

PRIVACY ADVISORY: When completed, this form is protected by the Privacy Act of 1974, as amended.

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING
(Read Instructions on last page before completing form.)

A. LABORATORY CONDUCTING DRUG TESTING

1. SUBMITTING UNIT		2. ADDITIONAL SERVICE INFORMATION <i>(Second Echelon)</i>		B. DAMAGE TO SHIPPING CONTAINER/ DISCREPANCY CODES	
3. BASE AND UNIT IDENTIFICATION**		4. DATE SPECIMEN COLLECTED YYYY MM DD		C. LAB BATCH NUMBER	
5. UNIT DOCUMENT NUMBER**		D. DRUGS TESTED			
**Required information entry on front and back of form.					
6. SPECIMEN NUMBER/SERVICEMEMBER'S ID NUMBER (CAC)	7. TEST BASIS	8. TEST INFO	9. ACCESSION NUMBER	10. DISC CODE	
(1)					
001					
(2)					
002					
(3)					
003					
(4)					
004					
(5)					
005					
(6)					
006					
(7)					
007					
(8)					
008					
(9)					
009					
(10)					
010					
(11)					
011					
(12)					
012					

11. CHAIN OF CUSTODY TRACKING		BASE AND UNIT IDENTIFICATION		UNIT DOCUMENT NUMBER
a. DATE (YYYYMMDD)	b. RELEASED BY	c. RECEIVED BY		d. PURPOSE OF TRANSFER
(1)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(2)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(3)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(4)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(5)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(6)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(7)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(8)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(9)	SIGNATURE	SIGNATURE		
	NAME	NAME		
(10)	SIGNATURE	SIGNATURE		
	NAME	NAME		

INSTRUCTIONS FOR COMPLETING DD FORM 2624

FRONT PAGE

BLOCK		ARMY	NAVY/USMC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples <i>w/ Address</i>		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Message address of second echelon commander to whom submitting unit reports. <i>ASAP</i> NOT APPLICABLE <i>2464 85th Medical BN A&C</i>		
3	BASE AND UNIT IDENTIFICATION CODE	Service Code Area/Unit Identification Code (UIC or RUC) of unit submitting urine sample. <i>MW05 + your UIC</i>		
4	DATE SPECIMEN COLLECTED	Year - Month - Day format.		
5	UNIT DOCUMENT/BATCH NUMBER	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit. <i>0001-0099</i> Do not use.		
6	SPECIMEN NUMBER/ SERVICE MEMBER ID (CAC)	Use the pre-printed barcode number identical to the barcode applied to the member's specimen bottle/ Service Member ID number (barcode) on the DoD Common Access Card (CAC). <i>001-012</i>		
7	TEST BASIS	Enter the 2-letter test premise code under which collection is being conducted. <i>RU MO</i> <i>RU PO VO</i>		
8	TEST INFORMATION	Entry required only if additional testing is required: (S = Steroids; O = Other drugs). Provide justification/drug specification by an attached memorandum accompanying the DD Form 2624 submission. <i>Leave Blank</i>		

BACK PAGE

11. CHAIN OF CUSTODY TRACKING

- DATE - Date of collection/shipment.
- RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
- RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.
- PURPOSE OF TRANSFER/REMARKS - Specify reason for transfer between accountable individuals, temporary secure storage, removal from secure storage, or delivery/shipment to testing laboratory.

NOTE: If/when custody of specimens changes, each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comments in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d) of Blocks (a) - (d).