

# Basic Deployment Drug Testing Information and Procedures for Quality Control, Packaging and Shipping Specimens

As of 23 June 2010

Certain operational information may change without notice. Go to the ACSAP Home Page or AKO Page for the current information:

<https://www.acsap.army.mil> or <https://www.us.army.mil/suite/page/594495>

**NOTICE: IF YOU CERTIFIED OR RECERTIFIED THROUGH THE ONLINE DISTANCE LEARNING UPL COURSE, YOU MUST CONTACT YOUR SUPPORTING ASAP UPON REDEPLOYMENT TO YOUR HOME STATION FOR PROCEDURE AND POLICY UPDATES BEFORE CONDUCTING A COLLECTION OF URINALYSIS SPECIMENS**

FOUO/Unclassified: All SSNs in this presentation are fabricated and do not represent Soldier specimens being tested.



# REASONS FOR TESTING DURING DEPLOYMENT

- Ensure that our Soldiers are not using/abusing substances that can endanger themselves or their comrades while in a war zone
- Actively educating and randomly testing Soldiers can serve as a deterrent
- Remind Soldiers that even though they are deployed they still must abide by the standards of the US Army
- *CENTCOM and LOCAL COMMAND POLICY/FRAGO*

## **AR 600-85, Para 4–7, Deployed drug testing:**

- a. Commanders will maintain their substance abuse programs to the maximum extent practical while deployed. Soldiers under the influence of drugs are a danger to themselves, their fellow Soldiers, mission accomplishment, and the civilian populace. A leader's responsibility to deter drug use and identify drug abusers does not stop during deployments. On the contrary, given the nature of operations and the presence of live ammunition, explosives, and hostile forces, the impact of ignoring this responsibility is serious and irreversible.
- b. In areas where Soldiers receive hostile fire pay, O-6 level or higher commanders can authorize temporary suspension or reduction of random drug testing for specific subordinate elements based on METT–TC and/or safety and security issues.
- c. Commanders will not endanger Soldiers' safety and security in hostile fire areas solely to conduct drug testing. When necessary in these areas, battalion commanders may delegate management and execution of the DTP to company commanders.

Ship all specimens to:  
 TRIPLER ARMY MEDICAL CENTER  
 FORENSIC TOXICOLOGY DRUG LAB  
 1 JARRETT WHITE ROAD BLDG 40  
 TRIPLER AMC, HAWII 96859-5000

ARMY CENTER FOR SUBSTANCE ABUSE PROGRAMS  
 ALEXANDRIA, VA  
 DEPLOYMENT DRUG TESTING MANAGER  
 BioChem@conus.army.mil  
 DSN: 312-761-0152, COM: 703-681-0152

The BACM AKO addresses are permanent; other information on this chart may become obsolete any time. Go to ACSAP Home Page or AKO Page for updates:

ACSAP Home: <https://www.acsap.army.mil>

ACSAP AKO: <https://www.us.army.mil/suite/page/594495>

### IRAQ Base Area Code Managers

### Afghanistan, Kuwait and Qatar Base Area Code Managers

#### USF-I ASAP MANAGER

BACM.IZ.CT05@us.army.mil

SVOIP: 708-243-6022, DSN: 318-485-2837/2858

#### CT05: USF-I Separate BDEs/TFs BAC MANAGER

BACM.IZ.CT05@us.army.mil

\*BACM\_CT05@IRAQ.CENTCOM.MIL

SVOIP: 243-6022, DSN: 318-485-2837/2858

#### CT06: USD-C BAC MANAGER

BACM.IZ.CT06@us.army.mil

\* BACM\_CT06@MND-B.ARMY.MIL

SVOIP: 242-4163, DSN: 318-847-1843

#### CT08: USD-N BAC MANAGER

BACM.IZ.CT08@us.army.mil

\* BACM\_CT08@3ID.ARMY.MIL

SVOIP: 670-0065, DSN: 318-849-0258

#### CT09: ESC(JBB) BAC MANAGER

BACM.IZ.CT09@us.army.mil

\* BACMCT09@IRAQ.CENTCOM.MIL

SVOIP: 241-1203, DSN: 318-483-2316/433-2632

#### CT11: USD-S BAC MANAGER

BACM.IZ.CT11@us.army.mil

\* BACM\_CT11@IRAQ.CENTCOM.MIL

SVOIP 776-0101, DSN: 318-858-4260

#### CT01: Afghan RC-E CJTF-82/101 BAC MANAGER

BACM.AF.CT01@us.army.mil

DSN: 318-431-4101

#### CT02: Afghan RC-C CJTF PHX/KABUL BAC MANAGER

BACM.AF.CT02@us.army.mil

DSN: 318-237-9363

#### CT12: Afghan RC-W BAC MANAGER

BACM.AF.CT12@us.army.mil

DSN: 318-431-4101

#### CT13: Afghan RC-S BAC MANAGER

BACM.AF.CT13@us.army.mil

DSN: 318-431-4101

#### CT14: Afghan RC-N BAC MANAGER

BACM.AF.CT14@us.army.mil

DSN: 318-237-9363

#### CT03: KUWAIT(non USF-I units) BAC MANAGER

BACM.KU.CT03@us.army.mil

\*BACM\_CT03@KUWAIT.SWA.ARMY.MIL

DSN: 318-430-6322

#### CT10: QATAR BAC MANAGER

BACM.QA.CT10@us.army.mil

\* BACM\_CT10@QATAR.ARMY.MIL

DSN: 318-432-2811

\*Deployed units in CENTCOM AO MUST NOT use the home station BACs.

\*BAC assignment for drug testing is based on ADCON, OPCON, or TACON. Contact HQs of your BCT, BDE, ESC, DIV, Corps, or USFOR for guidance.

\*All units MUST contact the BAC Manager to confirm BAC for testing, results reporting procedure, and other supports for unit's ASAP.

Incorrect use of BAC may cause test results to be un-reportable.

\* Email addresses marked with an asterisk will not be listed in the future updates. The BACM AKO addresses ending in "@us.army.mil" are permanent and should be used for all-purpose contact with BACMs.

\*\*Operational conditions may affect POC information anytime, but the AKO addresses will remain effective.

\*\*\* New BACs are added to USFOR-A.

<http://www.acsap.army.mil> or <https://www.acsap.army.mil>: UPL Certification, UPL Self-Study, DTP Software (Alt), QC & Packaging Procedure; Testing Supplies; Special/Steroid Testing

Specimen/result Status: <[https://www.acsap.army.mil/sso/pages/public/comm\\_dt\\_in\\_public.jsp](https://www.acsap.army.mil/sso/pages/public/comm_dt_in_public.jsp)>

Result inquiry to ACSAP must include UIC, BAC, and Test Date, or SSN (no name)

# PROPER USE OF TEST BASIS CODES

(AR 600-85, Para 4–5, Purposes for conducting drug test)

**Table 10–1**  
Use of Soldiers' confirmed positive test result

	Usable in Disciplinary Proceedings	Usable as Basis for Separation	Usable for characterization of Service
Search or seizure			
-member's consent (VO)	Yes	Yes	Yes
-Probable cause (PO)	Yes	Yes	Yes
Inspection		Yes	Yes
-random sample (IR)	Yes	Yes	Yes
-Unit (sweep) (IU)	Yes	Yes	Yes
-Other (command policy) (IO)	Yes	Yes	Yes
Medical			
-general diagnostic purposes (MO)	Yes	Yes	Yes
Fitness for duty	No		No
-command directed (CO)	No	Yes	No
-Competence for duty (CO)	No	Yes	No
-mishap/safety investigation (AO)	No	Yes	No
Other			
-rehabilitation testing (RO)	No	Yes	No
-entrance testing (NO)	No	Yes	*No

**Do not use PO code to test a large group of Soldiers. CDR to consult JAG before PO testing.**

IO tests dictated by command policy/SOP (i.e. return from LV, TDY, AWOL, R & R, not available on last random test)

**Do not use CO code to test a large group of Soldiers. This test is protected by Limited Use Policy**

RO code is used ONLY to test Soldiers enrolled in formal ASAP Rehab Program.

**Limited Use** Protection from the use of certain information, determined to be confidential by Federal regulation, to support disciplinary action under the UCMJ or administrative separation with a less than honorable discharge.

**Probable Cause** A reasonable ground in fact and circumstance for a belief in the existence of certain circumstances (as that an offense has been or is being committed, that a person is guilty of an offense, that a particular search will uncover contraband, that an item to be seized is in a particular place, or that a specific fact or cause of action exists).

**Competence for duty (CO).** During evaluation of a Soldier, the appropriate command authority may direct urinalysis to determine the Soldier's CO or need for counseling, rehabilitation, or medical treatment when there is reason to question the Soldier's CO based on aberrant, bizarre, or uncharacteristic behavior, breaches of discipline, and other similar behavior. This test may be based on less than PO.

# COMMON MISTAKES BEING RECEIVED AT TRIPLER

The first two letters indicate the Lab Discrepancy code that is reported with your unit's results when a test is conducted. The “ \* ” indicates a sample that was **NOT TESTED** due to a “**Fatal Discrepancy**”

FATAL	
*FN	DD FORM 2624 DOES NOT HAVE CHAIN OF CUSTODY ENTRIES, NOT TESTED
*GG	DD FORM 2624 LISTED SPECIMEN, NO BOTTLE RECEIVED
*BC	SPECIMEN LEAKED IN SHIPMENT, QUANTITY NOT SUFFICIENT TO TEST
*GQ	SERVICE MEMBER'S NAME RECEIVED ON FORM, NOT TESTED
*FP	SPEC BOTT PRESENT NOT RECORDED ON DD FORM 2624 NOT TESTED
*MB	SSN ON LABEL IS MISSING/ILLEGIBLE/INCOMPLETE, NOT TESTED
*FL	NO DD FORM 2624 RECEIVED NOT TESTED
*FI	SSN NOT FORENSICALLY CORRECTED NOT TESTED
*LN	SSN ON BOTTLE DOES NOT MATCH SSN ON DD FORM 2624 NOT TESTED
*BD	BOTTLE RECD WITH BROKEN SEAL AND NO EXPLANATION NOT TESTED

# SHIPPING

## DO's

&

## DON'Ts

- Use correct CENTCOM **BAC** Codes (CT##) in **block 3**
- **Sign the back of your DD2624, Chain of Custody**
- **Enclose ORIGINAL DD2624 (and certificate of correction if applicable) with EACH BATCH of specimens**
- **Have a memo from commander certifying the content complies with the CENTCOM OPI Waiver Policy**
- **When applicable, show specimens to mail inspector but maintain custody of UA specimens during mail inspections**
- **Seal and sign each specimen box, top and bottom, and tape DD2624 to each box before packaging them for mailing**

- **Do not forget to clearly indicate UIC in block 4 & CDR POC in block 2**
- **Do not use your home station BAC code**
- **Do not ship UA samples back to home station**
- **Do not send Unit Ledgers/Testing Registers(tested soldiers' names) with specimens**
- **Do not let mail inspector handle specimens during inspection**
- **Do not release unsealed package to mail handler**

**Ship all specimens to:**  
TRIPLER ARMY MEDICAL CENTER  
FORENSIC TOXICOLOGY DRUG LAB  
1 JARRETT WHITE ROAD BLDG 40  
TRIPLER AMC, HAWII 96859-5000

- The standardized USPS Priority MRS Mail is available for deployed units to mail samples to Tripler FTDTL at no cost to the units. Contact your BACM, S1/G1, or Task Force HQ for further information and mailing supplies.
- The MRS labels MUST ONLY be used to mail specimens from CENTCOM to Tripler FTDTL.
- **To save the postage cost, use the customized Medium Flat Rate Priority boxes** (approx. 2 in. higher in height and 2 in. shorter in length in comparison with the regular Medium Priority Box; each will hold a stack of two batches of specimens).

# UPL Checklist

(To avoid Fatal Discrepancies)

	Is the <b>Unit/Command's name and Address in block 1</b> of the DD2624?
	Is the <b>Commander's name and email in block 2</b> of the DD2624?
	Is your <b>CT Base Area Code in block 3</b> of the DD2624? <b>DO NOT USE YOUR HOME STATION BAC.</b>
	Is the <b>Unit's UIC in block 4</b> of the DD2624? UIC DOES NOT end in "O" but "0" (zero).
	<b>Is the front and back of the DD2624 on one sheet of paper?</b> If you do not have this capability, put each completed DD2624 (front and back) in its own unsealed envelope or write the collection date and batch number in the top right margin of the front and back of the DD2624. <b>This step is critical if you ship multiple batches in one box.</b>
	Do <b>entries on the DD2624 and the information on the bottle labels match?</b>
	<b>If a Soldier is not available for testing, is that line on the DD2426 lined out, dated, and initialed with the comment "NOT TESTED", and ½ inch of the barcode of that specimen was blackened out?</b> Corrections to other specimen barcodes and information are treated in the same manner, with appropriate corrections or with certificates of corrections? (bottles without labels are still shipped to fill empty space in the box.)
	Did <b>UPL sign as the first person on the chain of custody</b> (block 12 "a" and "b" on back of the DD2624)?
	If used, does the DD2624 reflect "Placed in Temp Storage" and "Removed from Temp Storage" along with where the temp storage is located on the back side of the DD2624?
	Does the <b>last entry on the Chain of Custody properly reflect "Released to Shipper"</b> to keep the chain of custody intact?
	Is the UPL's legible payroll signature across the seal on the top and bottom of each specimen box?
	Are copies made of the DD2624 and Certificates of Corrections for unit files?
	Are the <b>ORIGINAL DD2624</b> (front and back) <b>and certificates of corrections</b> sent with specimens, in an unsealed envelop bearing BAC on the outside and taped to the specimen box?
	<b>DO NOT include Unit Ledger or Testing Register with specimens.</b>

# **Proper completion of DD2624**

(Chain of Custody Entries,  
Temporary Storage, Corrections  
and Mail Procedures)



# Information for the Front of the DD 2624

- Block 1: Your unit's name and address.
- Block 2: Commander name, email and phone number, this can be handwritten if there are too many lines for the Drug Testing Program.
- Block 3: In-country BAC; MUST contact your BAC Manager or G1 for correct use of BAC. Current list is located at <https://www.us.army.mil/suite/page/594495>.
- Block 4: Your unit UIC.
- Block 5: Batch number (begins with 0001 for each day).
- Block 6: Specimen collection date.
- SSN entry without specimen: **blacken ½ inch of the barcode, cross out SSN** like making a correction and indicate as **“not tested”** in remark column.
- **For assistance, contact your BACM, Command G1** or ACSAP at [biochem@conus.army.mil](mailto:biochem@conus.army.mil), DSN 312-761-0152/5562/5563/5566/5557; ensure to provide your divisional HQ name (USD-B, JBB, CJTF-82, USFOR-A, etc...) and country. Follow your OPSEC guidance.

# Base Area Code for Block 3 of the DD 2624

Always contact your BAC Manager before conducting testing to ensure support for results and other ASAP requirements

- **CT01** AFGHANISTAN (RC-E, CJTF-82/101), [bacm.af.ct01@us.army.mil](mailto:bacm.af.ct01@us.army.mil)
- **CT02** AFGHANISTAN (RC-C, KABUL, CJTF-PHOENIX), [bacm.af.ct02@us.army.mil](mailto:bacm.af.ct02@us.army.mil)
- **CT12** AFGHANISTAN (RC-W), [bacm.af.ct12@us.army.mil](mailto:bacm.af.ct12@us.army.mil)
- **CT13** AFGHANISTAN (RC-S), [bacm.af.ct13@us.army.mil](mailto:bacm.af.ct13@us.army.mil)
- **CT14** AFGHANISTAN (RC-N), [bacm.af.ct14@us.army.mil](mailto:bacm.af.ct14@us.army.mil)
- **CT03** KUWAIT (EXCLUDING UNITS SUBORDINATE TO USF-I), [bacm.ku.ct03@us.army.mil](mailto:bacm.ku.ct03@us.army.mil)
- **CT05** USF-I (& ALL SUBORDINATE UNITS EXCEPT AS LISTED IN THIS TABLE) (IRAQ), [bacm.iz.ct05@us.army.mil](mailto:bacm.iz.ct05@us.army.mil)
- **CT06** USD-B & USD-W (IRAQ), [bacm.iz.ct06@us.army.mil](mailto:bacm.iz.ct06@us.army.mil)
- **CT08** USD-N (IRAQ), [bacm.iz.ct08@us.army.mil](mailto:bacm.iz.ct08@us.army.mil)
- **CT09** JBB (IRAQ) (ALL UNITS REPORTING TO ESC), [bacm.iz.ct09@us.army.mil](mailto:bacm.iz.ct09@us.army.mil)
- **CT11** USD-S (IRAQ), [bacm.iz.ct11@us.army.mil](mailto:bacm.iz.ct11@us.army.mil)
- **CT10** QATAR, [bacm.qa.ct10@us.army.mil](mailto:bacm.qa.ct10@us.army.mil)
- All deployment areas other than Afghanistan, Iraq, Kuwait, and Qatar, use home BAC or designated BAC by specific ACSAP instructions. For assistance on BAC., contact [BioChem@conus.army.mil](mailto:BioChem@conus.army.mil).

# Verify Information on DD Form 2624

**Unit Information**

**Commander's Info, telephone number and e-mail (can be handwritten)**

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING					
1. SUBMITTING UNIT HHC 2/16 <sup>TH</sup> INF APO AE 09121		AF 2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Hill DSN 555-555-5555			
3. BASE/AREA CODE CT09	4. UNIT IDENTIFICATION CODE W 2LAAA	5. DOCUMENT/BATCH NUMBER 0003	6. DATE SPECIMEN COLLECTED YYYY MM DD 20070611		
Vers 1 532L					

**Deployed Base Area Code must begin with CT**

**Unit Identification Code (UIC) (None ends in "O")**

**Actual Specimen Collection Date**

# Correcting Errors

- Draw a single, horizontal line through incorrect portion.
- Enter correct data in SAME block.
- Date and Initial the correction.
- For lengthy correction, use certificate of correction MFR

**SPECIMEN CUSTODY DOCUMENT - DRUG TESTING**

A. LABORATORY CONDUCTING TESTING

1. SUBMITTING UNIT  
HHC 2/16<sup>TH</sup> INF  
APO AE 09121

2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)  
POC: CPT James Hill  
James.hill@us.army.mil  
DSN 555-555-5555

3. BASE/AREA CODE  
FC22

4. UNIT IDENTIFICATION CODE  
W 2LAAA

5. DOCUMENT/BATCH NUMBER  
0001

**To correct an error with the SSN:  
Method 1**

1. Blacken out at least ½ inch of the barcode for that specimen
2. Line through the SSN
3. Initial & Date
4. Write in the correct SSN in the same block



7. SPECIMEN NUMBER  
001

8. COMPLETE SSN  
000-33-3003

9. TEST BASIS  
IR

10. TEST INFO  
A

11. PRESENTATION



002

000-22-1003

IR

A

*MLA  
6/26/08*  
000-21-1003



003

999-44-3002

IR

B



004

000-44-3010

IR

B



005

000-33-1006

IR

A



006

999-22-3002

IR

A



007

000-22-1008

IR

A

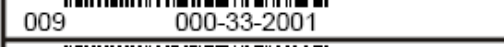


008

999-33-3004

IR

B

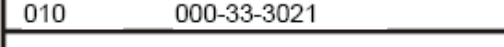


009

000-33-2001

IR

B



010

000-33-3021

IR

A



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.

(3) CERTIFYING OFFICIAL (Printed Name and Title)

(1) SIGNATURE

(2) DATE SIGNED

**SPECIMEN CUSTODY DOCUMENT - DRUG TESTING**

1. SUBMITTING UNIT HHC 2/16 <sup>TH</sup> INF APO AE 09121		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Hill James.hill@us.army.mil DSN 555-555-5555				A. LABORATORY CONDUCTING TESTING	
3. BASE/AREA CODE FC22	4. UNIT IDENTIFICATION CODE W 2LAAA	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED YYYY MM DD 20050421		B. BATCH NUMBER	C. REPORT OF RESULTS	
 <p align="center">Version 530L</p>						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
001	000-33-3003	IR	A				
002	 000-22-1003	IR	A				<i>VOID</i> <i>MLA</i> <i>6/26/08</i>
003	999-44-3002	IR	B				
004	000-44-3010	IR	B				
005	000-33-1006	IR	A				
006	999-22-3002	IR	A				
007	000-22-1008	IR	A				
008	999-33-3004	IR	B				
009	000-33-2001	IR	B				
010	000-33-3021	IR	A				
<i>011</i>	<i>000-21-1003</i>	<i>IR</i>	<i>A</i>				



**To correct an error with the SSN:**

**Method 2**

1. Blacken out at least ½ inch of the barcode for that specimen
2. Line through the entire line and mark "VOID"
3. Initial & Date
4. Write in the correct SSN on a new line (or new 2624 if necessary)

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.				(3) CERTIFYING OFFICIAL (Printed Name and Title)	
(1) SIGNATURE		(2) DATE SIGNED			

**SPECIMEN CUSTODY DOCUMENT - DRUG TESTING**

1. SUBMITTING UNIT HHC 2/16 <sup>TH</sup> INF APO AE 09121		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Hill James.hill@us.army.mil DSN 555-555-5555				A. LABORATORY CONDUCTING TESTING	
3. BASE/AREA CODE FC22	4. UNIT IDENTIFICATION CODE W 2LAAA	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED YYYY MM DD 20050421		B. BATCH NUMBER	C. REPORT OF RESULTS	
 <p align="center">Version 530L</p>						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
001	000-33-3003	IR	A				
002	 999-22-1008	IR	A				<i>Not Tested</i> <sup>MLA</sup> 6/26/08
003	999-44-3002	IR	B				
004	000-44-3010	IR	B				
005	000-33-1006	IR	A				
006	999-22-3002	IR	A				
007	000-22-1008	IR	A				
008	999-33-3004	IR	B				
009	000-33-2001	IR	B				
010	000-33-3021	IR	A				

**To annotate that a Soldier is not available to provide a sample**

1. Blacken out at least 1/2 inch of the barcode for that specimen
2. Line through the entire line and mark "NOT TESTED"
3. Initial & Date (i.e. MLA 6/26/08)
4. Do not affix the label to the bottle

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.				(3) CERTIFYING OFFICIAL (Printed Name and Title)			
(1) SIGNATURE			(2) DATE SIGNED				

**SPECIMEN CUSTODY DOCUMENT - DRUG TESTING**

1. SUBMITTING UNIT HHC 2/16 <sup>TH</sup> INF APO AE 09121		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Hill James.hill@us.army.mil DSN 555-555-5555			A. LABORATORY CONDUCTING TESTING	
3. BASE/AREA CODE FC22	4. UNIT IDENTIFICATION CODE W2LAT0 W2LAT0 MLA 6/26/08	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED YYYY MM DD 20050421	B. BATCH NUMBER	C. REPORT OF RESULTS	
7. SPECIMEN NUMBER				D. DRUGS TESTED		
8. COMPLETE SSN				E. DISC CODE		
9. TEST BASIS				F. ACCESSION NUMBER		
10. TEST INFO				G. RESULT		

001	000-33-3003	IR	A
002	000-21-1003	IR	A
003	999-44-3002	IR	B
004	000-44-3010	IR	B
005	000-33-1006	IR	A
006	999-22-3002	IR	A
007	000-22-1008	IR	A
008	999-33-3004	IR	B
009	000-33-2001	IR	B
010	000-33-3021	IR	A

**To correct data in block 3 to 6**

- 1. Blacken out at least 1/2 inch of the barcode for the form.**
- 2. Line through the incorrect data and write in correct data. (i.e. W2LAT0)**
- 3. Initial & Date. (i.e. MLA 6/26/08)**
- 4. If there is not enough room to write in correction, use a Certificate of Correction.**

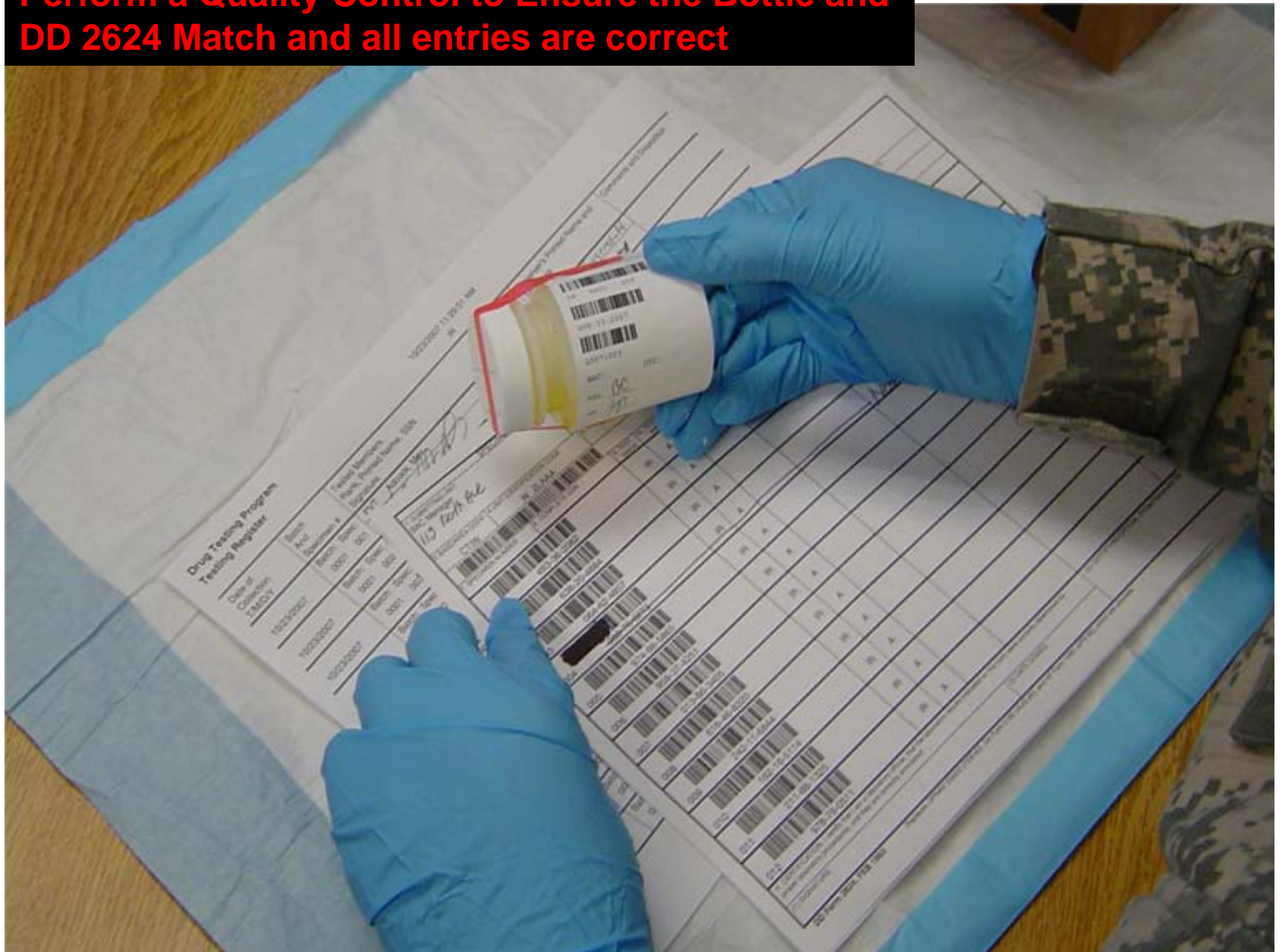
H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.		(3) CERTIFYING OFFICIAL (Printed Name and Title)	
(1) SIGNATURE	(2) DATE SIGNED		



# Verify SSNs



**Perform a Quality Control to Ensure the Bottle and DD 2624 Match and all entries are correct**



# Specimen Quantity



**Short Sample –  
Destroy specimen  
and collect a new one**

**Specimen Quantity  
is sufficient**

Note: Bottles with 30ml line are now available in the supply system.  
Old bottles with the first line at 45 ml are still in circulation and OK for urinalysis specimen collections.

# Specimen Seal

**Broken Seal**



**Specimen will not be tested**

**Previous Method**



**Specimen will be tested if Certificate of correction is attached to DD Form 2624**

**Updated, Preferred Method**

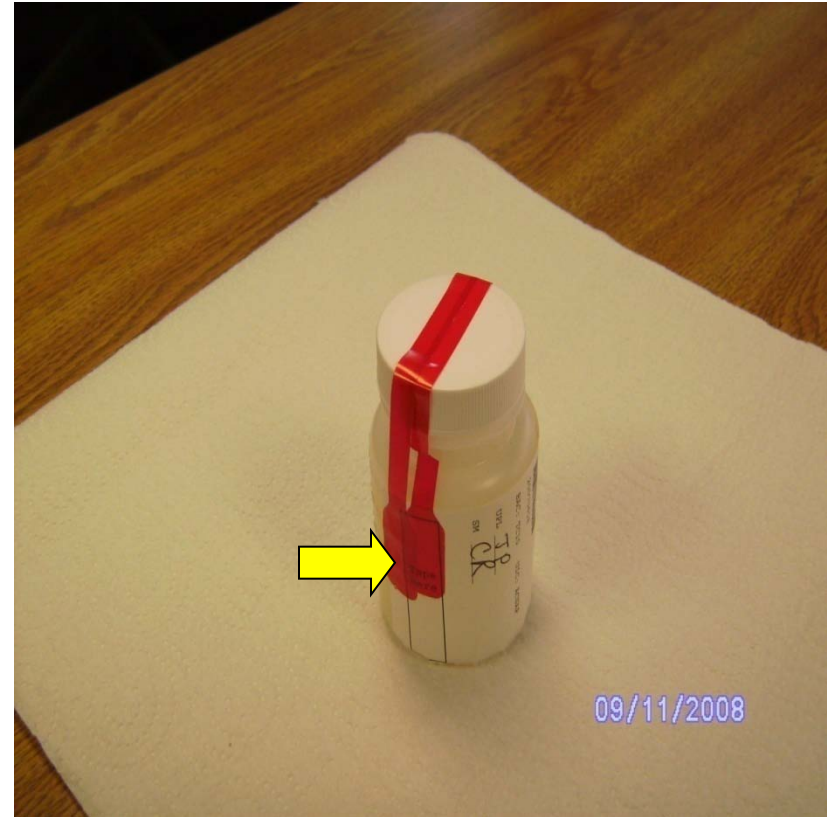


**Specimen will be tested if Certificate of correction is attached to DD Form 2624**

- Place the second piece of tamper evident tape across the bottle cap, the tape will be **one continuous piece that touches the label on both ends** without obscuring any information, running across the top of the bottle
- Apply a second piece of tamper evident tape off-set from the first piece but clearly distinguishable as a second piece



# Specimen Seal



Place the second piece of tamper evident tape across the bottle cap, the tape will be **one continuous piece that touches the label on both ends** without obscuring any information, running across the top of the bottle  
Apply a second piece of tamper evident tape off-set from the first piece but clearly distinguishable as a second piece

➤ Use Certificate of Correction to explain errors such as a broken red seal (Tamper Evident Tape) or when the correction will not fit in the block of the DD 2624.

➤ Send ORIGINAL documents with each batch of specimens. Blue ink may be used to distinguish original from copied documents

➤ DONOT send Unit Ledger or Testing Register with the specimens.

# CERTIFICATE OF CORRECTION

## CERTIFICATE OF CORRECTION

UIC: W8B201

DATE: 26 Jul 07

Base Area Code: CT 10

Base Area Code

Date correction made

Check appropriate block

Start with specimen, form or box identification then state what you wrote or did that was incorrect or wrong.

What you wrote or did to correct the error - at times this will be the actual correction.

Who made the correction

Who witnessed or verified the correction

MEMORANDUM FOR TRIPLER ARMY MEDICAL CENTER

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. Reference: (X) Bottle Label ( ) DD Form 2624 ( ) Other

Batch #/Specimen # 09/05 Date Specimen Collected 20070726

As Reads: \_\_\_\_\_

Corrected to Read: \_\_\_\_\_

SIGNATURE: John H. Smith

TITLE: SFC - UPL

DATE: 26 Jul 07

VERIFIED BY: Harry Dooburg

TITLE: SSG - Witness

DATE: 26 Jul 07

**DD 2624 backside:  
Chain of Custody Entries**

***This is the #1 fatal discrepancy  
coming out of CENTCOM***



# Completing the Chain of Custody (DD 2624)

- The DD 2624 front and back are on one piece of paper or attached together. If they are on separated pages, write in the top margin of each page with **test date, and batch number**, or put each completed DD2624 (front and back) in its own unsealed envelope.
- Complete each DD 2624: **UPL signs the first Block 12b** as the first custodian; annotate Shipper's Name in Block 12c and **"Shipped to FTDTL"** in **Blocks 12d as the last entry**.
- Package the specimen boxes as required for shipment

**A complete, intact Chain of Custody is imperative for the Commander to take action as required.**

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	Message address of unit submitting urine samples			
(1) <b>070115</b>	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE <b>Building 2241</b>	<b>Placed into Temporary Storage</b>	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.
	NAME <b>Michael C. Biggerstaff</b>	NAME <b>Room 6</b>		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.
(2)	SIGNATURE	SIGNATURE		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME	NAME		(3)	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.
SIGNATURE	SIGNATURE	6						
(4)	SIGNATURE	SIGNATURE		(5)	7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
	NAME	NAME						
(6)	SIGNATURE	SIGNATURE		(7)	9	TEST BASIS	Indicate the testing premise to conduct the collection.	
	NAME	NAME					11	TEST INFORMATION
(7)	SIGNATURE	SIGNATURE		(8)	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.	
	NAME	NAME	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 a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).					
(8)	SIGNATURE	SIGNATURE	(9)	13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE	(10)					
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

**Temporary Storage Entries on the DD 2624 At The Unit Prior To Shipment**

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	Message address of unit submitting urine samples			
(1) 070115	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE Building 2241	Placed into Temporary Storage	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.
	NAME Michael C. Biggerstaff	NAME Room 6		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.
(2) 070116	SIGNATURE Building 2241	SIGNATURE <i>Michael C. Biggerstaff</i>	Removed from Temporary Storage	4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME Room 6	NAME Michael C. Biggerstaff		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.	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
(3)	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).	
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(5)	SIGNATURE	SIGNATURE		10	TEST BASIS	Leave Blank.	Entry required only if additional testing is required: F=Full Panel; S=Storoid; O=Other drug; Provide clarification in attached message.	
	NAME	NAME		11	SCREEN	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	
(6)	SIGNATURE	SIGNATURE		12. CHAIN OF CUSTODY (LINE 11).				
	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 continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).				
(7)	SIGNATURE	SIGNATURE		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
	NAME	NAME						
(8)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

**Temporary Storage Entries Removing  
The Specimens From Temp Storage on  
the DD 2624 At The Unit Prior To Shipment**

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	Message address of unit submitting urine samples			
(1) <b>070115</b>	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE <b>Building 2241</b>	Placed into Temporary Storage	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.
	NAME <b>Michael C. Biggerstaff</b>	NAME <b>Room 6</b>		3	BASE/AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Compare the first four characters of the full 10-character Base Identification Number.
(2) <b>070116</b>	SIGNATURE <b>Building 2241</b>	SIGNATURE <i>Michael C. Biggerstaff</i>	Removed from Temporary Storage	4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit	Do not use	
	NAME <b>Room 6</b>	NAME <b>Michael C. Biggerstaff</b>		5				
(3) <b>070116</b>	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE <b>USPS</b>	Shipped to FTDTL	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 <b>Michael C. Biggerstaff</b>	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).	
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(6)	SIGNATURE	SIGNATURE		TEST INFORMATION	Military: A-E1-E4; D-E5-018; Civilian: C-TDP; A1-110; D-TDP; Guard/Patrol; E-TDP; PRP; F-TD; ARAFSE Staff; G-Other TDP; H-Other personnel	Leave Blank.	Entry required only if additional testing is requested: F=Full Panel; S=Storoid; O=Other drug; Provide clarification in attached message.	
	NAME	NAME		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		
(8)	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.				
(9)	SIGNATURE	SIGNATURE		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 continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).				
	NAME	NAME		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

**Example, properly annotate the mail/courier used.**

**Temporary Storage Entries Removing The Specimens From Temp Storage on the DD 2624 For Shipment To Tripler**

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF
a.	b.	c.	d.	1	Message address of unit submitting urine samples		
(1) <b>070115</b>	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE <b>Official mail</b>	<b>Shipped to Tripler By official mail</b>	2	Message address of		
	NAME <b>Michael C. Biggerstaff</b>	NAME		3	Four characters of the full 10-character Bare Identification Number		
(2)	SIGNATURE	SIGNATURE		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.	Do not use
	NAME	NAME		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.
(3)	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).
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	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	Military: A-E4; D-E5-018; Civilian: C-TDP; A: Active; D-TDP Guard/Police; E-TDP PRP; F-TD; ARMY Staff; G-Other TDP; H-Other assignments	Leave Blank.  Entry required only if additional testing is requested: F=Full Panel; S=Storaid; 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.	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 a 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			

**Example, properly annotate the mail/courier used.**

**Entries On The DD 2624 For Shipping With No Temporary Storage At The Unit**

# **Proper Packaging and Shipping**

# Consult Mailing Guide for Your Area Prior to Packaging for Shipment to FTDTL

- As of July 2009, urinalysis specimens are exempted from CENTCOM Open Parcel Inspection (OPI). Commander must provide a memo certifying the content of the package complies with the CENTCOM Postal Requirements and Open Parcel Inspection Waiver. Follow CENTCOM Postal Operation Procedure.
  - If mail inspection is required, ONLY UPL or specimen custodian must handle specimens and maintain custody of specimens. Mail inspector should observe but MUST NOT handle specimens.
  - Upon completion of inspection, UPL proceeds to packaging specimens for shipment.
  - ONLY COMPLETED PACKAGE should be released to mail handler for mailing.
- The standardized USPS Priority MRS Mail is available for deployed units to mail samples to Tripler FTDTL at no cost to the units. Contact your BACM, S1/G1, or Task Force HQ for further information and mailing supplies.
  - The MRS labels **MUST ONLY** be used to mail specimens from CENTCOM to Tripler FTDTL.
  - **To save the postage cost, use the customized Medium Flat Rate Priority boxes** (approx. 2 in. higher in height and 2 in. shorter in length in comparison with the regular Medium Priority Box; each will hold a stack of two batches of specimens).



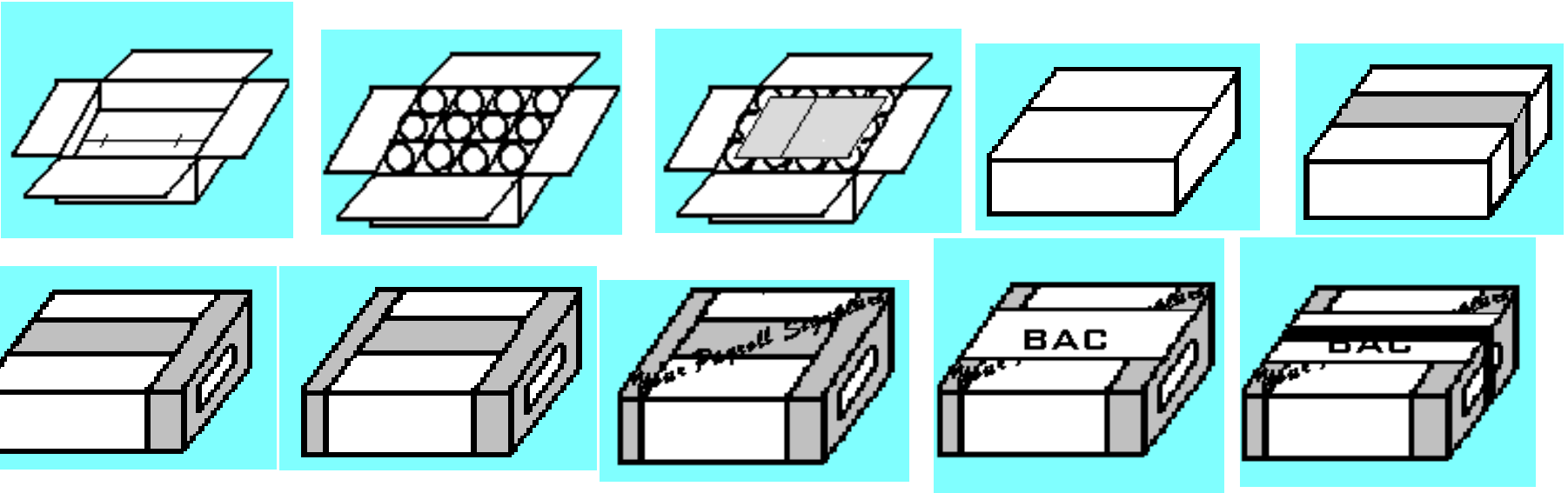
# Prepare for Shipment to FTDTL

- Make suspense copies of DD Forms 2624 and Certificates of Corrections for your files
- The UPL **encloses the ORIGINAL DD Form 2624 & copies of any Certificates of Correction for each batch** in a plain, white, **unsealed** business envelope. Your base area code (BAC) will be written in large letters on the outside of the envelope.
- Affix the envelope to the outside of the specimen container.
- **DO NOT include the Unit Ledger** (any name sent with specimens will invalidate all specimens)

**Ship all specimens to:**  
TRIPLER ARMY MEDICAL CENTER  
FORENSIC TOXICOLOGY DRUG LAB  
1 JARRETT WHITE ROAD BLDG 40  
TRIPLER AMC, HAWII 96859-5000



# Packaging



- Do not use 100 mile an hour tape (Duct Tape)
- Do not combine more than 10 collection (specimen) boxes into a larger (shipping) box
- Make sure to enclose with each batch of specimens the **original DD Form 2624 & any Certificates of Correction for each batch** in an **unsealed** business envelope with your base area code (BAC) written in large letters on the outside of the envelope.

**Ship all specimens to:**  
TRIPLER ARMY MEDICAL CENTER  
FORENSIC TOXICOLOGY DRUG LAB  
1 JARRETT WHITE ROAD BLDG 40  
TRIPLER AMC, HAWII 96859-5000

# Packaging

- Multiple batches may be combined into one specimen box, but all DD2624s applicable to specimens in the box must be attached to the specimen box.
- Multiple specimen boxes (no more than 10) may be combined into larger boxes for shipment, but each specimen box must be wrapped as stated above to include a leak proof bag. For taping shipping box, follow postal/mail carrier instruction
- **DO NOT have mail handler sign the chain of custody (DD2624).**
- **Release ONLY COMPLETED PACKAGE to mail handler for mailing.**

**As of July 2009, urinalysis specimens are exempted from CENTCOM Open Parcel Inspection (OPI). Commander must provide a memo certifying the content of the package complies with the CENTCOM Postal Requirements and Open Parcel Inspection Waiver. Follow CENTCOM Postal Operation Procedure.**

- The standardized USPS Priority MRS Mail is available for deployed units to mail samples to Tripler FTDTL at no cost to the units. Contact your BACM, S1/G1, or Task Force HQ for further information and mailing supplies.
- The MRS labels **MUST ONLY** be used to mail specimens from CENTCOM to Tripler FTDTL.
- **To save the postage cost, use the customized Medium Flat Rate Priority boxes** (approx. 2 in. higher in height and 2 in. shorter in length in comparison with the regular Medium Priority Box; each will hold a stack of two batches of specimens).

# Specimen Box Ready for Packaging



# Add Absorbent Pad



# Tape Box Cover Closed in the Center



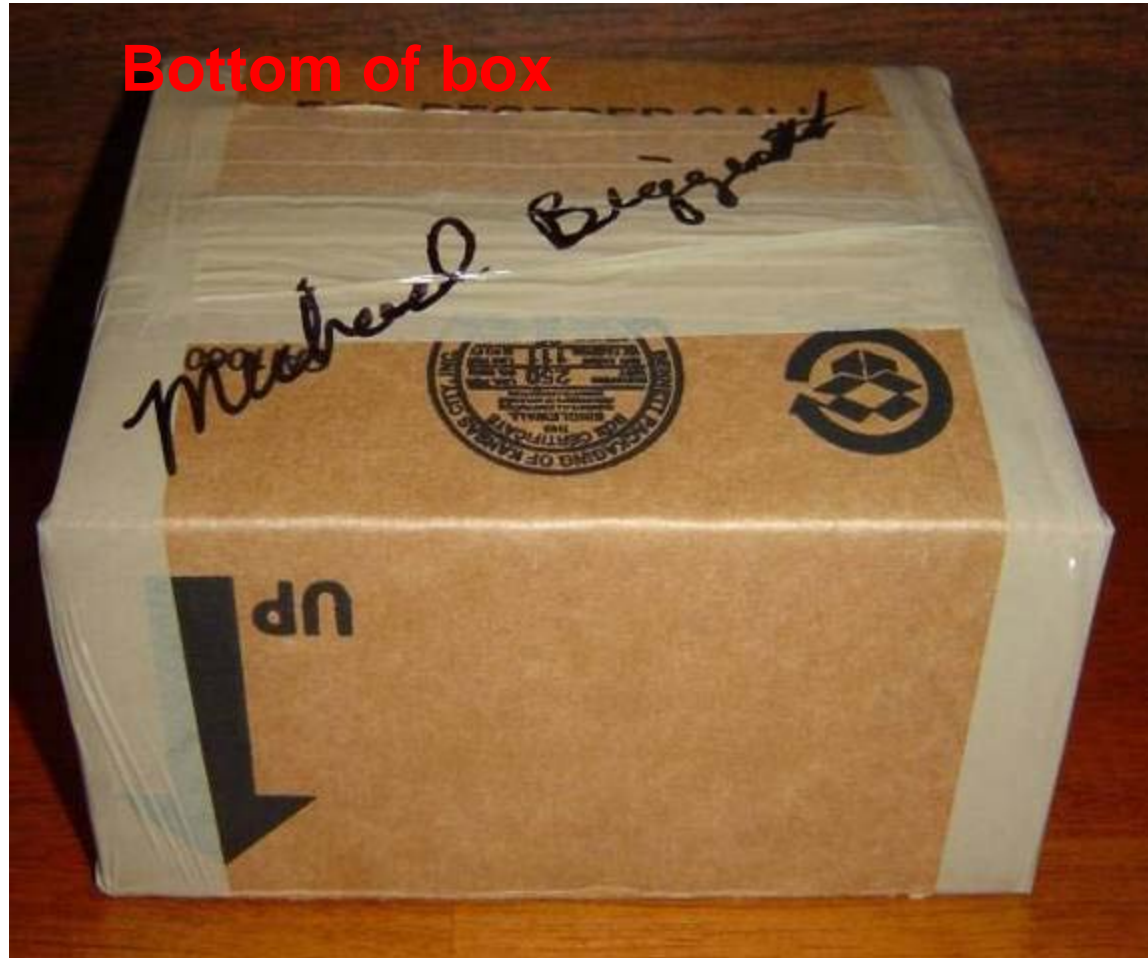
# Tape Box Both Ends Covering All Edges



# Sign Across Top of Box From Corner to Corner



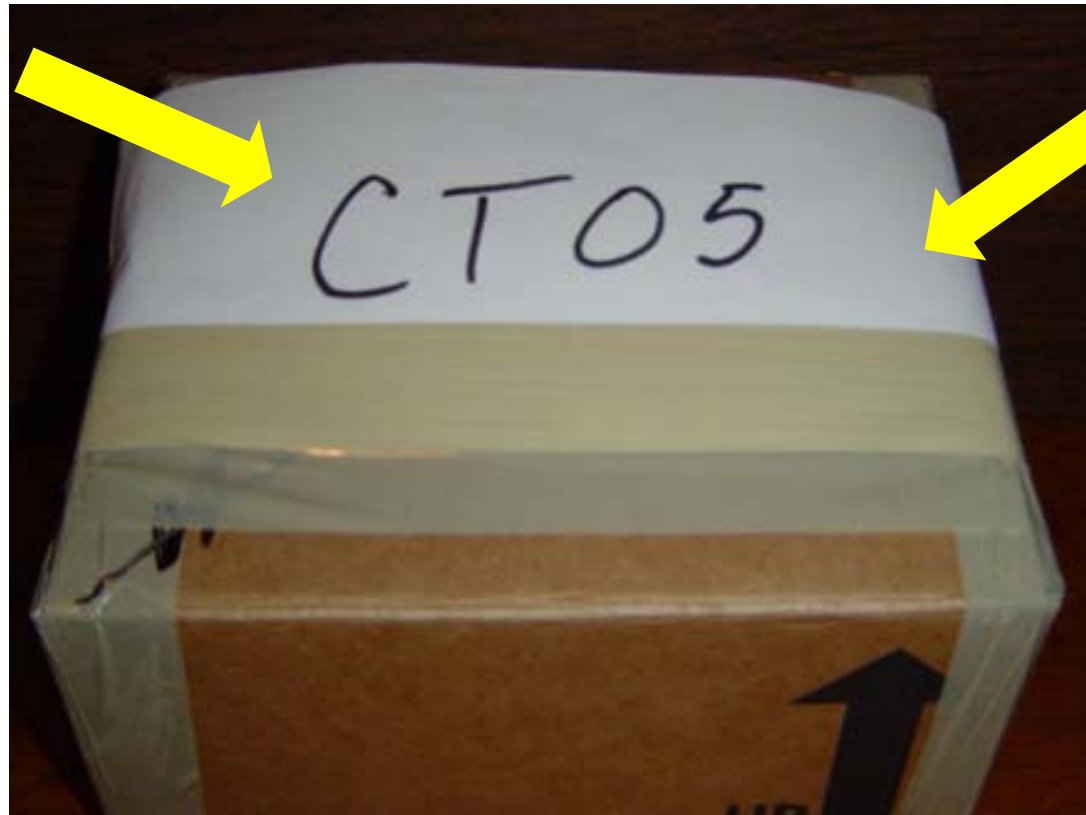
# Sign Across Bottom of Box From Corner to Corner





# Tape DD Form 2624 Envelope on Top of Box With Base Area Code

**Base Area Code must be written on Box**



**DD Form 2624 (front & back) is inside unsealed envelope**

# Place Box inside Leak Proof Bag



# MRS Mailing Supplies

FROM: \_\_\_\_\_

POSTAGE DUE COMPUTED BY POSTAGE DUE UNIT

TOTAL POSTAGE DUE \$ \_\_\_\_\_

PRIORITY MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

ZIP - MERCHANDISE RETURN SERVICE

420 96859 9184 0000 0000 0123 4567 88

420 96859 9184 0000 0000 0123 4567 88

MERCHANDISE RETURN LABEL

PERMIT NO. 8 HONOLULU HI 96859  
TRIPLER AMC 1 JARRETT WHITE RD

POSTAGE DUE UNIT  
US POSTAL SERVICE  
3600 AOOLEE STREET  
HONOLULU HI 96820-9998

CENTCOM OPI EXEMPT  
Use of label governed by AR 600-85

Retain For Your Records

420 96859 9184 0000 0000 01234 4657 88



Customized Medium Flat Rate Priority Box is approximately 2 in taller in height but 2 in shorter in length (sketched image) approximately 9" x 8.5" x 7.5"

SAMPLE ONLY

## SHIPPING INSTRUCTIONS

1. THIS LABEL IS A SERIAL NUMBERED, CONTROLLED ITEM AND MUST ONLY BE USED FOR MAILING DRUG TESTING SPECIMENS IAW AR 600-85.
2. This package must be accompanied by documentation from the unit commander certifying the CONTENT COMPLIES WITH THE CENTCOM POSTAL REQUIREMENTS. Follow CENTCOM Postal Operation Procedure.
3. Adhere shipping label to package and ensure all edges are secure.
4. Place label so that it does not wrap around edge of package.
5. Do not tape over barcodes.
6. Retain this portion of the label with Testing Register and copy of DD Form 2624 for unit record.
7. To trace this package by package ID, go to USPS.com.

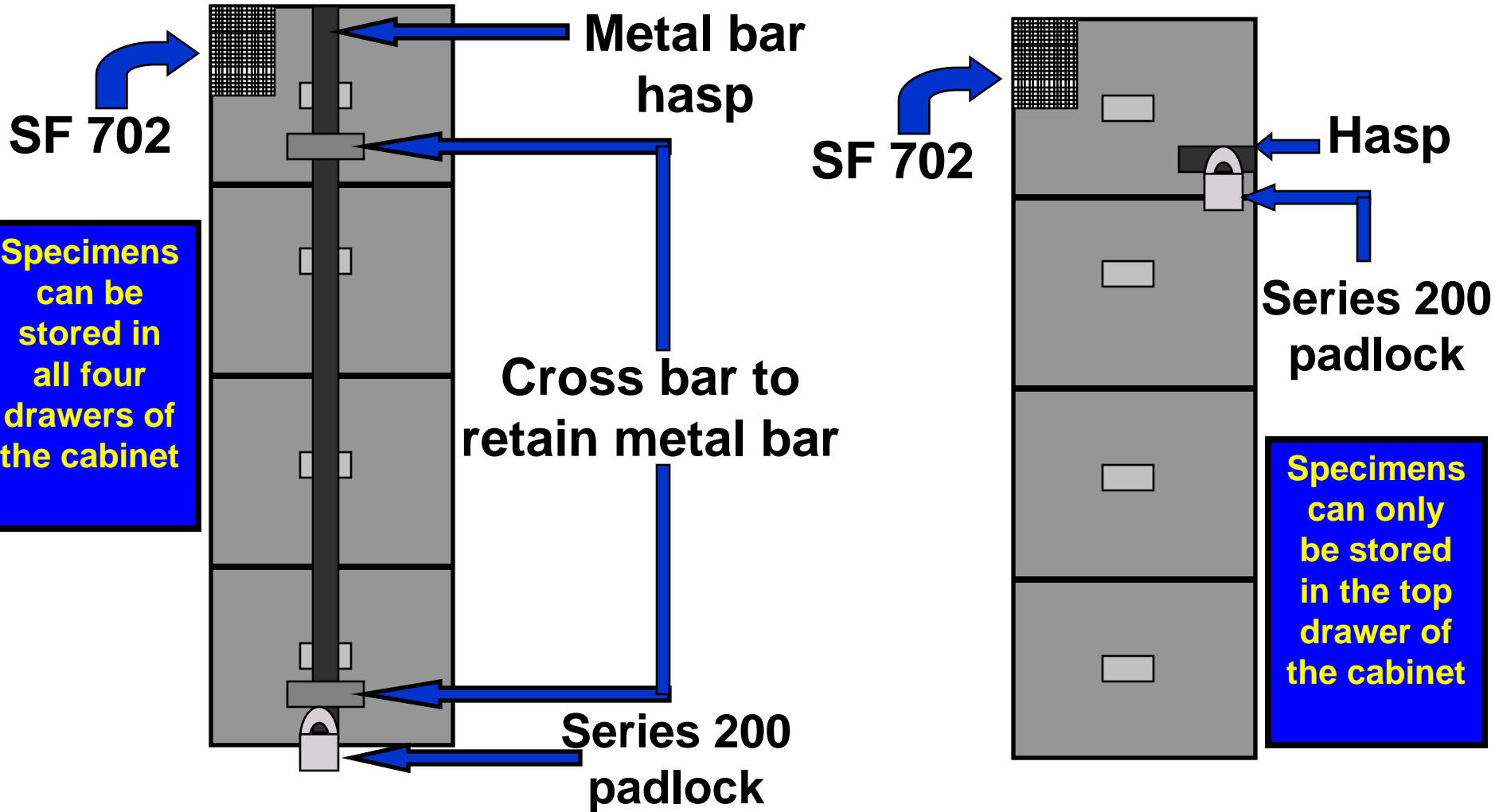
## UPL's Quality Control Checklist

Ensure each batch of specimens meet the requirements  
DO NOT SEND UNIT TESTING REGISTER WITH SPECIMENS

DD FORM 2624	
1. If a Soldier was not available for testing, 1/2 inch of the barcode of that specimen was blackened out, all information lined out, dated and initialed with the comment "NOT TESTED"? Corrections to other specimen barcodes and information are treated in the same manner, with appropriate corrections or with certificates of corrections?	
2. UPL that conducted the collection signed as the first person on the chain of custody (back of DD2624, Block 12 a-g)?	
3. Chain of custody reflected "Placed in Temp Storage" and "Removed from Temp Storage" and temp storage location if applicable?	
4. Last entry on the Chain of Custody properly reflected "Released to Shipper" to keep the chain of custody intact?	
5. Copies made of DD2624 and Certificates of Corrections for unit files?	
6. ORIGINAL DD2624 (front and back) and certificates of corrections sent with specimens, in an unsealed envelop bearing BAC on the outside and taped to the specimen box?	
SPECIMEN BOX	
7. Absorbent pouch in each box?	
8. One continuous seal on all seams of the specimen box?	
9. UPL's legible payroll signature across the seal on the top and bottom of each specimen box?	
10. Each box placed in a leak-proof bag?	

- ALARACT 090/2010 provides directive for Use of MRS Mail Procedure to ship UA specimens.
- Contact your BACM, S1/G1/J1/CJ1 for guidance and mailing supplies.
- Each MRS label has a unique barcode (package ID) and may be used only once. Mail may be tracked by barcode.
- Extra services (i.e. registered, etc) are unnecessary and not provided by this procedure; units must pay for extra services.

# Unit Level Temporary Storage Security Requirements (If Necessary)



Units in Combat Zone may use a storage chest (chained to heavy objects) or MILVAN with lock and key controlled by the UPL. Key control: UPL retains a key, and a reserved key is kept in CDR's safe in a sealed and dated envelop. The reason for opening the envelop should be documented with a memorandum for record (MFR).

# Additional info can be found at:

- ✓ **ACSAP Home:** <https://www.acsap.army.mil> or
- ✓ **ACSAP AKO:** <https://www.us.army.mil/suite/page/594495>
  - Info on the Army Center for Substance Abuse Programs website includes, DTP software, modifiable SOPs, Commander's Guide and UPL Handbook, Commander info about the ASAP and other resources.
  - On-Line UPL Certification for Deployed Units
- ✓ Contact your assigned BAC Manager (see BAC chart)
- ✓ Contact ACSAP at [BioChem@conus.army.mil](mailto:BioChem@conus.army.mil)
  - Result inquiry must include UIC, BAC, and Test Date.

# SUPPLIES: ORDERED THROUGH YOUR UNIT SUPPLY AS CLASS 2

- BOT1055 Urine Specimen Bottle with Box 120 bottles per case NSN #6640-00-165-5778
- CUP4050 Female Specimen Collection Container 300 bottles per case NSN #6530-01-048-0855
- LBL1010 Tamper Evident Tape 60 Strips per box NSN #6640-01-204-2654
- GLO1010 Vinyl Exam Glove (Med) 100 Gloves per box NSN #6515-00-339-7860
- BAG1519 White Shipping Bag 11 x 15 100Bags/case NSN #6530-01-304-9762
- ABS1021 Absorbent Pouch 750ml Capacity 100 Pouch/case NSN #6330-01-304-9754.
- Any vendors may be used; however, Alpha Pointe has proven itself a reliable vendor (1-888-433-5848 [customerservice@alphapointe.org](mailto:customerservice@alphapointe.org)).
- If ordered as Class 8, delivery may take longer and cost more.

# BAC MANAGER RESPONSIBILITIES

- All units **MUST** contact the BAC Manager to confirm BAC for testing, results reporting procedure, and other supports for unit's ASAP. Incorrect use of BAC may cause test results to be un-reportable.
- Retrieve urinalysis test results for his/her command on a regular basis from the Tripler Army Medical Center Forensic Toxicological Drug Testing Laboratory (FTDTL) web portal, and forward the results (positives and discrepancies at a minimum) to unit commanders and medical review officers (MRO) as appropriate. Keep historical data of results (date and to whom results are reported). Direct coordination with your BAC Manager for results is authorized.
- For those test results which require a medical review, the SF 513 and other supporting documentation will be forwarded via encrypted email to the Deployment Drug Testing Manager at ACSAP ([BioChem@conus.army.mil](mailto:BioChem@conus.army.mil)) to ensure the appropriate data is entered into DAMIS and record keeping.
- Ensures that subordinate units have sufficient supplies to conduct drug testing—Provide guidance.
- Monitor drug testing rates (command positive rate), trends, specimen discrepancy rates, and MRO delinquency rates.
- Provide reports to Command HQ (or if required to Higher HQs and HQDA program managers). BAC Managers will send a monthly urinalysis tracking report for their area of responsibility (AOR) to Command's ASAP manager, G1 NLT the 10th of each month. (Excel spread sheet that has company UIC up to BCT, showing monthly test rate, discrepancy rate, and positive rate).

As of 31 Jul 09, appointed MROs will need to get ACSAP Portal and DAMIS access to make MRO disposition entries directly into DAMIS using the DAMIS MRO Functionality. BACMs will need to check the MRO completion report and follow up as appropriate. **Prescription date and drug name are mandatory on SF513 or direct DAMIS entry.** Entries made by ASAP personnel other than the MRO must include **MRO's contact number.** **MEDCOM will review all MRO cases and may send the unacceptable MRO review back on the pending list (blue highlight).** Contact ACSAP at [BioChem@conus.army.mil](mailto:BioChem@conus.army.mil) for assistance.  
CENTCOM BACM AKO Page: <https://www.us.army.mil/suite/page/523236>.  
MRO Training AKO Page: <https://www.us.army.mil/suite/page/283323>.