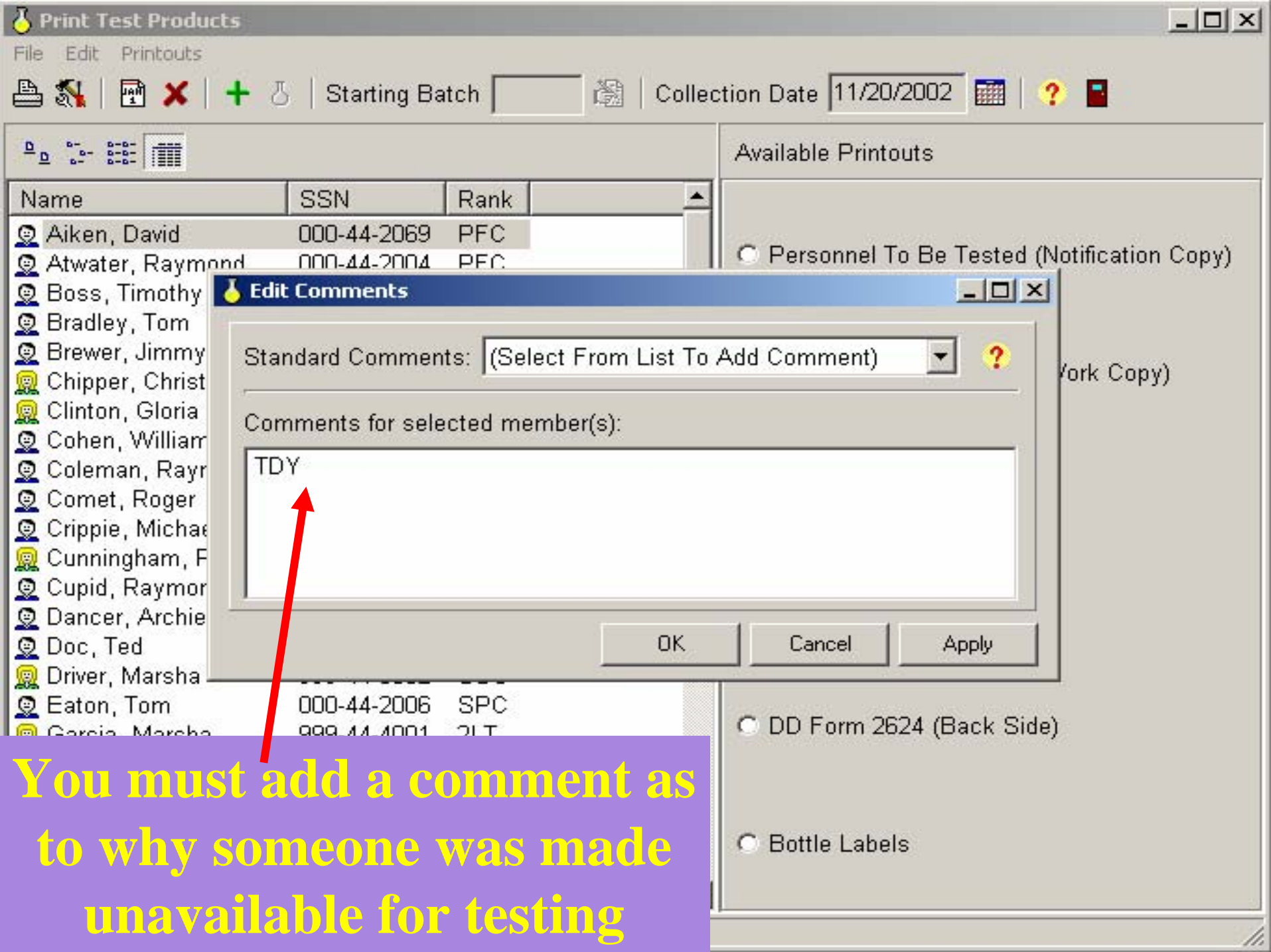
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/19/2002

OK Cancel Help

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Register
- DD Form 2624 (Back Side)
- Bottle Labels

Choose a date of the members return for future testing



Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Clinton, Gloria	999-44-4003	SPC
Cohen, William	000-44-3002	2LT
Coleman, Raymond	000-44-3008	PFC
Comet, Roger	000-44-1007	PFC
Crippie, Michael	000-44-4002	SGT
Cunningham, Pam	999-44-2001	1SG
Cupid, Raymond	000-44-1006	MSG
Dancer, Archie	000-44-1003	1LT
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC
Gunner, Dennis	000-44-3001	1LT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Select Personnel to be tested and click the print button



100 %

1

Close

**Drug Testing Program**  
**Testing Subjects**  
Working Copy

Headquarters CO  
11/20/2002

Pool Name	Name	Prem	SSN	Rank	Due Back	Rationale
Test Pool\Headquarters CO	Atwater, Raymond	IU	000-44-2004	PFC	_____	_____
Test Pool\Headquarters CO	Boss, Timothy	IU	000-44-4001	CPT	_____	_____
Test Pool\Headquarters CO	Bradley, Tom	IU	000-44-4003	1SG	_____	_____
Test Pool\Headquarters CO	Brewer, Jimmy	IU	000-44-4008	SSG	_____	_____
Test Pool\Headquarters CO	Chipper, Christine	IU	999-44-3001	PVT	_____	_____
Test Pool\Headquarters CO	Clinton, Gloria	IU	999-44-4003	SPC	_____	_____
Test Pool\Headquarters CO	Cohen, William	IU	000-44-3002	2LT	_____	_____
Test Pool\Headquarters CO	Coleman, Raymond	IU	000-44-3008	PFC	_____	_____
Test Pool\Headquarters CO	Comet, Roger	IU	000-44-1007	PFC	_____	_____
Test Pool\Headquarters CO	Crippie, Michael	IU	000-44-4002	SGT	_____	_____
Test Pool\Headquarters CO	Cunningham, Pam	IU	999-44-2001	1SG	_____	_____
Test Pool\Headquarters CO	Cupid, Raymond	IU	000-44-1006	MSG	_____	_____
Test Pool\Headquarters CO	Dancer, Archie	IU	000-44-1003	1LT	_____	_____
Test Pool\Headquarters CO	Doc. Ted	IU	000-44-1010	PFC	_____	_____
		IU	999-44-3002	SSG	_____	_____
		IU	000-44-2006	SPC	_____	_____
		IU	999-44-4001	2LT	_____	_____
		IU	999-44-1001	1SG	_____	_____

**Print form and close out**

Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Clinton, Gloria	999-44-4003	SPC
Cohen, William	000-44-3002	2LT
Coleman, Raymond	000-44-3008	PFC
Comet, Roger	000-44-1007	PFC
Crippie, Michael	000-44-4002	SGT
Cunningham, Pam	999-44-2001	1SG
Cupid, Raymond	000-44-1006	MSG
Dancer, Archie	000-44-1003	1LT
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC
Gunner, Dennis	000-44-3001	1LT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register**
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Select Unit Ledger, click the print button



100 %

1

Close

### Drug Testing Program Testing Register

Test Pool: Headquarters CO  
11/19/2002 2:09:40 PM  
IU

Date of Collection T/M/Y	Batch And Specimen #	Tested Members Rank, Printed Name, SSN Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
20/11/2002	Batch: Spec: 0003 001	PFC Atwater, Raymond 000-44-3004	IU		
20/11/2002	Batch: Spec: 0003 002	CPT Boss, Timothy 000-44-4001	IU		
20/11/2002	Batch: Spec: 0003 003	1SG Bradley, Tom 000-44-4003	IU		
20/11/2002	Batch: Spec: 0003 004	SSG Brewer, Jimmy 000-44-4008	IU		
20/11/2002	Batch: Spec: 0003 005	PVT Chipper, Christine 999-44-3001	IU		
20/11/2002	Batch: Spec: 0003 006	SPC Clinton, Gloria 999-44-4003	IU		
20/11/2002	Batch: Spec: 0003 007	2LT Cohen, William 000-44-3002	IU		
	Batch: Spec:	PFC Coleman, Raymond 000-44-3008	IU		
			000-44-1007	IU	
			000-44-4002	IU	

**Print form and  
close out**

Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Bass, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chopper, Christine	999-44-3001	PVT
Climon, Gloria	999-44-4003	SPC
Cohen, William	000-44-3002	2LT
Coleman, Raymond	000-44-3008	PFC
Comet, Roger	000-44-1007	PFC
Cripple, Michael	000-44-4002	SGT
Cunningham, Pam	999-44-2001	1SG
Cupid, Raymond	000-44-1006	MSG
Dancer, Archie	000-44-1003	1LT
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC
Gunner, Dennis	000-44-3001	1LT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Select DD Form 2624, click the print button



100 %



Close

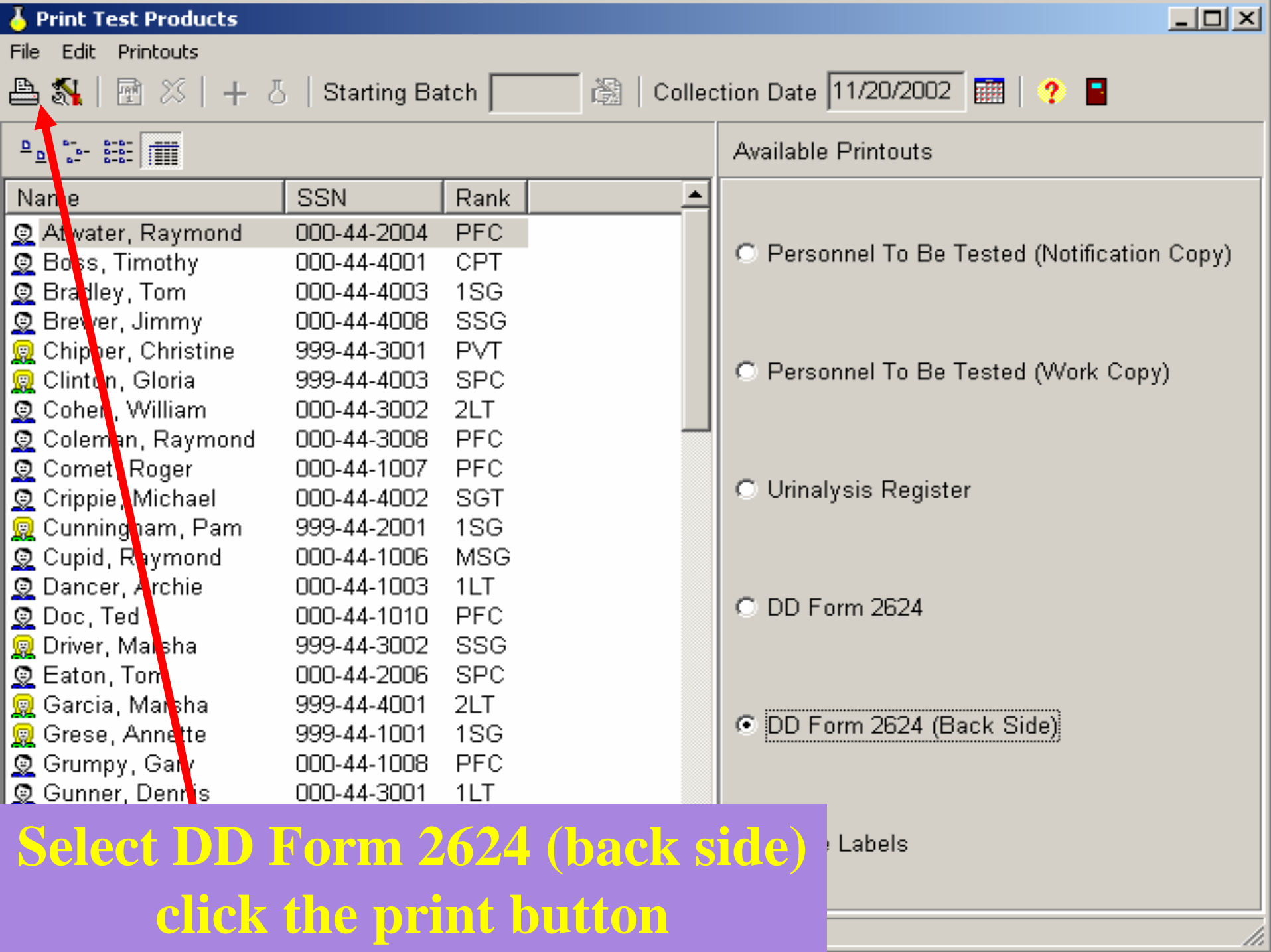
SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT ASAP		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHelon) Test Pool				A. LABORATORY CONDUCTING TESTING Triple	
3. ASSESSMENT CODE TC01	4. UNIT IDENTIFICATION CODE W BGHDS	5. DOCUMENT/BATCH NUMBER 003	6. DATE SPECIMEN COLLECTED 20021120		B. BATCH NUMBER	C. REPORT OF RESULTS	
7. SPECIMEN NUMBER							D. DRUGS TESTED
Version 520							E. ACCESSION NUMBER
8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISCODE	G. RESULT		
001 000-44-2004	IU	A					
002 000-44-4001	IU	B					
003 000-44-4003	IU	B					
004 000-44-4008	IU	B					
005 999-44-3001	IU	A					
006 999-44-4003	IU	A					
007 000-44-3002	IU	B					
008 000-44-3008	IU	A					
009 000-44-1007	IU	A					
010 000-44-4002	IU	B					

Print form and close out

(1) DATE SIGNED	(3) CERTIFYING OFFICIAL (Printed Name and Title)
-----------------	--





# Print Test Products

File Edit Printouts

Starting Batch  Collection Date 11/20/2002

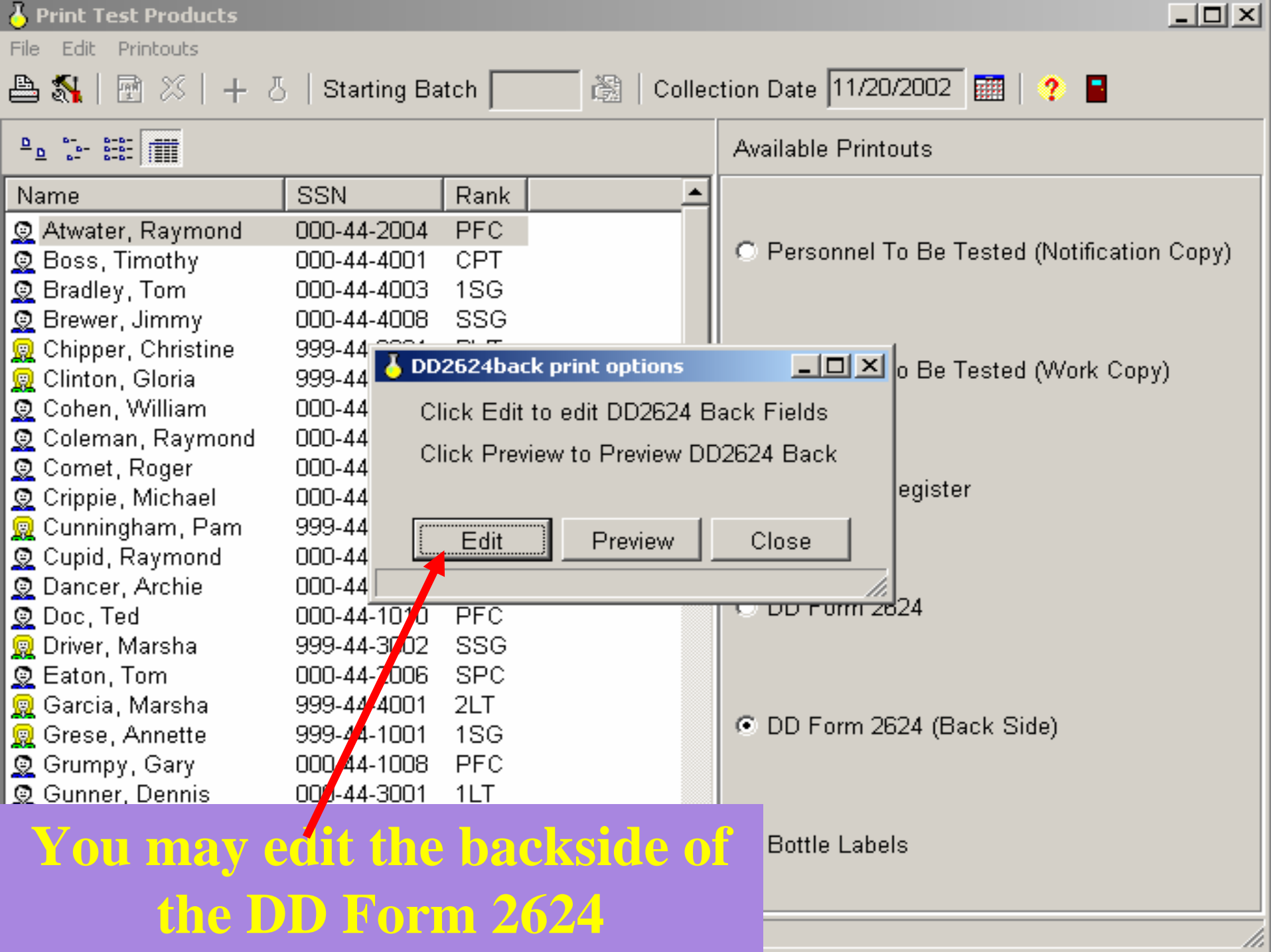
Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Clinton, Gloria	999-44-4003	SPC
Cohen, William	000-44-3002	2LT
Coleman, Raymond	000-44-3008	PFC
Comet, Roger	000-44-1007	PFC
Crippie, Michael	000-44-4002	SGT
Cunningham, Pam	999-44-2001	1SG
Cupid, Raymond	000-44-1006	MSG
Dancer, Archie	000-44-1003	1LT
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC
Gunner, Dennis	000-44-3001	1LT

## Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)

Labels

Select DD Form 2624 (back side)  
click the print button



Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3004	PLT
Clinton, Gloria	999-44-3001	PLT
Cohen, William	000-44-3001	PLT
Coleman, Raymond	000-44-3001	PLT
Comet, Roger	000-44-3001	PLT
Crippie, Michael	000-44-3001	PLT
Cunningham, Pam	999-44-3001	PLT
Cupid, Raymond	000-44-3001	PLT
Dancer, Archie	000-44-3001	PLT
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC
Gunner, Dennis	000-44-3001	1LT

Available Printouts

Personnel To Be Tested (Notification Copy)

Personnel To Be Tested (Work Copy)

Personnel Register

DD Form 2624

DD Form 2624 (Back Side)

Bottle Labels

**DD2624back print options**

Click Edit to edit DD2624 Back Fields

Click Preview to Preview DD2624 Back

**You may edit the backside of the DD Form 2624**

Print Test Products

File Edit Printouts

Starting Batch  Collection Date 11/06/2002

frmEditDD2624back

12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD) a.	Released By b.	Received By c.	Purpose of Change/ Remarks d.
(1) <input type="text" value="20021106"/>	SIGNATURE NAME <input type="text"/>	SIGNATURE NAME <input type="text"/>	<input type="text"/>
(2) <input type="text"/>	SIGNATURE NAME <input type="text"/>	SIGNATURE NAME <input type="text"/>	

copy)

**You may add the UPL name and name of person signing for the specimens, not recommended for the Army**

12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD) a.	Released By b.	Received By c.	Purpose of Change/ Remarks d.
(1) <input type="text" value="20021119"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="John Doe"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Jane Doe"/>	Released from UPL to IBTC
(2) <input type="text" value="20021119"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Jane Doe"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Temp storgage&lt;br/&gt;BLDG 2 RM 3&lt;br/&gt;Container # 1"/>	Placed into temporary storage

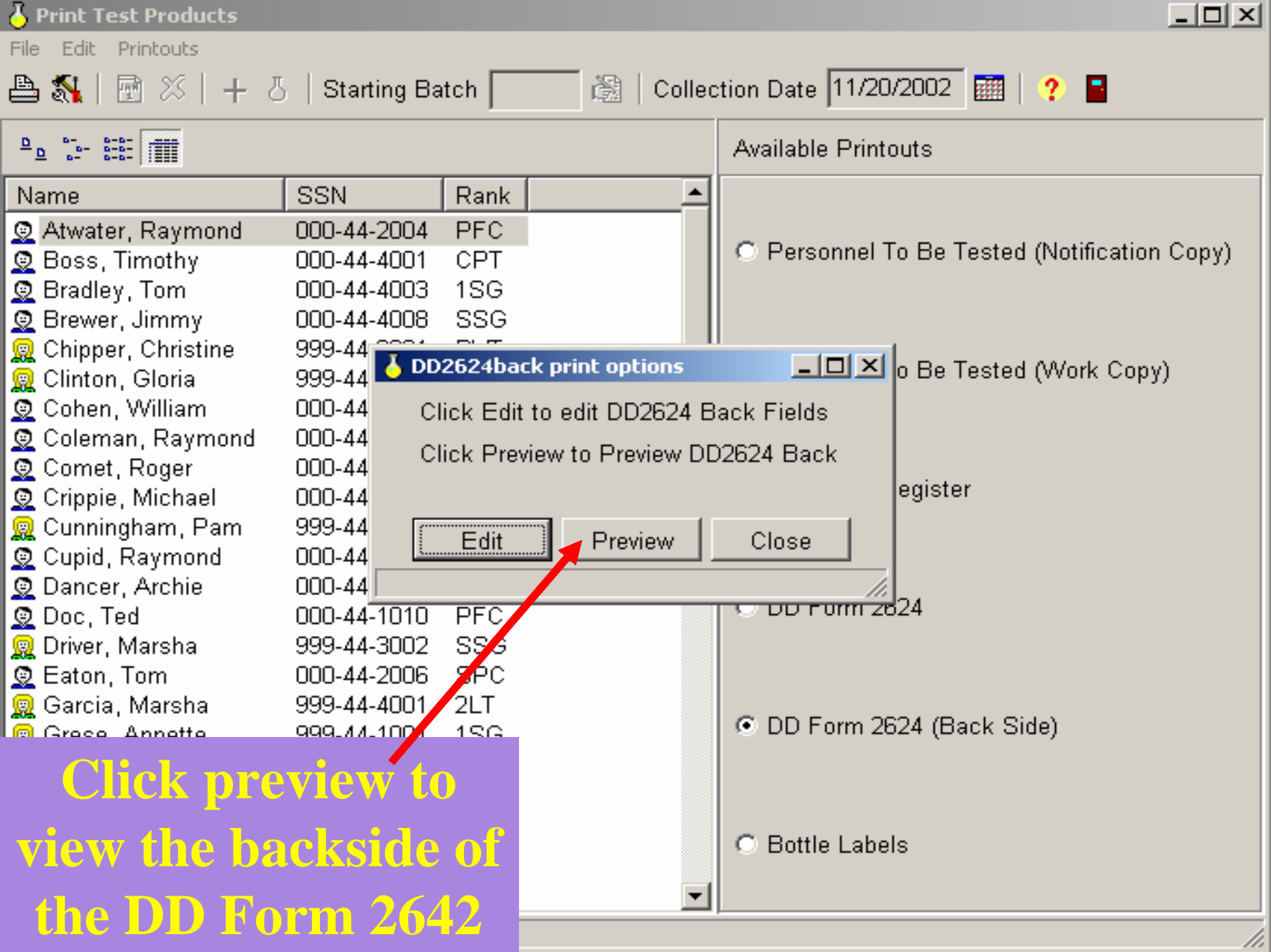
**Demonstrates the backside of the DD Form 2624, the initial date is already filled in**

12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD) a.	Released By b.	Received By c.	Purpose of Change/ Remarks d.
(1) <input type="text" value="20021119"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="John Doe"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Jane Doe"/>	Released from UPL to IBTC
(2) <input type="text" value="20021119"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Jane Doe"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Temp storgage&lt;br/&gt;BLDG 2 RM 3&lt;br/&gt;Container # 1"/>	Placed into temporary storage

OK

Cancel

When complete click  
OK



Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3304	Sgt
Clinton, Gloria	999-44-3304	Sgt
Cohen, William	000-44-3304	Sgt
Coleman, Raymond	000-44-3304	Sgt
Comet, Roger	000-44-3304	Sgt
Crippie, Michael	000-44-3304	Sgt
Cunningham, Pam	999-44-3304	Sgt
Cupid, Raymond	000-44-3304	Sgt
Dancer, Archie	000-44-3304	Sgt
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SFC
Garcia, Marsha	999-44-4001	2LT
Gross, Annette	999-44-1001	1SG

Available Printouts

Personnel To Be Tested (Notification Copy)

Personnel To Be Tested (Work Copy)

Register

DD Form 2624

DD Form 2624 (Back Side)

Bottle Labels

**DD2624back print options**

Click Edit to edit DD2624 Back Fields

Click Preview to Preview DD2624 Back

**Click preview to view the backside of the DD Form 2642**



100%

1

Close

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.	BLOCK	USA	USNMC	USAF
021119	SIGNATURE	SIGNATURE	Released from UPL to BTC	1 SUBMITTING UNIT	Message address of unit submitting urine samples		
	NAME John Doe	NAME Jane Doe		2 ADDITIONAL SERVICE INFORMATION (SEDO NO)	Donot use.	Message address of second echelon commander (when submitting unit reports)	Optional. May be used to identify the base POC.
021119	SIGNATURE	SIGNATURE	Placed into temporary storage	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.
	NAME Jane Doe	NAME Temp's storage BLDG 2 RM3		4 UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		Donot use.
04	SIGNATURE	SIGNATURE		5 DOCUMENT/BATCH NUMBER	Donot use.	Enter the locally assigned batch number. Batch batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex: 501). Comprises the middle portion of the full 10-character BIDN assigned to each.
	NAME	NAME		6 DATESPECIMEN	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
09	SIGNATURE	SIGNATURE		7 SPECIMEN	Use number pre-printed on form	Enter 3-digit requested specimen number (last 3)	
	NAME	NAME		8 COMPLETESSN	Full SSN (or person ID) when sample obtained.		
09	SIGNATURE	SIGNATURE		9 TEST BASIS	Indicate the testing premise to conduct the collection.		
	NAME	NAME		10 TEST	Military: A = ET - CA B = CS to CIB Civilian only: C = FDP Aviation D = FDP Coast Patrol  F = FD ADAPCP Staff G = other FDP N = other military	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Serids; O = Other drugs - Provide derivation in attached message.
07	SIGNATURE	SIGNATURE		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		N if used.

**NOTE: Turn DD Form 2624 over to print backside**

12. CHAIN OF CUSTODY (LINE 0)

a. DATE - Date of collection/shipment.  
 b. RELEASED BY - Signature and printed or typed full name of the analyst/ 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: When custody of specimens changes other than for shipment (unless hand carried to the lab), each change of custody requires the number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody. In comment block (d), the number of signatures must equal the number of blocks in (b) and (c).



100%



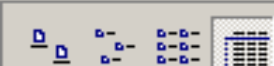
Close

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.	LOCK	USA	USNMC	USAF	
021119	SIGNATURE	SIGNATURE	Released from UPL to BTC	1	Message address of unit submitting urine samples			
	NAME John Doe	NAME Jane Doe		2	ADDITIONAL SERVICE INFORMATION (SEDO NO)	Donot use.	Message address of second echelon commander (when submitting unit reports)	Optional. May be used to identify the base POC.
021119	SIGNATURE	SIGNATURE	Placed into temporary storage	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.
	NAME Jane Doe	NAME Temp storage BLDG 2 RM3		4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		Donot use.
021119	SIGNATURE	SIGNATURE		5	DOCUMENT/BATCH NUMBER	Donot use.	Enter the locally assigned batch number. Batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex: 501). Comprises the middle portion of the full 10-character BIN assigned to each.
	NAME	NAME		6	DATE SPECIMEN	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
021119	SIGNATURE	SIGNATURE		7	SPECIMEN	Use number pre-printed on form	Enter 3-digit requested specimen number (last 3)	
	NAME	NAME		8	COMPLETESM	Full SM (or person) on whom sample obtained.		
021119	SIGNATURE	SIGNATURE		9	TEST BASE	Indicate the testing premise to conduct the collection.		
	NAME	NAME		10	TEST	Military: A = ET - CA B = ES to CIB Civilian only: C = FDP Aviation D = FDP Coast Police  F = FD ADAPCP Salt G = other FDP N = other nonmilitary	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide derivation in attached message.
021119	SIGNATURE	SIGNATURE		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		N/A if used.
	NAME	NAME		12. CHAIN OF CUSTODY (LINE 0)				

Once printed, close out form

a. DATE - Date of collection/shipment.  
 b. RELEASED BY - Signature and printed or typed full name of the analyst/ coordinator having custody of the samples.  
 c. RECEIVED BY - Use only if physical change of custody occurring prior to shipment. Otherwise leave blank.  
 d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.  
 Note: When custody of specimens changes other than for shipment (unless hand carried to the lab), each change of custody requires the number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody. In comment block (d), the number of samples received must equal the number of samples released.





Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3304	Sgt
Clinton, Gloria	999-44-3304	Sgt
Cohen, William	000-44-3304	Sgt
Coleman, Raymond	000-44-3304	Sgt
Comet, Roger	000-44-3304	Sgt
Crippie, Michael	000-44-3304	Sgt
Cunningham, Pam	999-44-3304	Sgt
Cupid, Raymond	000-44-3304	Sgt
Dancer, Archie	000-44-3304	Sgt
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC
Gunner, Dennis	000-44-3001	1LT

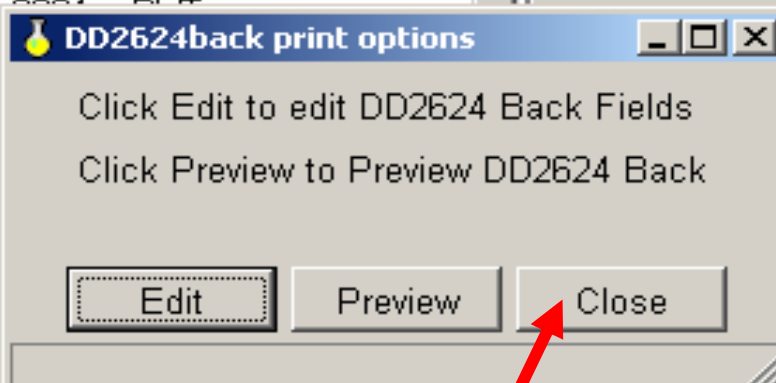
## Available Printouts

 Personnel To Be Tested (Notification Copy) Personnel To Be Tested (Work Copy)

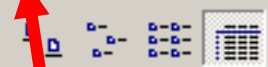
Register

 DD Form 2624 DD Form 2624 (Back Side)

Bottle Labels



**When finished click the close button**

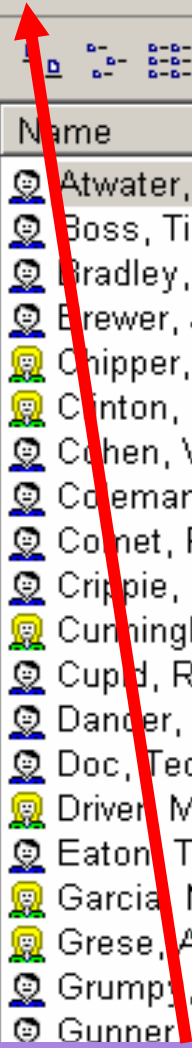


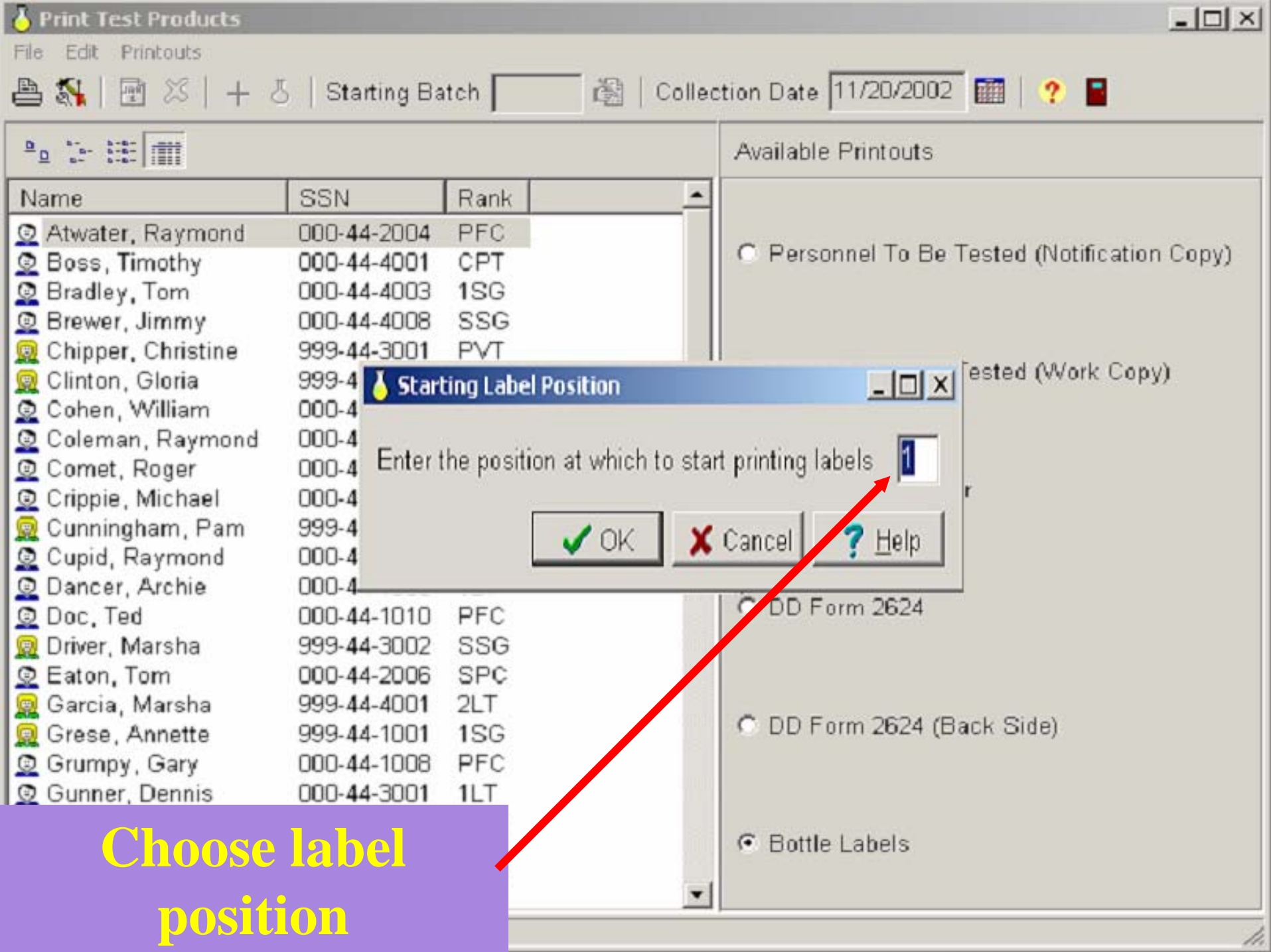
Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Cinton, Gloria	999-44-4003	SPC
Cohen, William	000-44-3002	2LT
Coleman, Raymond	000-44-3008	PFC
Connet, Roger	000-44-1007	PFC
Crippie, Michael	000-44-4002	SGT
Cunningham, Pam	999-44-2001	1SG
Cupid, Raymond	000-44-1006	MSG
Dander, Archie	000-44-1003	1LT
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC
Gunner, Dennis	000-44-3001	1LT

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels**

Select Bottle labels  
click the print button





Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Clinton, Gloria	999-4	
Cohen, William	000-4	
Coleman, Raymond	000-4	
Comet, Roger	000-4	
Crippie, Michael	000-4	
Cunningham, Pam	999-4	
Cupid, Raymond	000-4	
Dancer, Archie	000-4	
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1008	PFC
Gunner, Dennis	000-44-3001	1LT

- Available Printouts
- Personnel To Be Tested (Notification Copy)
  - Personnel To Be Tested (Work Copy)
  - DD Form 2624
  - DD Form 2624 (Back Side)
  - Bottle Labels

**Starting Label Position**

Enter the position at which to start printing labels

**Choose label position**

Name	SSN	Rank
Atwater, Raymond	000-44-2004	PFC
Boss, Timothy	000-44-4001	CPT
Bradley, Tom	000-44-4003	1SG
Brewer, Jimmy	000-44-4008	SSG
Chipper, Christine	999-44-3001	PVT
Clinton, Gloria	999-44-3002	PVT
Cohen, William	000-44-3003	PVT
Coleman, Raymond	000-44-3004	PVT
Comet, Roger	000-44-3005	PVT
Crippie, Michael	000-44-3006	PVT
Cunningham, Pam	999-44-3007	PVT
Cupid, Raymond	000-44-3008	PVT
Dancer, Archie	000-44-3009	PVT
Doc, Ted	000-44-1010	PFC
Driver, Marsha	999-44-3002	SSG
Eaton, Tom	000-44-2006	SPC
Garcia, Marsha	999-44-4001	2LT
Grese, Annette	999-44-1001	1SG
Grumpy, Gary	000-44-1005	PFC
Gunner, Dennis	000-44-3001	1LT
Heath, Tom	000-44-3005	PFC
Hicks, William	000-44-3006	PFC

Available Printouts

Personnel To Be Tested (Notification Copy)

Personnel To Be Tested (Work Copy)

DD Form 2624

DD Form 2624 (Back Side)

Bottle Labels

Starting Label Position

Enter the position at which to start printing labels

1

Click OK



100 %



1

Close

Tape Here

SM \_\_\_\_\_  
UPL \_\_\_\_\_

BAC: TC01 UIC: BGHDS  
11/20/2002

999-44-2004

000-44-2004

IU 0003 001

Tape Here

Tape Here

SM \_\_\_\_\_  
UPL \_\_\_\_\_

BAC: TC01 UIC: BGHDS  
11/20/2002

999-44-4003

IU 0003 006

Tape Here

Tape Here

SM \_\_\_\_\_  
UPL \_\_\_\_\_

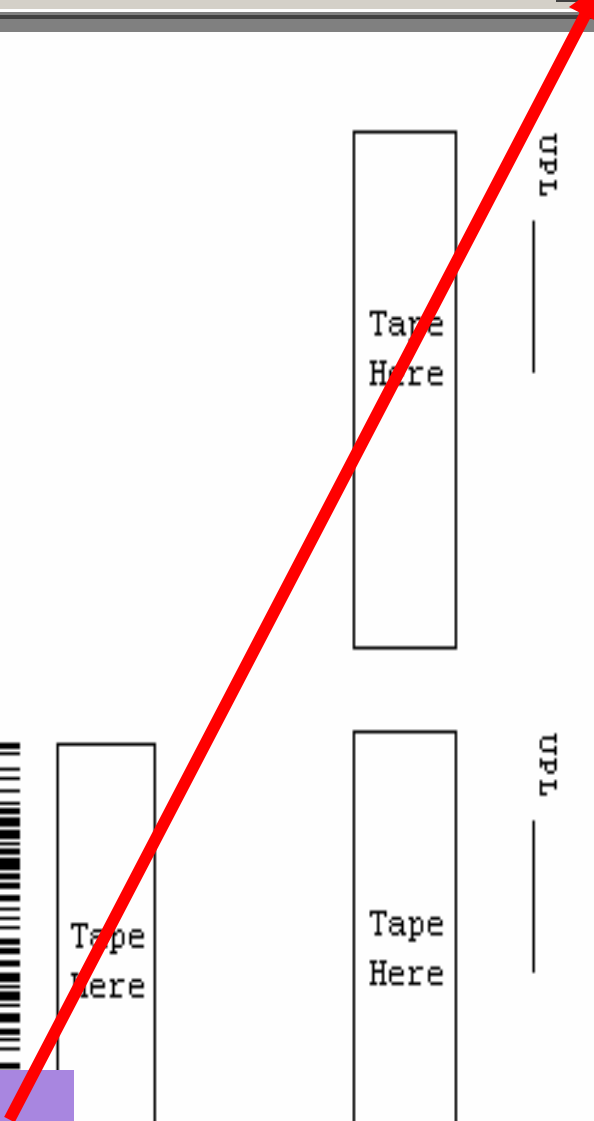
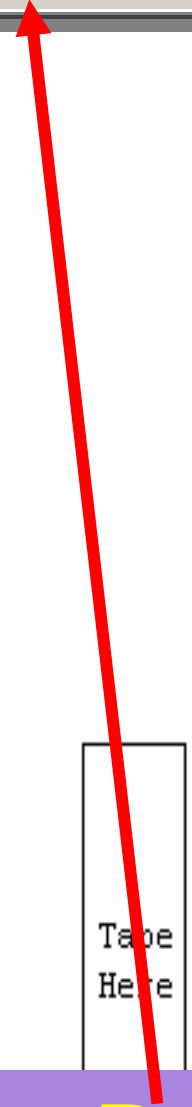
BAC: TC01 UIC: BGHDS  
11/20/2002

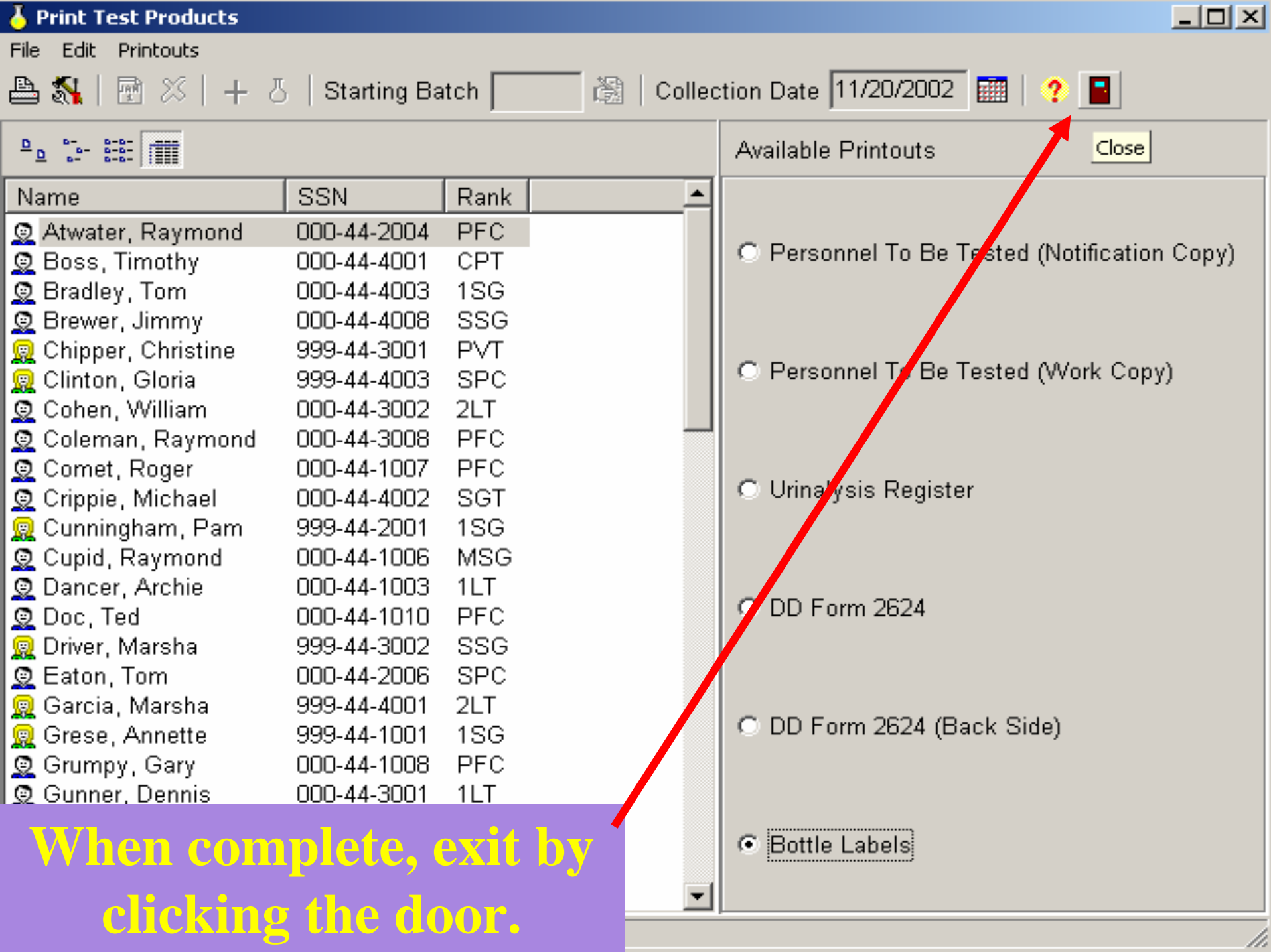
999-44-3001

IU 0003 005

Tape Here

**Print labels and close out**







Conduct Testing



Samples Due



Collect Samples



Samples Collected



Positive Results



Personnel Roster



Pool Maintenance



System Utilities



Quit

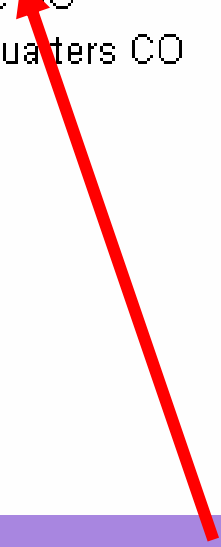


To conduct any type of testing click Conduct Testing

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
  - Test Pool
    - Alpha CO
    - Bravo CO**
    - Charlie CO
    - Headquarters CO



Other Testing Options

Testing Premise: Random Testing (IR)

Collection Date: 11/19/2002

Randomization Method:  Percentage  Total Number

Testing Percentage: 10

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today.

**Choose correct pool for testing by highlighting the pool**

Prev Next  Finish  Cancel  Help



The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
- Test Pool
  - Alpha CO
  - Bravo CO
  - Charlie CO
  - Headquarters CO

Other Testing Options

Testing Premise: Random Testing (IR)

Collection Date: [Empty]

Randomization Method: [Empty]

Testing Percentage: [Empty]

Use Subordinate Pools:

Random testing has not been conducted for the selected pool today.

Dropdown menu options:  
Random Testing (IR)  
Unit Sweep (IU)  
CO Selected Random Testing (IR)  
Command Directed (CO)  
Probable Cause (PO)  
Consent (VO)  
**Rehabilitation (RO)**  
Mishap Investigation (AO)

Choose correct testing premise (example of RO)

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

Other Testing Options

- Global
- Test Pool
  - Alpha CO
  - Bravo CO
  - Charlie CO
  - Headquarters CO

Testing Premise

Rehabilitation (RO)

Collection Date

11/19/2002

Randomization Method

Percentage  Total Number

Testing Percentage

N/A

Use Subordinate Pools

Choose correct collection date

Prev

Next

Finish

Cancel

Help

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

- Select A Pool For Testing
- Global
    - Test Pool
      - Alpha CO
      - Bravo CO
      - Charlie CO
      - Headquarters CO

Other Testing Options

Testing Premise: Rehabilitation (RO)

Collection Date: 11/21/2002

Randomization Method: [ ]

Testing Percentage: [ ]

Use Subordinate Pools: [ ]

November, 2002

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/19/2002

Choose correct collection date

The options on this screen control how the urinalysis test will be performed. You may change some of these options on this form to alter the testing process.

Select A Pool For Testing

- Global
  - Test Pool
    - Alpha CO
    - Bravo CO
    - Charlie CO
    - Headquarters CO

Other Testing Options

Testing Premise: Rehabilitation (RO)

Collection Date: 11/21/2002

Randomization Method:  Percentage  Total Number

Testing Percentage: N/A

Use Subordinate Pools:

**If you have all the correct information click next**

Navigation buttons:





Available members can be sorted by clicking on the Column Titles. Use the arrow buttons to include or remove members from the test.

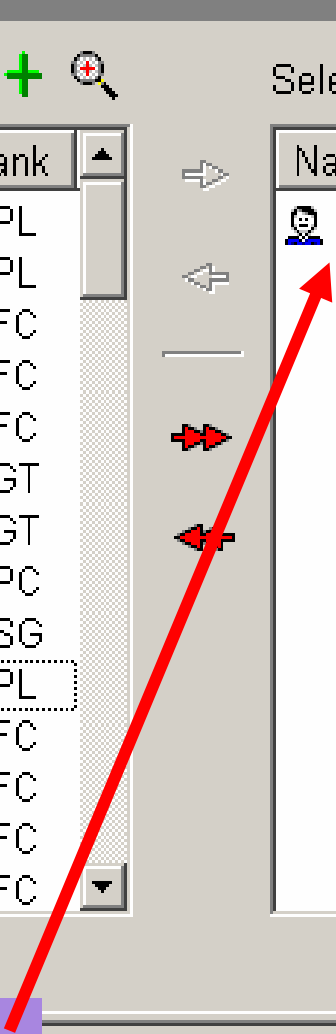
Available



Name	SSN	Rank	
Clum Roger	000-22-1001	CPL	
Michael Matthew	000-22-1002	CPL	
Atkinson Matthew	000-22-1003	PFC	
Sloan Ted	000-22-1004	PFC	
Stallworth Archie	000-22-1005	PFC	
Prichard Raymond	000-22-1006	SGT	
Ruiz John	000-22-1007	SGT	
Pearson Gary	000-22-1008	SPC	
Cooper Archie	000-22-1009	SSG	
Hoffman Mark	000-22-2002	CPL	
Ward George	000-22-2003	PFC	
Youngblood Ted	000-22-2004	PFC	
Lennen John	000-22-2005	PFC	
O'Brien Raymond	000-22-2006	PFC	

Selected

Name	SSN	Rank	
Foxx David	000-22-2001	CPL	

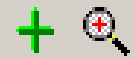


**Soldier is now selected for testing**

Available members can be sorted by clicking on the Column headers. To remove members from the test, click on the minus sign (-) in the column headers.

**Continue to all soldiers are selected**

Available



Name	SSN	Rank	
Faulk Marshall	000-22-4007	SGT	
Warner David	000-22-4008	SGT	
Favre Brett	000-22-4009	SPC	
Levens Jimmy	000-22-4010	SPC	
Jackson Jimmy	000-22-4011	SSG	
India Paula	999-22-1001	SGT	
Juliet Christine	999-22-1002	SGT	
Mike Susan	999-22-2001	CPL	
November Annette	999-22-2002	SFC	
Papa Alice	999-22-3002	PFC	
Quebec Paula	999-22-3003	SGT	
Romeo Gloria	999-22-3004	SPC	
Kilo Annette	999-22-4001	PFC	
Lima Paula	999-22-4002	SGT	



Name	SSN	Rank	
Atkinson Matthew	000-22-1003	PFC	
Foxx David	000-22-2001	CPL	
Oscar Susan	999-22-3001	CPL	

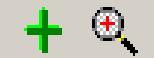
**Click the finish button**

Navigation buttons: Prev Next Finish Cancel Help



Available members can be sorted by clicking on the Column Titles. Use the arrow buttons to include or remove members from the test.

Available



Selected

Name	SSN	Rank
Faulk Marshall	000-22-4007	SGT
Warner David	000-22-4008	SGT
Fa	000-22-4009	SGT
Le		
Ja		
In		
Ju		
M		
No		
Papa Anice	999-22-3002	PFC
Quebec Paula	999-22-3003	SGT
Romeo Gloria	999-22-3004	SPC
Kilo Annette	999-22-4001	PFC
Lima Paulo	000-22-4002	SGT



Name	SSN	Rank
Atkinson Matthew	000-22-1003	PFC
Foxx David	000-22-2001	CPL

**Information** [X]

You have finished specifying test information, the test will now be created. Are you sure you wish to continue?



The computer will prompt you again to ensure you are ready to test if sure click yes

Name	SSN	Rank
Atkinson, Matthew	000-22-1003	PFC
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

- Available Printouts
- Personnel To Be Tested (Notification Copy)
  - Personnel To Be Tested (Work Copy)
  - Urinalysis Register
  - DD Form 2624
  - DD Form 2624 (Back Side)
  - Bottle Labels

You are now at the print Products screen

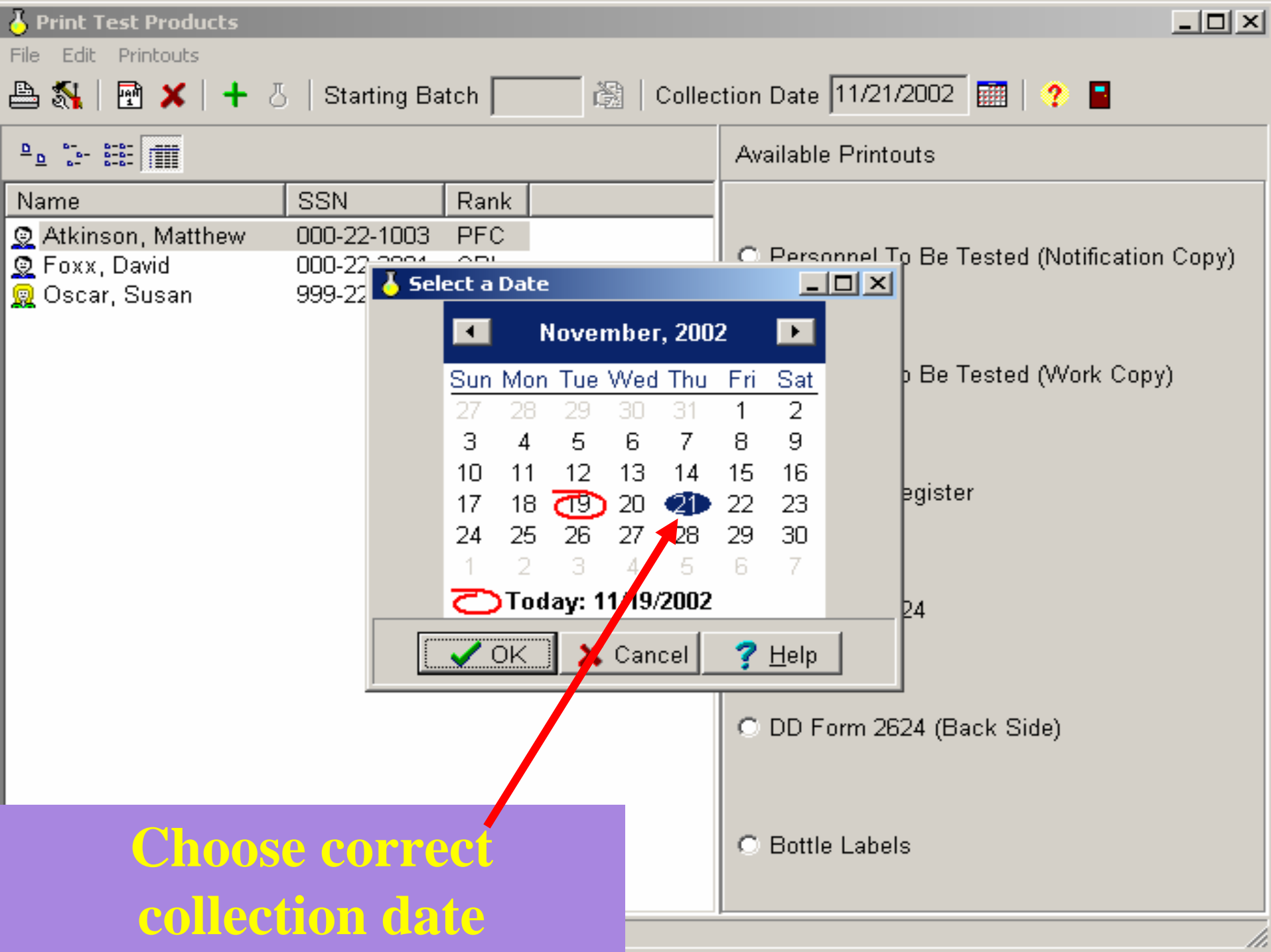
Name	SSN	Rank
Atkinson, Matthew	000-22-1003	PFC
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624

**You may again ensure you have the correct collection date, you may change it at this time by clicking on the calendar**

(Back Side)



Name	SSN	Rank
Atkinson, Matthew	000-22-1003	PFC
Foxx, David	000-22-2884	SP4
Oscar, Susan	999-22-1111	SP4

Select a Date

November, 2002

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/19/2002

OK Cancel Help

- Available Printouts
- Personnel To Be Tested (Notification Copy)
  - Personnel To Be Tested (Work Copy)
  - Register
  - DD Form 2624 (Back Side)
  - Bottle Labels

Choose correct collection date

Add/ Change Due Back Dates

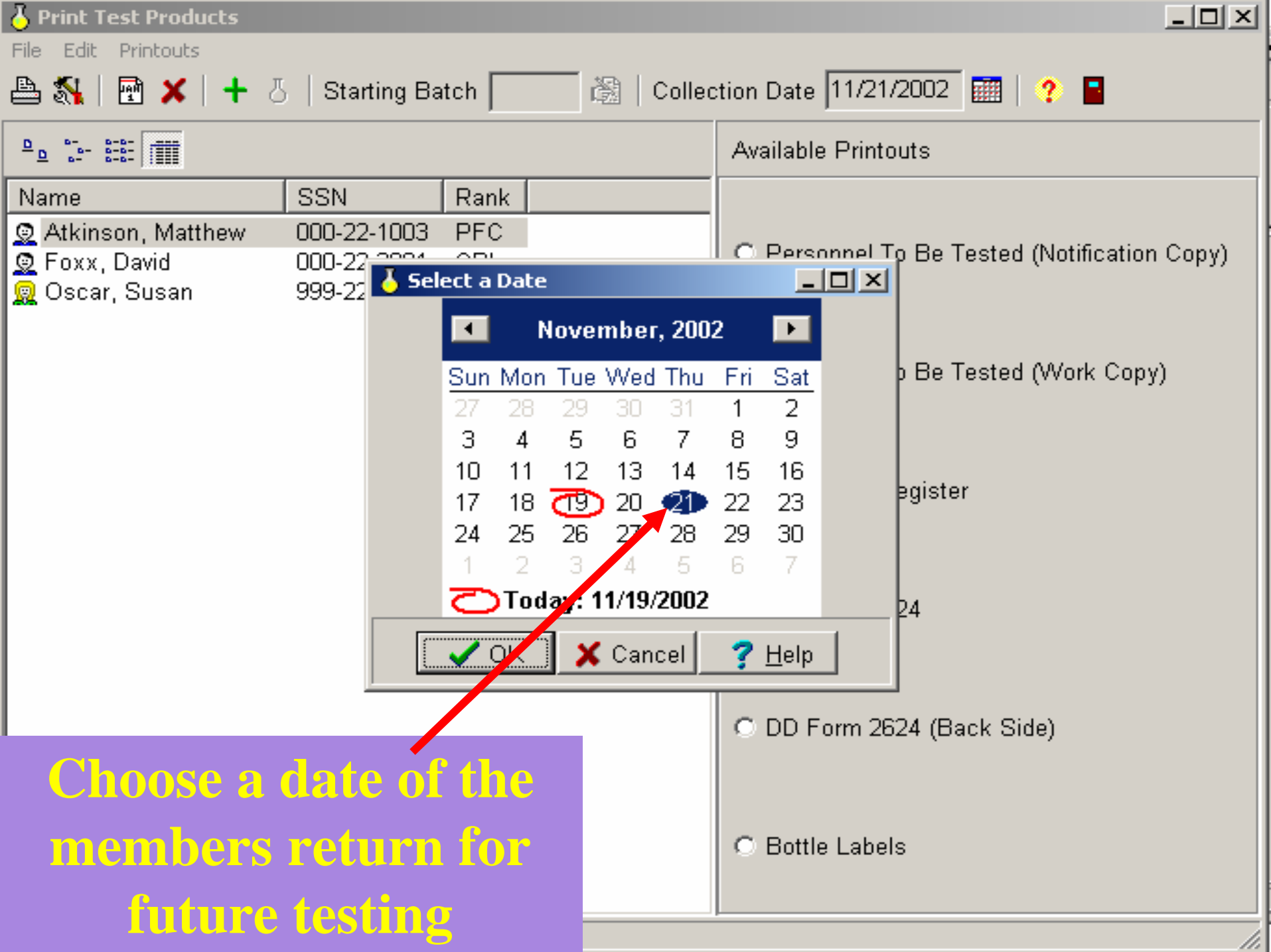
Name	SSN	Rank
Atkinson, Matthew	000-22-1003	PFC
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624

**If someone is unavailable for testing you may give the member a due back date, by double clicking on the calendar**

(Back Side)



Name	SSN	Rank
Atkinson, Matthew	000-22-1003	PFC
Foxx, David	000-22-2884	SP4
Oscar, Susan	999-22-1111	SP4

Select a Date

November, 2002

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 11/19/2002

OK Cancel Help

Available Printouts

Personnel To Be Tested (Notification Copy)

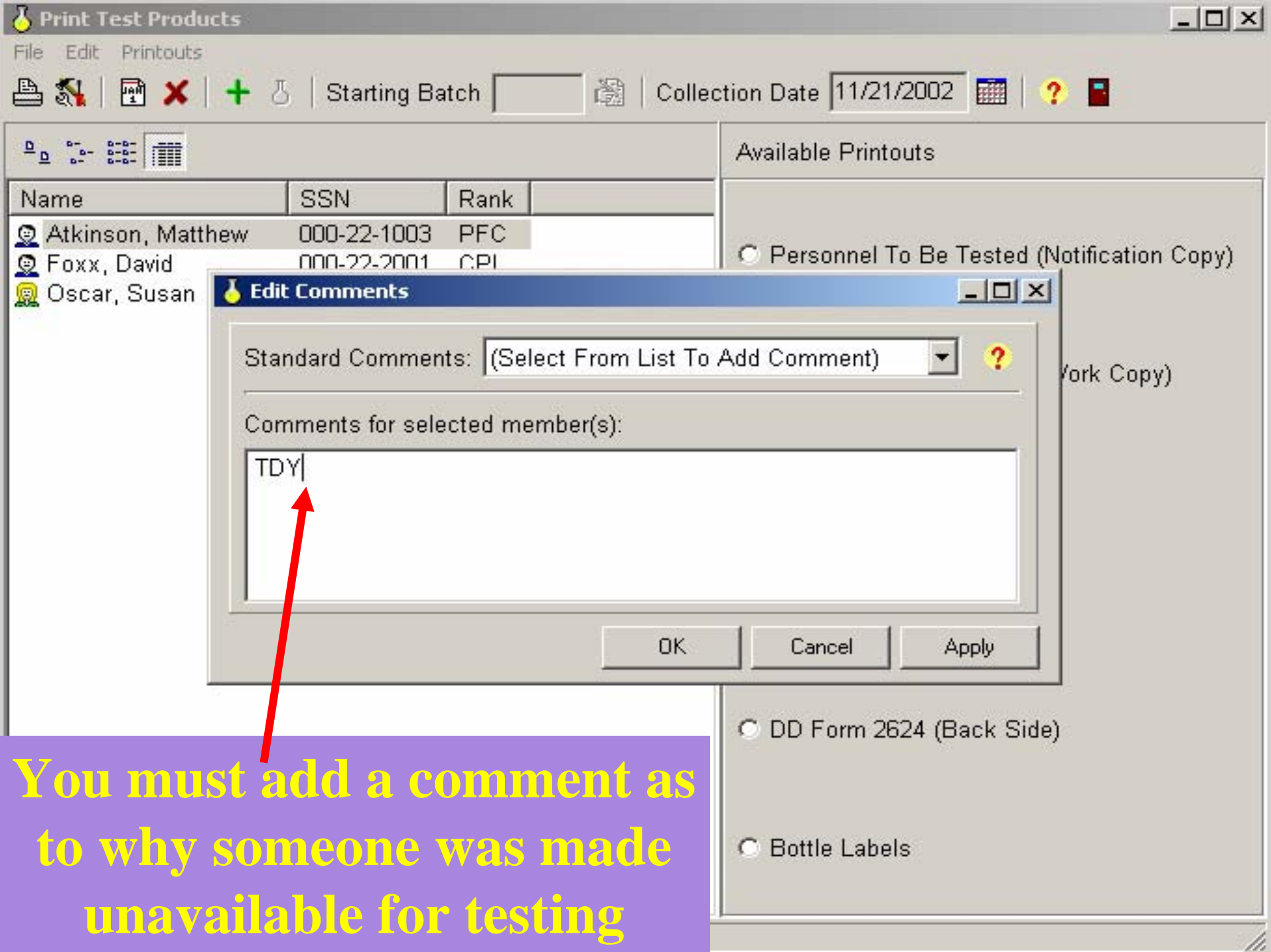
Personnel To Be Tested (Work Copy)

DD Form 2624 (Front Side)

DD Form 2624 (Back Side)

Bottle Labels

Choose a date of the members return for future testing



Name	SSN	Rank
Atkinson, Matthew	000-22-1003	PFC
Foxx, David	000-22-2001	CPI
Oscar, Susan		

Available Printouts

Personnel To Be Tested (Notification Copy)

**Edit Comments**

Standard Comments: (Select From List To Add Comment)

Comments for selected member(s):

TDY

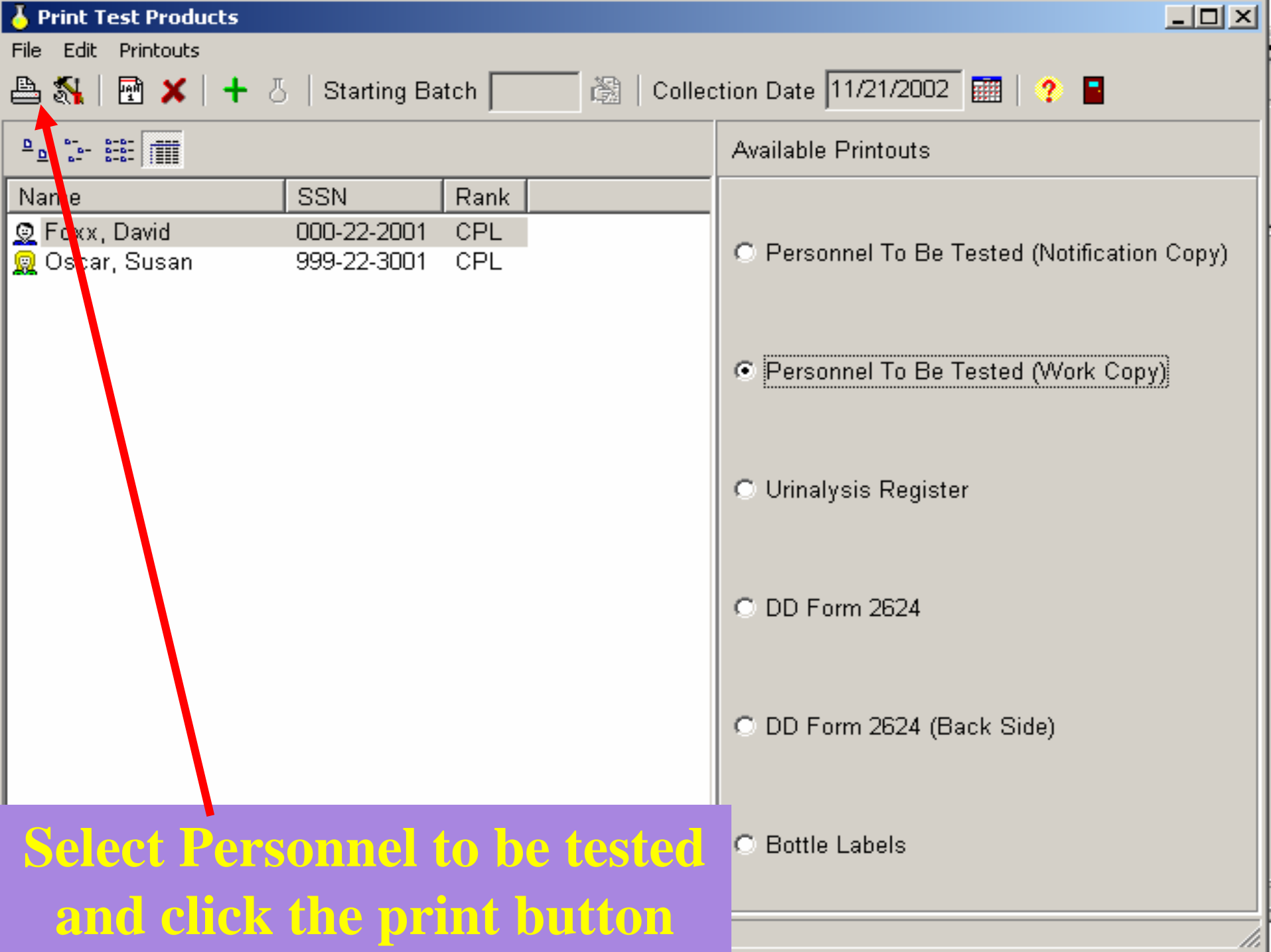
OK Cancel Apply

ork Copy)

DD Form 2624 (Back Side)

Bottle Labels

**You must add a comment as to why someone was made unavailable for testing**



Name	SSN	Rank
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Select Personnel to be tested and click the print button



100% 1 Close

### Drug Testing Program

Testing Subjects

Bravo CO

Working Copy

11/21/2002





Pool Name	Name	Pre	SSN	Rank	Due Back	Rationale
Test Pool\Bravo CO	Foxx, David	RO	000-22-2001	CPL	_____	_____
Test Pool\Bravo CO	Oscar, Susan	RO	999-22-3001	CPL	_____	_____



**Print form and close out**

# Print Test Products

File Edit Printouts

      Starting Batch   Collection Date    

Name	SSN	Rank
 Fox, David	000-22-2001	CPL
 Oscar, Susan	999-22-3001	CPL

## Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register**
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

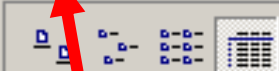
**Select Unit Ledger, click the print button**



Drug Testing Program  
Testing Register

Test Pool Bravo CO  
11/19/2002 3:50:31 PM  
RO

Date of Collection T/D/MY	Batch And Specimen #	Tested Members Rank, Printed Name, SSN Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
21/11/2002	Batch: Spec: 0001 001	CPL Foxx, David 000-22-2001	RO		
21/11/2002	Batch: Spec: 0001 002	CPL Oscar, Susan 999-22-3001	RO		

**Print form and close out**



Name	SSN	Rank
 Foxx, David	000-22-2001	CPL
 Oscar, Susan	999-22-3001	CPL

## Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Select DD Form 2624,  
click the print button



100 %



1

Close

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

A. LABORATORY CONDUCTING TESTING

1. SUBMITTING UNIT  
ASAP

2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)  
Test Pool

Triple

3. BASE AREA CODE  
TC01

4. UNIT IDENTIFICATION CODE  
W BGHDS

5. DOCUMENT/BATCH NUMBER  
001

6. DATE SPECIMEN COLLECTED  
YYYY MM DD  
20021121

B. BATCH NUMBER

C. REPORT OF RESULTS

Version 520

7. SPECIMEN NUMBER

8. COMPLETE SSN

9. TEST BASIS

10. TEST INFO

11. PRESCREEN

E. DISC CODE

F. ACCESSION NUMBER

G. RESULT

001 000-22-2001

RO

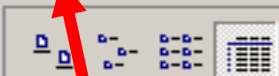
A



002 999-22-3001

RO

A

Print form and close out



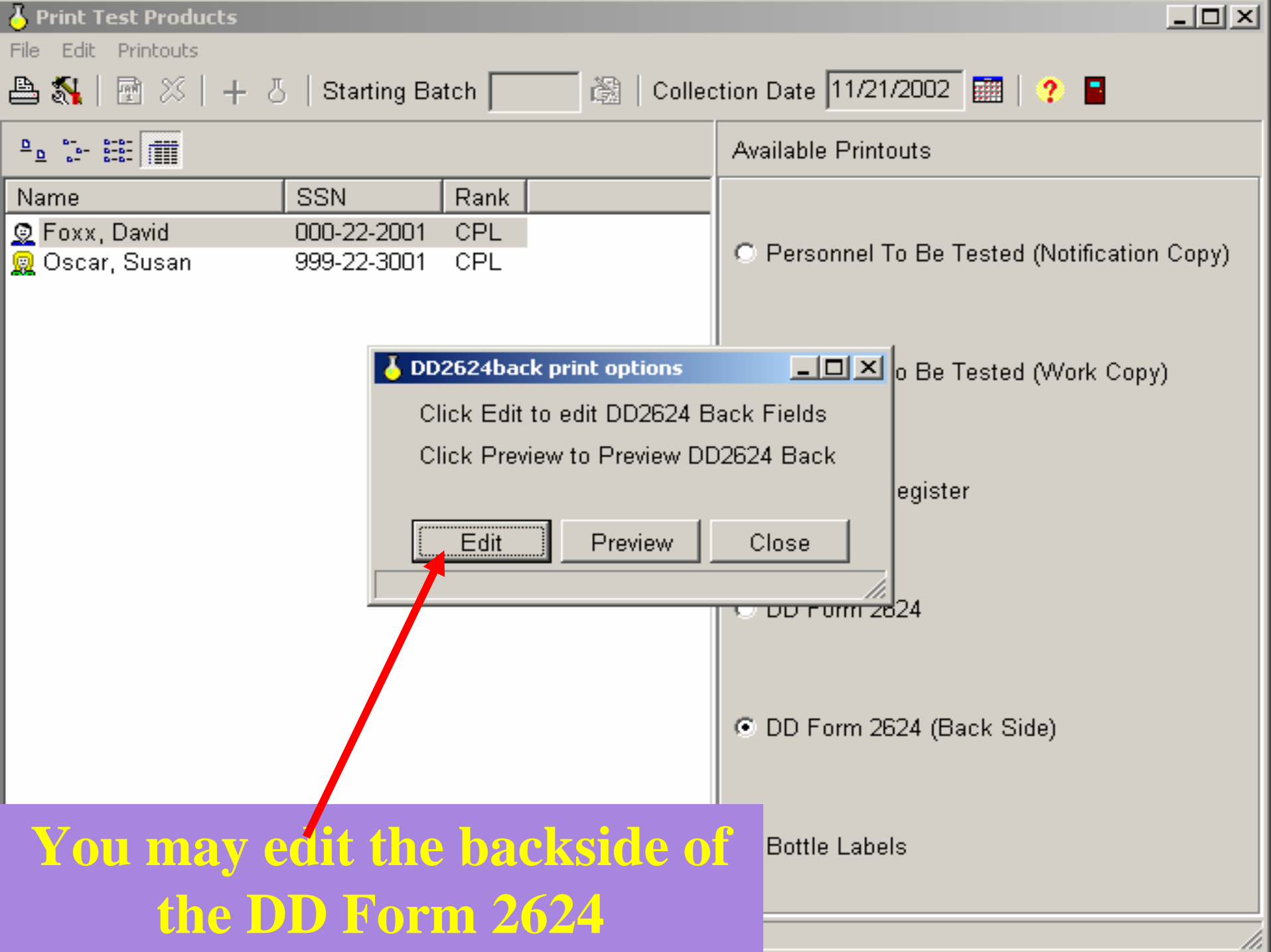
Name	SSN	Rank
 Foxx, David	000-22-2001	CPL
 Oscar, Susan	999-22-3001	CPL

## Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)

Labels

Select DD Form 2624 (back side)  
click the print button



Name	SSN	Rank
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

**DD2624back print options**

Click Edit to edit DD2624 Back Fields  
Click Preview to Preview DD2624 Back

**You may edit the backside of the DD Form 2624**

Print Test Products

File Edit Printouts

Starting Batch  Collection Date 11/06/2002

frmEditDD2624back

12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD) a.	Released By b.	Received By c.	Purpose of Change/ Remarks d.
(1) <input type="text" value="20021106"/>	SIGNATURE NAME <input type="text"/>	SIGNATURE NAME <input type="text"/>	<input type="text"/>
(2) <input type="text"/>	SIGNATURE NAME <input type="text"/>	SIGNATURE NAME <input type="text"/>	

copy)

**You may add the UPL name and name of person signing for the specimens, not recommended for the Army**



12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD) a.	Released By b.	Received By c.	Purpose of Change/ Remarks d.
(1)	SIGNATURE	SIGNATURE	Released from UPL to IBTC
20021119	NAME John Doe	NAME Jane Doe	
(2)	SIGNATURE	SIGNATURE	Placed into temporary storage
20021119	NAME Jane Doe	NAME Temp storgage BLDG 2 RM 3 Container # 1	

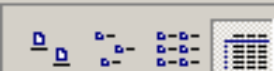
**Demonstrates the backside of the DD Form 2624, the initial date is already filled in**

12. CHAIN OF CUSTODY		LAN	THRU
Date (YYMMDD) a.	Released By b.	Received By c.	Purpose of Change/ Remarks d.
(1) <input type="text" value="20021119"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="John Doe"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Jane Doe"/>	<input type="text" value="Released from UPL to IBTC"/>
(2) <input type="text" value="20021119"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Jane Doe"/>	<b>SIGNATURE</b> <b>NAME</b> <input type="text" value="Temp storgage&lt;br/&gt;BLDG 2 RM 3&lt;br/&gt;Container # 1"/>	<input type="text" value="Placed into temporary storage"/>

OK

Cancel

When complete click  
OK

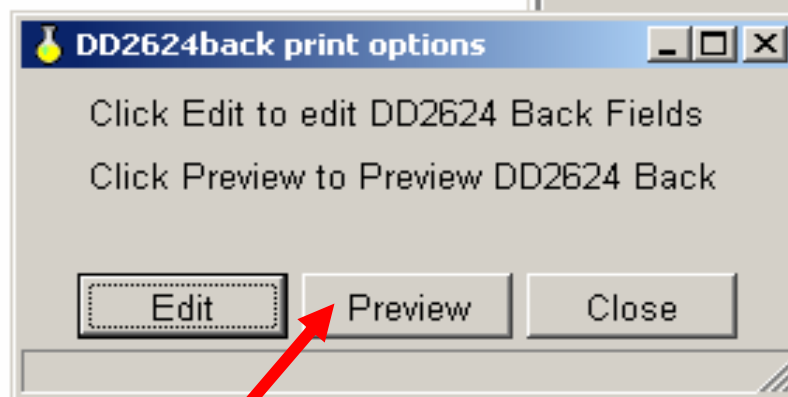


Name	SSN	Rank
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

## Available Printouts

 Personnel To Be Tested (Notification Copy) Personnel To Be Tested (Work Copy)

Register

 DD Form 2624 DD Form 2624 (Back Side) Bottle Labels

**Click preview to  
view the backside of  
the DD Form 2642**



100%

1

Close

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.	BLOCK	USA	USNMC	USAF	
(9)	SIGNATURE	SIGNATURE	Released from UPL to BTC	1	SUBMITTING UNIT Message address of unit submitting urine samples			
021119	NAME John Doe	NAME Jane Doe		2	ADDITIONAL SERVICE INFORMATION (SEDO NO)	Donot use.	Message address of second echelon commander (when submitting unit reports)	Optional. May be used to identify the base POC.
(9)	SIGNATURE	SIGNATURE	Placed into temporary storage	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.
21119	NAME Jane Doe	NAME Temp's storage BLDG 2 RM3		4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		Donot use.
(9)	SIGNATURE	SIGNATURE		5	DOCUMENT/BATCH NUMBER	Donot use.	Enter the locally assigned batch number. Batch batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle portion of the full 10-character BIDN assigned to each.
(4)	NAME	NAME		6	DATE SPECIMEN	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
(9)	SIGNATURE	SIGNATURE		7	SPECIMEN	Use number pre-printed on form	Enter 3-digit requested specimen number (last 3)	
(9)	NAME	NAME		8	COMPLETESN	Full SSN (or person ID) when sample obtained.		
(9)	SIGNATURE	SIGNATURE		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(9)	NAME	NAME		10	TEST	Military: A = ET - CA B = CS to CIB Civilian only: C = FDP Aviation D = FDP Coast Patrol  F = FD ADAPCP Salt G = other FDP N = other military	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide derivation in attached message.
(7)	SIGNATURE	SIGNATURE		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		N if used.

**NOTE: Turn DD Form 2624 over to print backside**

12. CHAIN OF CUSTODY (LINE 1)

a. DATE - Date of collection/shipment.  
 b. RELEASED BY - Signature and printed or typed full name of the analyst/ coordinator having custody of the samples.  
 c. RECEIVED BY - Use only if physical change of custody 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: When custody of specimens changes other than for shipment (unless hand carried to the lab), each change of custody requires the number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody. In comment block (d), the number of samples transferred must appear before the signature and date of the transfer.



100%

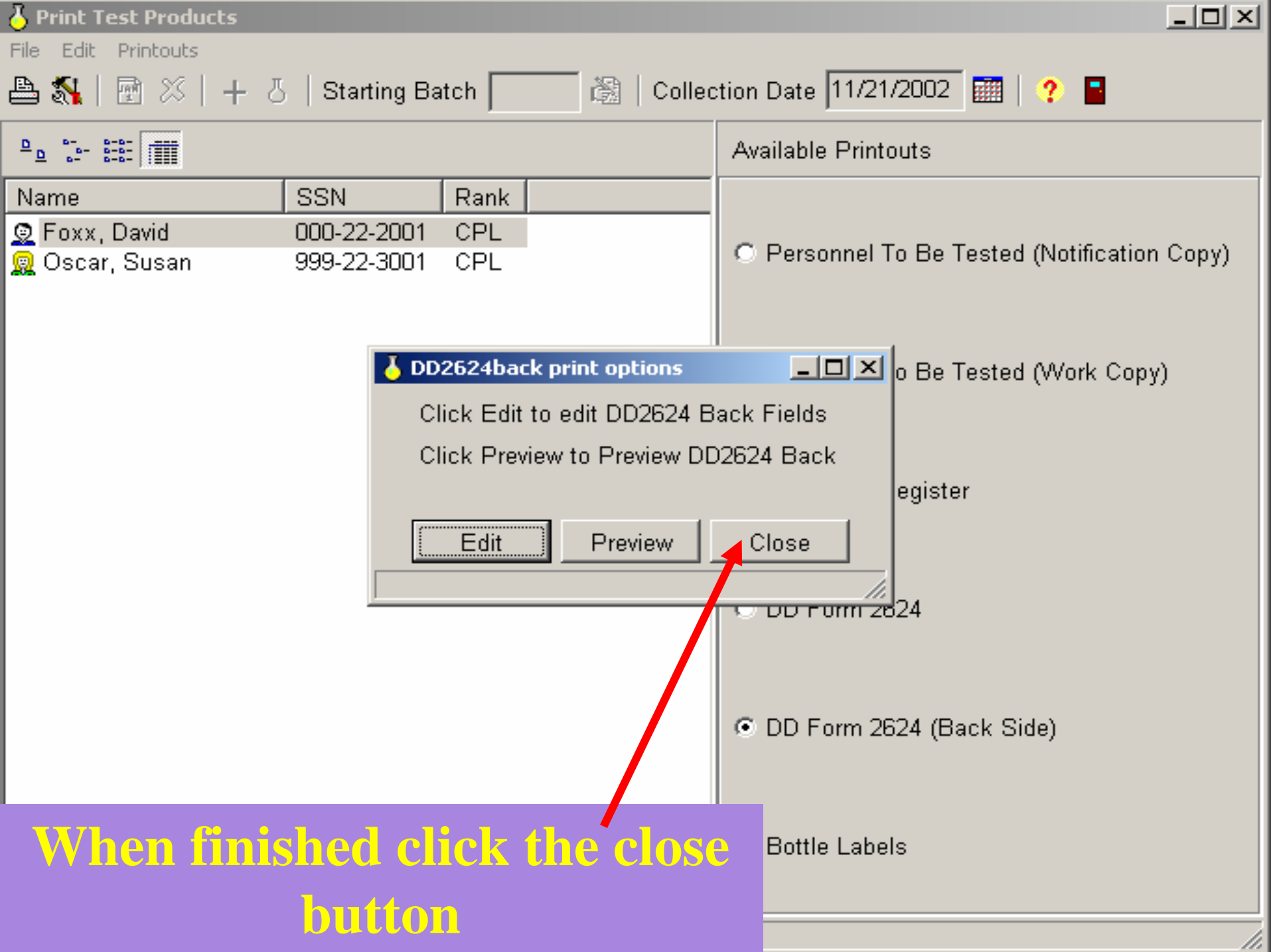


Close

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.	LOCK	USA	USNMC	USAF	
021119	SIGNATURE	SIGNATURE	Released from UPL to BTC	1	Message address of unit submitting urine samples			
	NAME John Doe	NAME Jane Doe		2	ADDITIONAL SERVICE INFORMATION (SEDO NO)	Donot use.	Message address of second echelon commander (when submitting unit reports)	Optional. May be used to identify the base POC.
021119	SIGNATURE	SIGNATURE	Placed into temporary storage	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.
	NAME Jane Doe	NAME Temp storage BLDG 2 RM3		4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		Donot use.
021119	SIGNATURE	SIGNATURE		5	DOCUMENT/BATCH NUMBER	Donot use.	Enter the locally assigned batch number. Batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex: 501). Comprises the middle portion of the full 10-character BIN assigned to each.
	NAME	NAME		6	DATE SPECIMEN	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
021119	SIGNATURE	SIGNATURE		7	SPECIMEN	Use number pre-printed on form	Enter 3-digit requested specimen number (last 3)	
	NAME	NAME		8	COMPLETESN	Full SSN (or person ID) when sample obtained.		
021119	SIGNATURE	SIGNATURE		9	TEST BASE	Indicate the testing premise to conduct the collection.		
	NAME	NAME		10	TEST	Military: A = ET - CA B = ES to C10 Civilian only: C = FDP Aviation D = FDP Coast Police F = FD ADAPCP Staff G = other FDP N = other nonmilitary	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Serology; O = Other drugs - Provide derivation in attached message.
021119	SIGNATURE	SIGNATURE		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		N/A if used.
	NAME	NAME		12. CHAIN OF CUSTODY (LINE 0)				

Once printed, close out form

a. DATE - Date of collection/shipment.  
 b. RELEASED BY - Signature and printed or typed full name of the analyst/ coordinator having custody of the samples.  
 c. RECEIVED BY - Use only if physical change of custody occurring prior to shipment. Otherwise leave blank.  
 d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.  
 Note: When custody of specimens changes other than for shipment (unless hand carried to the lab), each change of custody requires the number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody. In comment block (d), the number of signatures must equal the number of blocks in (b) and (c).



Name	SSN	Rank
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

**DD2624back print options**

Click Edit to edit DD2624 Back Fields  
Click Preview to Preview DD2624 Back

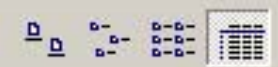
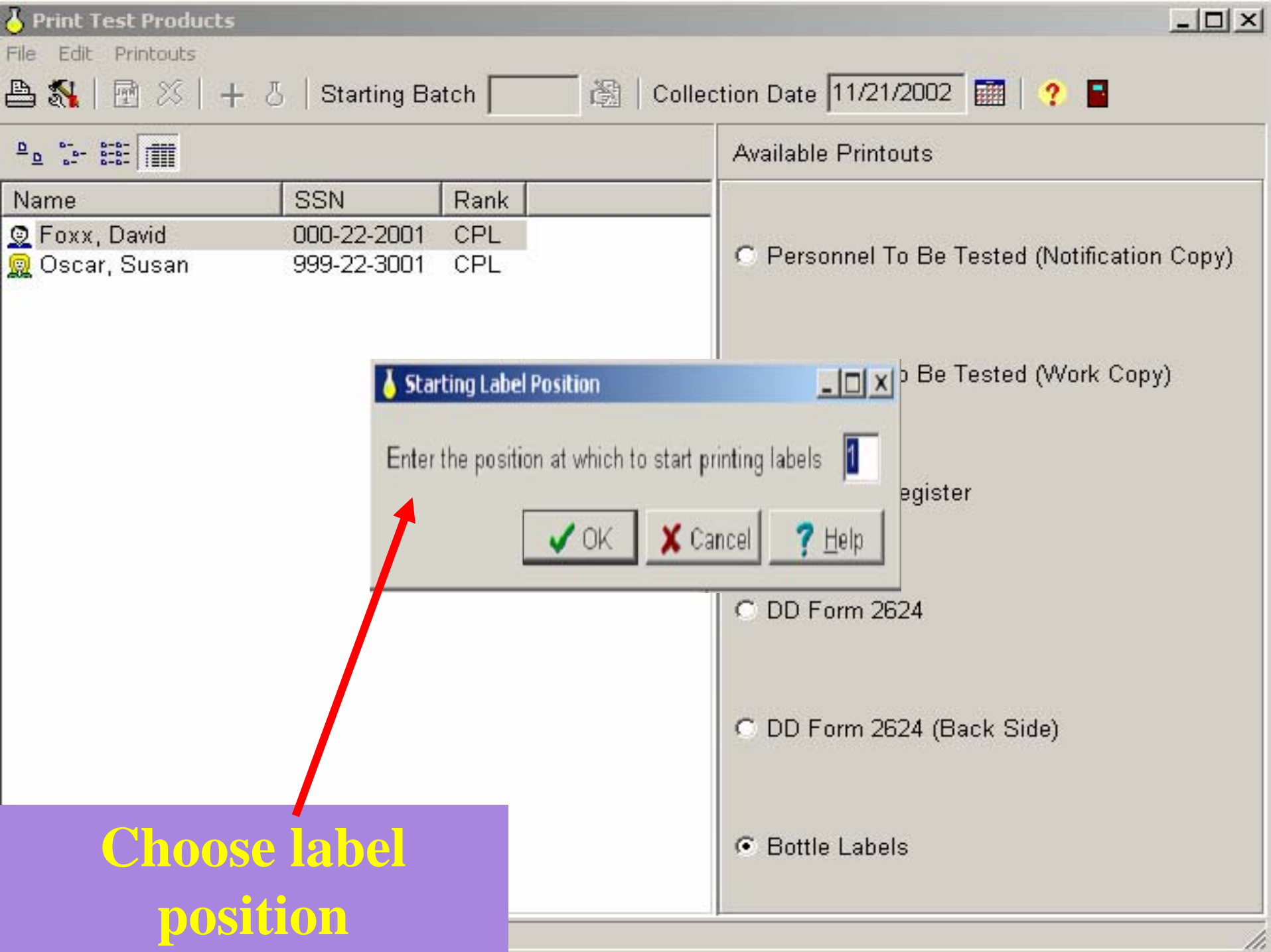
**When finished click the close button**

Name	SSN	Rank
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

Available Printouts

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels**

Select Bottle labels  
click the print button



Name	SSN	Rank
Foxx, David	000-22-2001	CPL
Oscar, Susan	999-22-3001	CPL

Available Printouts

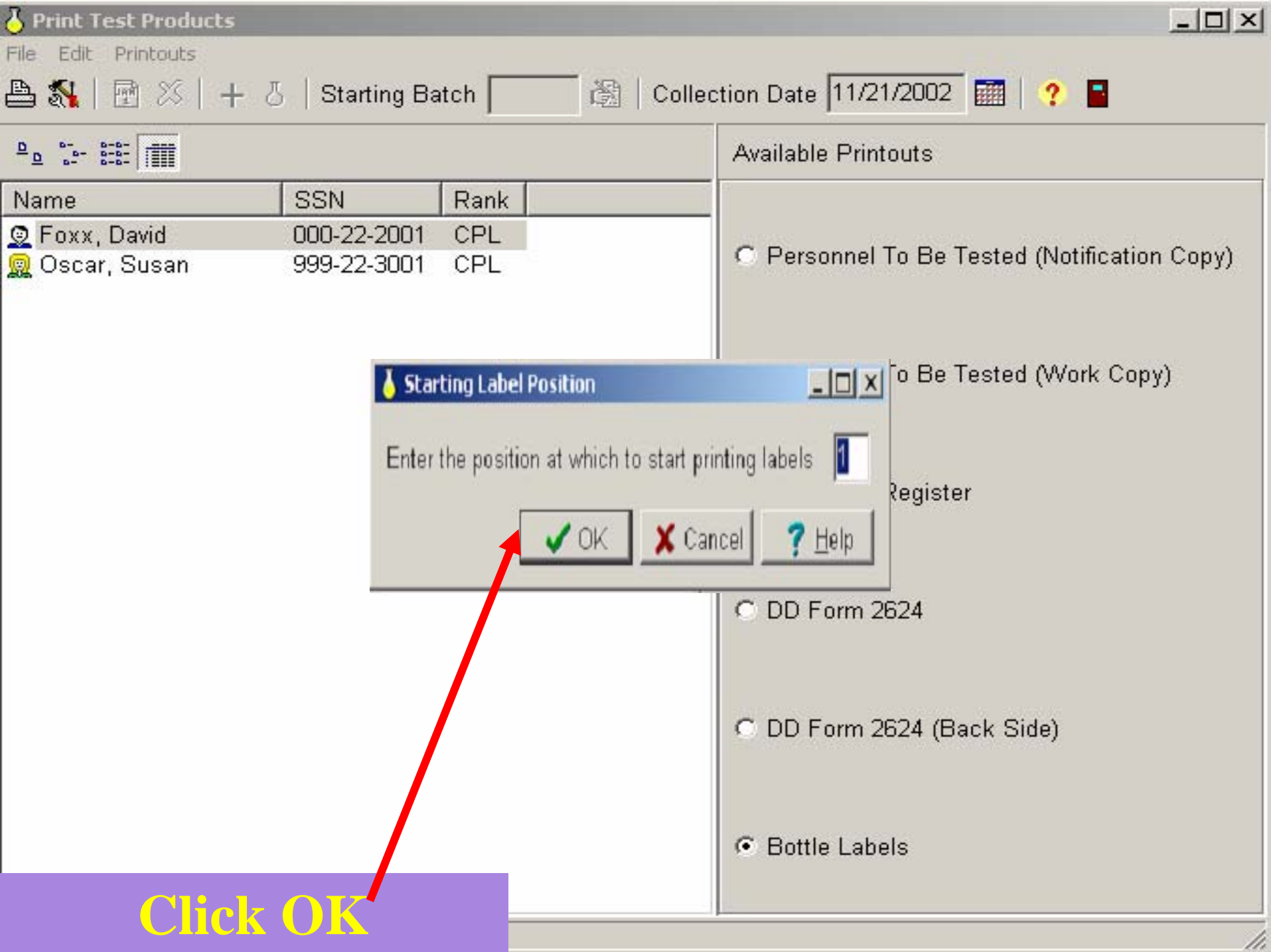
- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

**Starting Label Position**

Enter the position at which to start printing labels

**Choose label position**












# Print Test Products

File Edit Printouts

Starting Batch  | Collection Date  |  

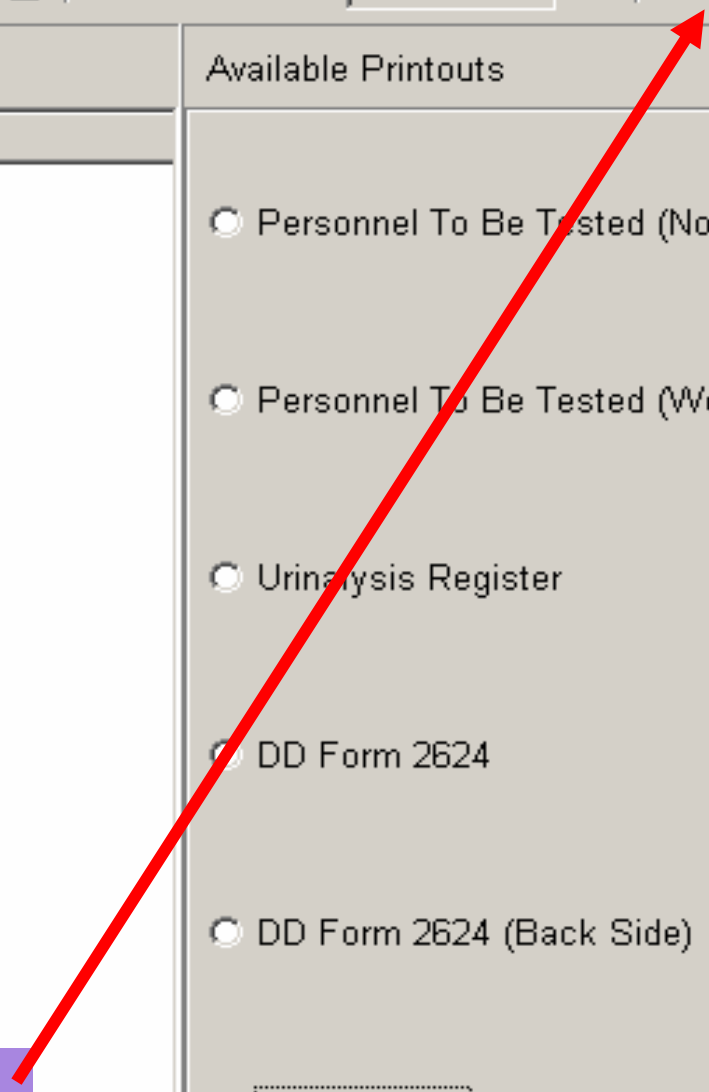
  

Name	SSN	Rank
 Foxx, David	000-22-2001	CPL
 Oscar, Susan	999-22-3001	CPL

## Available Printouts Close

- Personnel To Be Tested (Notification Copy)
- Personnel To Be Tested (Work Copy)
- Urinalysis Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

**When complete, exit by clicking the door.**





Conduct Testing



Samples Due



Collect Samples



Samples Collected



Positive Results



Personnel Roster



Pool Maintenance



System Utilities



Quit

