



12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	USN/MC	USAF	
				1	SUBMITTING UNIT	Message address of unit submitting urine samples		
(1)	SIGNATURE	SIGNATURE		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	NAME						
(2)	SIGNATURE	SIGNATURE		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 (BIDN).
	NAME	NAME						
(3)	SIGNATURE	SIGNATURE		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME	NAME						
(4)	SIGNATURE	SIGNATURE		5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	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.
	NAME	NAME						
(5)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
	NAME	NAME						
(6)	SIGNATURE	SIGNATURE		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						
(7)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME						
(8)	SIGNATURE	SIGNATURE		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE		10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
	NAME	NAME						
(10)	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 not screened prior to submission to lab.		Not used
	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/REMARKS - 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 signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).				
				13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						