

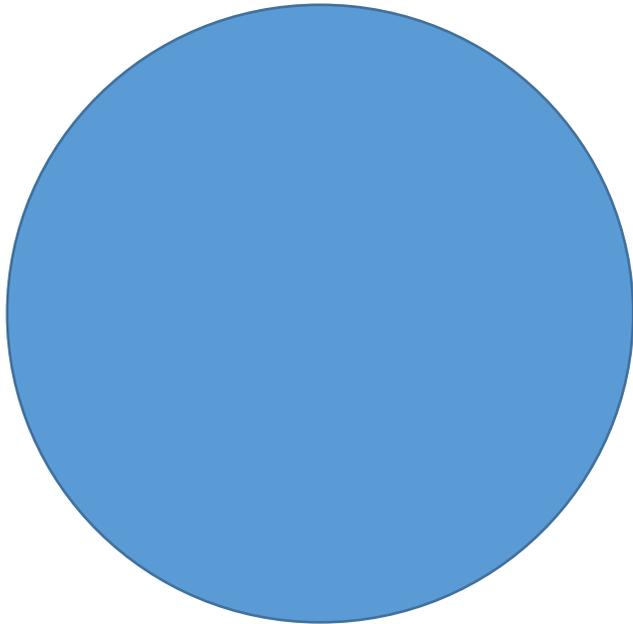
SPECIMEN CUSTODY DOCUMENT - DRUG TESTING						A. LABORATORY CONDUCTING TESTING	
1. SUBMITTING UNIT Your Unit Name			2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) HQ Drug Testing				
3. BASE/AREA CODE NG10	4. UNIT IDENTIFICATION CODE W 1111	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED 20130702		B. BATCH NUMBER	C. REPORT OF RESULTS	
7. SPECIMEN NUMBER						D. DRUGS TESTED	
8. COMPLETE SSN						Version 533L	
9. TEST BASIS	10. TEST INFO	11. PRES SCREEN	E. DISC CODE		F. ACCESSION NUMBER	G. RESULT	
001	000-44-2069	IR	A				
002	000-22-3002	IR	A				
003	000-11-2015	IR	B				
004	999-44-3002	IR	B			NO SPECIMEN 20130702 TMR	
005	000-44-2006	IR	A			NO SPECIMEN 20130702 TMR	
006	000-11-4008	IR	B				
007	000-11-2021	IR	A				
should be on new P/W							
008	111-22-3333	PO	B				
009	222-11-3322	CO	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			

Example

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) 130505	SIGNATURE <i>Robert Augustine</i> NAME Robert Augustine	SIGNATURE Safe Storage NAME	Placed in Safe 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.
(2) 130506	SIGNATURE Safe Storage NAME	SIGNATURE <i>Robert Augustine</i> NAME Robert Augustine	Removed from Safe 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 Number (BIDN).
(3) 130506	SIGNATURE <i>Robert Augustine</i> NAME Robert Augustine	SIGNATURE USPS NAME	Shipped to LAB	4 UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
(4)	SIGNATURE NAME	SIGNATURE 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-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.
(5)	SIGNATURE NAME	SIGNATURE NAME		6 DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
				7 SPECIMEN NUMBER	Enter number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
				8 COMPLETE SSN	Full SSN of person from whom sample obtained.		
(6)	SIGNATURE NAME	SIGNATURE NAME		9 TEST BASIS	Indicate the testing premise to conduct the collection.		
(7)	SIGNATURE NAME	SIGNATURE NAME		10 TEST INFORMATION	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.	
(8)	SIGNATURE NAME	SIGNATURE 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
(9)	SIGNATURE NAME	SIGNATURE 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).			
(10)	SIGNATURE NAME	SIGNATURE NAME		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES			

Print initials in block letters

PLACE BOTTLE HERE



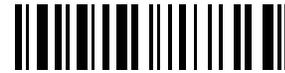
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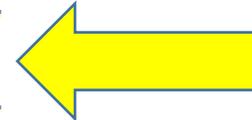
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BAC: NG21 UIC: 3VSAB

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