UNIT PREVENTION LEADER'S

URINALYSIS COLLECTION HANDBOOK
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New Policies and Procedures Change Since 2010 (UPL Handbook 3.0)


1. **DODI 1300.28, In-Service Transition for Transgender Service Members**

2. **Army Directive 2016-15, 22 APR 2016.** mandates that "effective immediately, commanders at every level will ensure random urinalysis testing at the rate of 10 percent of assigned end strength each month. The primary method for selection should be the inspection random (IR) drug testing code. Soldiers not selected for random urinalysis during the first three quarters of each fiscal year will be selected for testing during the fourth quarter using the inspection other (IO) test basis code. Commanders should not use unit sweep testing to meet this requirement." (This directive will be included in the next update of AR 600-85)

3. **Army Directive 2018-07-15 (Prioritizing Efforts for Readiness and Lethality (Update 14)) (Task Reduction Memorandum 14th).** Commanders have full authority to exercise their individual discretion to simplify, reduce, or eliminate the following risk reduction and prevention activities. They are not required by Headquarters, Department of the Army (HQDA). The elimination of these requirements does not relieve commanders of their responsibility to educate personnel about health and other risks to military readiness associated with problematic substance use.
   (1) Commanders are no longer required to ensure all military and civilian personnel are provided alcohol and drug abuse prevention training.
   (2) Alcohol and drug abuse prevention training does not need to be integrated into the overall installation training program.
   (3) Target group-orientated alcohol and drug abuse prevention education and training programs are not required.
   (4) Pre- and post-deployment substance abuse training are not required.

4. **DOD Guidance for Packaging, Documenting, Tracking, Testing, and Reporting of Specimens Received at Department of Defense Drug Testing Laboratories, 9 AUG 2018.** See Page 203.

5. **AR 25-400-2, Army Records Information Management System (ARIMS).** See page 113-115 and 260 of this Handbook. The **Army Consolidated Records Schedule (ACRS)** has been deployed and replaces the Records Retention Schedule-Army (RRS-A) effective 6 Jan 2012. During deployments, follow the record collection policy for the CONOPS IAW DA Pam 25-403 Chapter 12 and instructions from AOC. See page 113.

6. **DODI 1000.30 directs the replacement of SSN with EDI-PI (DOD ID number) and Army Directive 2015-14 (Use of Electronic Data Interchange Person Identifier for Identification in the Military Drug Testing Program).**

7. **DD Form 2624, Nov 2014** version supersedes all prior versions, and it has been incorporated into the **DTP 5.4vL software.**

Welcome to the Unit Prevention Leader Certification Course

Welcome to the Unit Prevention Leader Certification Training Program (UPL CTP)!

UPL Certification Training includes instruction on drug testing procedures, instructor training and prevention of alcohol and other illicit drugs.

As the Unit Prevention Leader (UPL) you are expected to be the Commander’s subject matter expert on all areas of the Army Substance Abuse Program (ASAP), conduct flawless urinalysis collections, assist the Commander in the administration of the ASAP drug testing; and at the Commander’s discretion, provide alcohol and other illicit drug training to the Unit and assist the Commander in the administration of the prevention activities (See Note on Army Directive 2018-07-15).

Purpose of this Handbook

The goal of the UPL Handbook is to provide Commanders and UPLs a desktop reference that provides the necessary information for the design and implementation of a successful Unit Substance Abuse Program that includes identification, referral process to Substance Use Disorder Clinical Care (SUDCC) and rehabilitation programs, commander-directed prevention education activities, and separation procedures.

The UPL Handbook is one component of UPL Certification Training. It supports and expands upon the Web-Based Training (WBT) and Instructor-Led Training (ILT) components. The UPL Handbook serves as a reference for the training and liaison aspects of the UPL’s job that are not covered elsewhere in the certification training. This reference includes condensed versions of the specimen collection processes and substance abuse prevention information covered in the WBT and ILT and provides Commanders and UPLs quick answers for responding to substance abuse and urinalysis collection issues that may arise.

In addition, the UPL Handbook provides Commanders with relevant information that is not covered in AR 600-85. This reference serves as a tool when working with the Drug Testing Coordinators (DTC) and UPLs to fulfill Commander’s discretion regarding substance abuse deterrence at the Unit level.

How this Handbook is Organized

The UPL Handbook contains 6 main sections:

- Section 1 covers the topic of substance abuse prevention and the Risk Reduction Program for commander’s discretion.
- Section 2 covers pre-collection procedures for urinalysis testing.
- Section 3 covers collection procedures for urinalysis testing.
- Section 4 covers post-collection procedures for urinalysis testing.
- Section 5 includes appendixes with a wide range of reference materials and document samples.
- Section 6 includes job aids to assist UPLs with drug testing procedures.

Within each section, material is organized under main headings and subheadings. Special topics are indented and set apart visually to complement the main text. In addition, some supporting material appears in sidebars to the sides of the page.
Qualifications to Serve as a UPL

The qualifications to serve as a UPL are:

- Rank of E5 or above
- Designated on appointment orders by the Unit Commander
- Successfully complete this certification training
- Possess unimpeachable moral character
- Not currently enrolled in the SUDCC (Rehabilitation Program)
- Not under investigation for legal, administrative, or substance abuse related offenses or have had a drug or alcohol-related incident within the last 3 years; and not enrolled for substance use disorder clinical care (SUDCC) counseling for at least 36 months.

Your Commander may also request a local review of your medical, personnel, and criminal records and a background check for past drug or alcohol treatment or positive urinalysis tests.

Designating UPLs in Garrison and While Deployed

AR 600-85 directs Commanders to maintain substance abuse program elements while deployed, to the maximum extent possible. To designate UPLs, Unit Commanders must:

1. Select candidates who meet the qualifications to serve as a UPL.
2. Enroll candidates in UPL Certification training. Candidates must register on the ARD ASAP Web site to access the course.
3. Give candidates sufficient time to complete the training course and all required homework. The course should be completed within 60 days of the start date.
4. Sign your UPL appointment orders to comply with AR 600-85.
5. Sign your Unit’s Substance Abuse Program SOP.
6. For deployed UPL taking online UPL Certification Course, complete and send an e-mail memorandum of verification to usarmy.knox.hqda-dcs-g-1.mbx.acsap-upl@mail.mil certifying that the UPL candidate has successfully completed all required training and are requesting access for the candidate to the certification exam.

Appointment Orders

Commanders must sign appointment orders on all primary and alternate UPLs. You will need the original and at least four copies of the appointment orders. Place the original in the company’s appointment order file/book, issue a copy to each UPL, place one copy in the ASAP files, and include another copy in your Unit Army Substance Abuse Program SOP.

A modifiable appointment order is available on the ARD ASAP Web site. Change all information that is italicized and bold. Print the document on Unit letterhead paper and have the Commander sign it.

Completing UPL Certification

Here’s what you need to do to become certified as a UPL:

- Complete the UPL Certification Training Program.
- Complete and pass DA UPL Practical Exam, which must be administered by your Commander, another officer, senior NCO, or certified UPL.
- Your Commander must sign your appointment orders.
- Your Commander must sign your Unit SOP.
For deployed UPLs, your Commander must complete a Memorandum of Verification to certify that you have successfully completed all training, required homework, and the practical exercise exam, and must e-mail it to usarmy.knox.hqda-dcs-g-1.mbx.acsap-upl@mail.mil.

For deployed UPLs, the ARD ASAP will send instructions to your Commander for you to access the UPL Certification Exam.

Recertifying as a UPL

UPL certification upon completion of classroom-based training is active for 18 months. Certification completed through the online distance learning method is valid for 12 months. The UPL must successfully complete the UPL Certification exam to recertify. The UPL must retake the entire UPL Certification training if he or she fails the re-certification exam or if his or her certification has been expired for 60 days or more.

If a UPL's certification expires, the UPL has up to 60 days to contact the ARD ASAP to attend any locally-required update training, and take and pass the recertification exam to be recertified for another 18 months from the date of examination. The UPL is not authorized to collect drug-testing specimens if their certification expires before they recertify. To recertify a UPL within 60 days of certification expiration, the deployed Commander/1SG must:

1. Enroll the UPL in the recertification course conducted by the local ASAP or request the UPL recertification during deployment thru the online course by sending an e-mail to ARD ASAP's UPL e-mail box at usarmy.knox.hqda-dcs-g-1.mbx.acsap-upl@mail.mil with the following information: UPL’s rank, name, certification date and Installation/Reserve Command/State where certified or provide a copy of the last Certificate of Training.

2. Appoint the UPL according to AR 600-85 and review and/or sign the Unit's deployment SOP.

3. E-mail a recertification verification memorandum to ARD ASAP to request a certification exam.

Commander Top 10 list

According to AR 600-85, these are the responsibilities of Unit Commanders:

- Appoint on orders two officers or non-commissioned officers (E-5 or above) who have integrity, maturity, attention to detail and maximum retention ability to be the primary and alternate Unit Prevention Leaders (UPLs). Ensure the appointees complete UPL certification training.
- Implement a Unit Drug Testing Program.
- Immediately report all offenses involving illegal possession, use, sale, or trafficking in drugs or drug paraphernalia to the Provost Marshal (PM) for investigation or referral to the Army Criminal Investigation Command (USACIDC).
- Implement a Unit Drug Testing Program.
- Maintain liaison with SUDCC (ASAP clinical) and non-clinical personnel.
- Maintain ASAP elements while deployed, to the maximum extent possible.
- Support positive and non attributable approaches to Soldier risk reduction.
- Work with the Risk Reduction Coordinator and the Installation Prevention Team (IPT) in designing and effecting prevention and intervention approaches. *** See Note
- Assess programs and provide feedback to the Risk Reduction Coordinator and IPT for program improvements.

*** Note: USAR and ARNG Unit Commanders will implement the appropriate Risk Reduction Program and Prevention Program as prescribed by the component commander.
Information and Assistance

If you need more information, or have a question or problem with the course now or in the future, here are ways to get help:

- Contact your local garrison Army Substance Abuse Program office.
- Find additional information on the ASAP Web site at https://asap.army.mil.
- Contact the ARD ASAP staff for assistance at the following e-mail address: usarmy.knox.hqda-dcs-g-1.mbx.acsap-upl@mail.mil.
Section 1

Substance Abuse
Deterrence and
Services
Section 1: Substance Abuse Prevention

LIVING THE ARMY ETHIC

WHY & HOW WE SERVE

FOR LOVE OF COUNTRY AND OUR FAMILY
TO PRESERVE PEACE-PREVENT, SHAPE, WIN
DEFEND THE AMERICAN PEOPLE AND VALUES

ETHICALLY-ARMY ETHIC-WITH CHARACTER
EFFECTIVELY-TEAMWORK-WITH COMPETENCE
EFFICIENTLY-STEWARDSHIP-WITH COMMITMENT

AMERICA’S ARMY
OUR PROFESSION
HTTP://CAPE.ARMY.MIL
Warrior Ethos

“Warrior Ethos” is a creed that Soldiers live by.

Always Place the Mission First

If you always put the mission first, you won’t risk the mission’s success by abusing alcohol and/or drugs.

Never Accept Defeat

You are an American Soldier; a drug-free warrior fighting for freedom; never accept defeat.
Never Quit

If you feel that you need to drink or use drugs to cope with whatever is going on in your life, seek help.

Never Leave a Fallen Comrade Behind

You would never leave your buddy behind on the battlefield; remember that this applies to the social scene, too. Don’t let your buddy be at risk because he or she is drunk or doing drugs.

Together, we fight the battle against substance abuse as the Professional U.S. Army
The Army Substance Abuse Program (ASAP)

Program Authority

The Secretary of Defense requires each of the Armed Services to develop alcohol and other drug abuse prevention and control programs in accordance with Department of Defense Instruction (DODI) 1010.01 and Department of Defense Instruction (DODI) 1010.16.

In response to this directive and instruction, the Army conducts a comprehensive program to prevent and control the abuse of alcohol and other drugs. The Army Substance Abuse Program (ASAP) follows the guidelines set forth in AR 600-85 and the Army Directive 2018-07-15.

Mission

The ASAP’s mission is to strengthen the overall fitness and effectiveness of the Army’s workforce, to conserve manpower and enhance the combat readiness of Soldiers.

Objectives

- Increase individual fitness and overall Unit readiness.
- Provide services which are proactive and responsive to the needs workforce and emphasize alcohol and other drug abuse deterrence, prevention of the Army’s education, and rehabilitation.
- Implement alcohol and other drug risk reduction and prevention strategies that respond to potential problems before they jeopardize readiness, productivity, and careers.
- Restore to duty those substance-impaired Soldiers who have the potential for continued military service.
- Provide effective alcohol and other drug abuse prevention and education at all levels of command, and encourage Commanders to provide alcohol and drug-free leisure activities.
- Ensure all personnel assigned to ASAP staff are appropriately trained and experienced to accomplish their missions.
- Achieve maximum productivity and reduce absenteeism and attrition among Civilian Corps Members by reducing the effects of the abuse of alcohol and other drugs.
- Improve readiness by extending services to the Soldiers, Civilian Corps Members, and family members.

Concept and Principles

The ASAP is a command program that emphasizes readiness and personal responsibility. The ultimate decision regarding separation or retention of abusers is the responsibility of the Soldier’s chain of command. The command role in substance abuse prevention, drug and alcohol testing, early identification of problems, rehabilitation, and administrative or judicial actions is essential. Commanders will ensure that all officials and supervisors support the ASAP.

ASAP Components

There are two major components of the Army Substance Abuse Program (ASAP) both at Department of the Army (DA) level and at the installation level. The components are: ASAP Non-Clinical Services and Substance Use Disorder Clinical Care (SUDCC) Programs.
ASAP Non-Clinical Components

The HQDA Army Substance Abuse Program (ASAP) under the Army Resiliency Directorate (ARD) of the Army G-1 is the DA proponent for all non-clinical functions of the ASAP.

The local garrison ASAP non-clinical provides prevention, education, administers the substance abuse prevention campaigns, and overseas the processing and shipping of all military and civilian urine specimens to the DoD drug testing laboratories. This is the office with which you, as a UPL, will primarily interact. The garrison ASAP non-clinical staff for the Active Army, United States Army Reserve (USAR) and the Army National Guard (ARNG) consists of the following staff positions:

- Alcohol and Drug Control Officer (ADCO–Army and USAR) responsibilities are to:
  - Provide direct supervision and management over all ASAP staff and programs in garrison.
  - Manage and monitor the drug and alcohol testing program (military and civilian).
  - Develop, coordinate, and recommend local garrison ASAP policies and procedures for implementation.
  - Serve as the coordinator of all substance abuse and risk reduction issues for the Installation Community Health Promotion Council/Installation Prevention Team/Human Resource Council or other appropriate forums.
  - Ensure there is a continuous and comprehensive ASAP staff training plan for all garrison staff to enhance professional skills.
  - Assist Commanders and supervisors in the identification and referral of individuals suspected of alcohol and/or other drug abuse.
  - Institute procedures and strategies designed to enhance the deterrent effect of drug and alcohol testing.
  - Consult with the ASAP counseling staff, local law enforcement personnel, and other installation personnel in designing and implementing the Installation Prevention Plan (IPP).
  - Using input from the PCs, evaluate all prevention education aspects of the local ASAP at the end of the fiscal year, and forward through the Commander, Installation Management Command (IMCOM) to the Director, ASAP, a written report of the installation prevention program activities and accomplishments.
  - For military personnel only, restrict notification of positive drug test results with personally identifiable information (PII) (name and DOD ID number or SSN) to: the Commander who ordered the test; the chain of command over the Commander who ordered the test; and the supporting legal office when they are acting on behalf of the Commander who ordered the test.
  - Appoint a primary Drug Testing Coordinator (DTC–all components) and alternate DTC on orders and ensure they are trained and certified through the DA DTC certification course.

Note: USAR and ARNG Unit Commanders will implement the appropriate Risk Reduction Program and Prevention Program as designated by the component commander.

Note: ARNG ADCO will perform duty as prescribed in the ARNG Substance Abuse Program (SAP) Guidance and report to the State TAG for further guidance.
Drug Testing Coordinator (DTC). Installation, command, or state DTCs are responsible to:
- Serve as the subject matter expert on urinalysis collection and testing.
- Ensure that Unit urine collections are performed as required according to AR 600-85.
- Operate a forensically secure installation drug and alcohol testing program control point.
- Augment the installation Inspector General Inspection teams.
- Teach the drug testing procedures portion of the UPL certification course and, in coordination with the PC, provide pre- and post-deployment training to UPLs.
- Advise Unit Commanders and ADCOs on test procedures and results.
- Manage drug testing supplies and expenditures.
- Initiate medical review process for positive drug testing results as required according to AR 600-85.
- Be prepared to testify as an expert witness about the urinalysis collection process during courts martial.
- Retrieve Soldiers drug test results from the Forensic Toxicology Drug Testing Laboratory (FTDTL) Web portal, and within five working days of when results were posted, notify the Commanders who ordered the tests or the Medical Review Officer (MRO) if a MRO review is required. For any positive results, review the Soldiers’ past urinalysis records in DAMIS to determine if they have previous positive urinalysis results. Notify the Soldiers’ Company Commanders of all positive urinalysis results in the Soldiers’ records. Inform the Commander of the follow-up actions as required by AR 600-85.

Prevention Coordinator (PC). In compliance with the commander’s discretion and request, IAW Army Directive 2018-07-15, the PC is responsible to:
- Promote ASAP services using marketing, networking, and consulting strategies.
- Provide training and any other services to assist organizations in ensuring all military and civilian personnel are provided prevention education training.
- Coordinate with the installation training officer to assist in integrating the preventive education and training efforts into the overall installation training program.
- Design, develop, and administer target group-oriented alcohol and other drug prevention education and training programs in coordination with the ASAP staff and other installation prevention professionals.
- Maintain liaison with schools serving military family members, civic organizations, civilian agencies, and military organizations to integrate the efforts of all community preventive education resources.
- Oversee the UPL training program. Provide UPLs with education and training materials.
- Maintain lists of available continuing education and training courses and workshops provided by ARD ASAP, IMCOM, and appropriate civilian agencies for ASAP garrison staff and coordinate allocations for military and civilian training courses through the IMCOM.
- Address military community risk levels and work toward reducing the risk factors.
- Within the National Guard, the PC is responsible for prevention, treatment, and outreach.

Deployed UPLs perform selected Drug Testing Coordinator duties.

Prevention Coordinator (PC). In compliance with the commander’s discretion and request, IAW Army Directive 2018-07-15, the PC is responsible to:
- Promote ASAP services using marketing, networking, and consulting strategies.
- Provide training and any other services to assist organizations in ensuring all military and civilian personnel are provided prevention education training.
- Coordinate with the installation training officer to assist in integrating the preventive education and training efforts into the overall installation training program.
- Design, develop, and administer target group-oriented alcohol and other drug prevention education and training programs in coordination with the ASAP staff and other installation prevention professionals.
- Maintain liaison with schools serving military family members, civic organizations, civilian agencies, and military organizations to integrate the efforts of all community preventive education resources.
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- Address military community risk levels and work toward reducing the risk factors.
- Within the National Guard, the PC is responsible for prevention, treatment, and outreach.

Drug Testing Coordinator (DTC). Installation, command, or state DTCs are responsible to:
- Serve as the subject matter expert on urinalysis collection and testing.
- Ensure that Unit urine collections are performed as required according to AR 600-85.
- Operate a forensically secure installation drug and alcohol testing program control point.
- Augment the installation Inspector General Inspection teams.
- Teach the drug testing procedures portion of the UPL certification course and, in coordination with the PC, provide pre- and post-deployment training to UPLs.
- Advise Unit Commanders and ADCOs on test procedures and results.
- Manage drug testing supplies and expenditures.
- Initiate medical review process for positive drug testing results as required according to AR 600-85.
- Be prepared to testify as an expert witness about the urinalysis collection process during courts martial.
- Retrieve Soldiers drug test results from the Forensic Toxicology Drug Testing Laboratory (FTDTL) Web portal, and within five working days of when results were posted, notify the Commanders who ordered the tests or the Medical Review Officer (MRO) if a MRO review is required. For any positive results, review the Soldiers’ past urinalysis records in DAMIS to determine if they have previous positive urinalysis results. Notify the Soldiers’ Company Commanders of all positive urinalysis results in the Soldiers’ records. Inform the Commander of the follow-up actions as required by AR 600-85.

Prevention Coordinator (PC). In compliance with the commander’s discretion and request, IAW Army Directive 2018-07-15, the PC is responsible to:
- Promote ASAP services using marketing, networking, and consulting strategies.
- Provide training and any other services to assist organizations in ensuring all military and civilian personnel are provided prevention education training.
- Coordinate with the installation training officer to assist in integrating the preventive education and training efforts into the overall installation training program.
- Design, develop, and administer target group-oriented alcohol and other drug prevention education and training programs in coordination with the ASAP staff and other installation prevention professionals.
- Maintain liaison with schools serving military family members, civic organizations, civilian agencies, and military organizations to integrate the efforts of all community preventive education resources.
- Oversee the UPL training program. Provide UPLs with education and training materials.
- Maintain lists of available continuing education and training courses and workshops provided by ARD ASAP, IMCOM, and appropriate civilian agencies for ASAP garrison staff and coordinate allocations for military and civilian training courses through the IMCOM.
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• Maintain the Installation/Command Drug Testing SOP and ensure that the ADCO reviews it annually and the appropriate SJA reviews it when changes are made.
• Conduct background check on UPL candidates.
• Provide the SUDCC Director/ Clinical Director (CD) with the results of all rehabilitation urinalysis tests.
• Manage installation quotas if required.
• Manage UPL access to DA and /or DOD Web-based applications as needed.

Employee Assistant Program Coordinator (EAPC). The EAPC reports to the ADCO and is responsible to:

• Serve as the point of contact for civilian employees who have any kind of problem and need assistance.
• Coordinate with the PC on prevention education for supervisors and Civilian Corps Members at all levels on alcohol and other drugs, and appropriate information on common adult living problems encountered by civilian employees that are specific to the needs of the population serviced.
• Publicize and market ASAP services available for civilian employees.
• Assist the PC in developing and executing prevention campaigns and conducting education and prevention programs.

ASAP Clinical Components (Substance Use Disorder Clinical Care (SUDCC))

The Office of the Surgeon General (OTSG) is the proponent for all clinical aspects of the ASAP and the drug-testing laboratories.

The SUDCC provides evaluation and treatment for Soldiers and their family members who are enrolled in TRICARE and identified as having possible substance use disorder. If USAR and ARNG Soldiers and their family members are enrolled in TRICARE, these members may receive evaluation and treatment as well.

The Installation Director of Psychological Health (IDPH) is the chief clinician for SUDCC at the installation. The IDPHs are responsible to:

• Supervise drug and alcohol counselors.
• Administer and manage the SUDCC (rehabilitation) function of the ASAP.
• Inform the ADCO of issues affecting the SUDCC program.
• Ensure that SUDCC evaluations and Command consultations are performed as required.
• Notify Unit Commanders and the ADCO when Units are not conducting rehabilitation testing as outlined in the rehabilitation team meetings.

Medical Treatment Facility

The Medical Treatment Facility (MTF) provides a Medical Review Officer (MRO) to determine if a positive urinalysis is the result of legitimate or illicit use.

The Medical Review Officer (MRO) for military results is a physician or medical practitioner qualified by USAMEDCOM and appointed on order by the Medical Treatment Facility Commander. The MRO is responsible to:

• Determine whether Soldiers who test positive for drugs have a legitimate prescription. The MRO reviews only those positive test results that may have occurred through legitimate medical use, as determined by USAMEDCOM.
• Note: MRO for civilian drug testing program reviews and signs all civilian drug test results.

Notes: At the time of this revision, the clinical ASAP component is managed by MEDCOM. The term “Substance Use Disorder Clinical Care (SUDCC)” will be used to replace the term "clinical ASAP", and the term Installation Director of Psychological Health (IDPH)” will replace ASAP "Clinical Director" in all references until the release of the new AR 600-85. Until the new regulation is released, the functions and terms will be understood as described.
Roles and Responsibilities

Unit Prevention Leader (UPL)

The Unit Prevention Leader is appointed on orders by the Company, or equivalent, Commander.

Unit Prevention Leaders are required to:

◆ Meet the criteria in AR 600-85 to be a UPL.
◆ Be trained and certified using the HQDA UPL Certification Training Program.
◆ In coordination with the Company Commander, design and implement the Company Substance Abuse Program SOP and Unit Prevention Plan at the commander’s discretion.
◆ At the commander’s discretion and in coordination with the PC, deliver informed prevention education to all Soldiers assigned to the Unit.
◆ Assist the Battalion Prevention Leader in administering the Battalion Drug and Alcohol Testing Program.
◆ Assist in New Unit Personnel Briefings.
◆ Advise and assist Command leadership on all matters pertaining to the ASAP.
◆ Inform the Commander of the program status and of trends in alcohol and other drug abuse in the Company.
◆ Maintain liaison with the servicing behavioral health unit when deployed.
◆ Develop Command support for prevention activities by establishing an open, honest, and trusting relationship with the Unit Commander and subordinate leaders.

Battalion Prevention Leader (BPL)

Battalion Prevention Leaders must first meet the criteria to be a UPL, be trained and certified using the HQDA UPL Certification Training Program, and are appointed on orders by the Battalion Commander. Responsibilities include:

◆ Supervise and provide technical guidance to UPLs.
◆ Inspect and assist Company UPLs in the performance of their duties in coordination with the Installation DTC or State DTC.
◆ Be the Battalion Commander’s subject matter expert on the ASAP.
◆ Coordinate with other UPLs within the Battalion to support the Battalion drug testing program as necessary to accomplish the specimen collection mission.
◆ Use the DOD Drug Testing Program software as the primary method of randomly selecting Soldiers for drug testing and for preparing the drug testing forms and bottle labels, and ensure that the Commander approves all lists of randomly selected Soldiers before notifying them to report for testing.
◆ In coordination with the Battalion Commander, design and implement the Battalion Substance Abuse Program SOP and prevention plan. Provide a copy, signed by the Battalion Commander, to the local ASAP.
◆ In coordination with the PC, ensure Company UPLs assist in delivery of prevention education to all Soldiers assigned to the Battalion.
◆ Inform the Commander of the status of the ASAP and of trends in alcohol and other drug abuse in the Battalion.
◆ Maintain liaison with the servicing SUDCC center when in garrison and with the servicing behavioral health unit when deployed.
- Develop Command support for prevention activities by establishing an open, honest, and trusting relationship with the Unit Commander and subordinate leaders.
- Advise and assist Unit leaders on all matters pertaining to ASAP.

**Unit Commander**

Unit Commanders are responsible for implementing ASAP program IAW AR 600-85 and Army Directive 2018-07-15 including:

- Assist the Battalion Commander in implementing the Battalion drug and alcohol testing program. Ensure that all Soldiers receive prevention education as necessary.
- Implement ASAP prevention and education initiatives addressed in the AR 600-85.
- Appoint an officer or noncommissioned officer (E-5 or above) on orders as UPL and alternate UPL, who must be certified through the UPL Certification Training Program.
- Document that all newly assigned Soldiers are briefed on ASAP policies and services within 30 days of arrival.
- Maintain liaison with ASAP garrison and counseling staffs.
- Maintain ASAP elements while deployed, to the maximum extent possible.
- Foster a positive Command climate that discourages alcohol and drug abuse and is supportive of those who need assistance from the ASAP for problems related to alcohol and other drug abuse. Support substance abuse prevention campaigns and alcohol-free activities in the Unit and on the installation.
- Consult with the servicing legal office for all drug and alcohol related offenses.
- Initiate administrative separation in accordance with Army regulations.
- Immediately report all offenses involving illegal possession, use, sale, or trafficking in drugs or drug paraphernalia to the Provost Marshal (PM) for investigation or referral to the Army Criminal Investigation Command (USACIDC).
- Ensure that Soldiers promptly provide medical evidence for legitimate use of a prescribed drug to the MRO when requested.
- Refer any Soldier to the ASAP for evaluation within five duty days of notification that the Soldier received a positive urinalysis for illicit drug use or was involved in alcohol-related misconduct.
- Assist the UPL in the development of a Unit Substance Abuse Program SOP and sign it at least annually.
- Ensure that the Unit Risk Inventory (URI) is administered to all Soldiers at least 30 days before an operational deployment and the Reintegration Unit Risk Inventory (R-URI) is administered to all Soldiers between 90 and 180 days after returning from an operational deployment.

**Responsibilities for All Soldiers**

All Soldiers in the U.S. Army are required to:

- Be responsible for personal decisions relating to alcohol and drug use and be fully accountable for substandard performance or illegal acts resulting from such use.
- Encourage Soldiers suspected of having an existing or possible alcohol or drug abuse problem to seek assistance.
- Be prepared to provide a copy of any prescription or medical treatment involving controlled substances received from any medical personnel outside the military medical system for at least 12 months after receiving such prescription or medical treatment.
**Overarching Tenets**

The two overarching tenets of the ASAP are Prevention and Treatment.

**Capabilities Supporting Prevention:**

- **Education**
  
  Definition of this capability: Instruction for the Soldiers and other beneficiaries with increased knowledge, skill, and/or experience as the desired outcome.

- **Deterrence**
  
  Definition of this capability: Action or threat of action to be taken in order to dissuade Soldiers or government employees from abusing or misusing substances. The Army's primary mechanism of deterrence is Random Drug Testing.

- **Identification/Detection**
  
  Definition of this capability: The process of identifying Soldiers and other beneficiaries as potential or actual substance abusers. The methods of identification are: Self ID, Command ID, Drug Testing ID, Medical ID, and Investigation/Apprehension ID.

  The methods of identification are covered in detail later in this section.

- **Referral**
  
  Definition of this capability: Modes by which Soldiers and other beneficiaries can access ASAP services. Modes are self-referral and Command referral.

- **Risk Reduction**
  
  Definition of this capability: Compile, analyze, and assess behavioral risk and other data to identify trends and Units with high-risk profiles. Provide systematic prevention and intervention methods and materials to Commanders to eliminate or mitigate individual high-risk behaviors.

**Capabilities Supporting Treatment:**

- **Screening**
  
  Definition of this capability: An in-depth individual biological/psychological/sociological evaluation/interview to determine if Soldiers and other beneficiaries need to receive treatment. This capability is a U.S. Army Medical Command (MEDCOM) responsibility.

- **SUDCC (treatment/rehabilitation) Programs**
  
  Definition of this capability: Clinical intervention with the goal of returning Soldiers and other beneficiaries to full duty or identify Soldiers who are not able to be successfully rehabilitated. This capability is a MEDCOM responsibility.

**Capability that Spans Both Prevention and Treatment:**

- **Targeted Intervention**
  
  Definition of this capability: An educational/motivational program which focuses on the adverse effects and consequences of alcohol and other drug abuse. The Army implements targeted intervention through the DA Alcohol and Drug Prevention Training (ADAPT) program curriculum. All Soldiers and other beneficiaries screened for substance abuse issues will receive targeted intervention.

  Soldiers who do not have the potential for future substance abuse-free service to the Nation should be separated. The most important elements of managing an effective alcohol and drug abuse prevention program are Commanders and supervisors who advocate the legal and responsible use of alcohol and other drugs and who use the ASAP’s professional services to strengthen their organizations.
**UPL Values**

**Backbone of the Drug and Alcohol Program**

- As a UPL you are the backbone and leader of the Substance Abuse Program within your Unit.
- You must set the example and be drug-free.
- You must be technically and tactically proficient at Unit urinalysis and at providing drug and alcohol education.
- You are the Subject Matter Expert (SME) and must assist the Commander with the Substance Abuse Program.

**Drug-Free Fighting Force**

- As a UPL, you show your loyalty to your Unit and the Army by:
  - Educating the Soldiers within your Command on drugs and alcohol.
  - Deterring drug abuse by ensuring the Commander conducts regular Unit urinalyses using the principles of Smart Testing.
  - Detecting drug abusers by performing legally sound urinalysis testing with proper chains of custody.
- This ensures that you have drug-free Soldiers to perform your Unit’s required missions.
- Your pledge should be to ensure that no Soldier within your Unit causes personal injury to themselves or others through drug or alcohol abuse.

**Your Duty as a UPL**

- Conduct Unit urinalysis in compliance with DODI 1010.01, DODI 1010.16, AR 600-85 and the UPL Handbook.
- Ensure that Observers perform their duties correctly and professionally.
- Assist the Commander in fulfilling his/her duties and responsibilities in support of the Substance Abuse Program.

**Treat Other Soldiers Like You Would Like to Be Treated**

- Treat all Soldiers with respect and dignity.
- Ensure that Observers treat donors with maximum respect and as much privacy as is allowed.
- Keep personal information about medications, medical conditions, Soldiers in rehab/SUDCC treatment, and positive results obtained between you and the Commander.
Selfless Service to a Drug-Free Army

- Take the time to learn everything you can about drugs and alcohol, so you can educate your Unit and truly be a subject matter expert for the Commander.
- Complete Unit urinalysis in compliance with regulations, handbooks, and SOPs despite the time that it takes away from other duties.
- Know that the selfless service you provide could save countless lives.

Honor Your Freedom

- Honor America, the Army, your Unit, and your fellow Soldiers by helping to make your Army drug-free.
- Educate your Unit and help others make honorable decisions not to use drugs or abuse alcohol.
- Demonstrate honorable behavior on and off duty. Set the example for others to follow in regard to alcohol and drug abuse.

Make the Right Choices

- Make the right decisions about drug and alcohol:
  - Don’t use drugs.
  - Don’t drink and drive.
  - Report users so they can get help.
- Ensure that all Soldiers within the Unit are treated equally when providing a specimen.

Do the Right Thing

- Do the right thing despite possible repercussions from others.
- Have the personal courage to:
  - Say “no” to drugs and/or alcohol.
  - Report other Soldiers who are abusing drugs or alcohol.
  - Inform the chain of command of problems or concerns about the Substance Abuse Program.
  - Ensure that the collection standards are applied equally, regardless of rank or position.
Risk Reduction Program

Purpose

The Risk Reduction Program is a Commander’s program designed to reduce high-risk behavior in Soldiers. It supports ASAP initiatives by integrating prevention and intervention programs into a framework contributing to the four institutional outcomes of performance, readiness, retention, and recruiting. The RRP may be used per Commander’s discretion; RRP is no longer not a mandate.

How it Works

The program monitors high-risk behaviors (HRBs), including those involving substance abuse (e.g., drug and alcohol offenses, accidents), and other factors and Soldier incident data such as warning letters and positive urinalysis results. It also assists Commanders in deciding which actions to take to solve behavioral problems. All policies and procedures for the Risk Reduction Program apply to the Army, the Army National Guard, and the Army Reserve (AR 600-85).

The Soldier incident data is converted into rates per thousand Soldiers and displayed in a target format. The Bulls Eye graphic below provides a comparison between the rate of Soldier incidents at differing group levels, company, battalion or installation. The selected group will present as white “bullet holes”, region level as “R’s”, and RRP Army as a whole presents as large white circle between the amber and green for each slice. Commanders can quickly identify high-risk behavior of concern and provide educational assistance.
The Risk Reduction Program is normally implemented at the Battalion level and measures high-risk behaviors. The ASAP runs this program because of the relationship between substance abuse and other high risk behaviors such as:

◆ The majority of sexual assaults involve the use of alcohol and/or drugs by the victim and/or the assailant.
◆ Spouse and/or child abuse incidents increase when the abuser uses or abuses alcohol and/or drugs.

**Strategies**

Strategies of the Risk Reduction Program include:

◆ Increasing Soldier and Unit readiness
◆ Identifying and reducing high-risk factors
◆ Promoting risk reduction as a prevention strategy
◆ Collaborating with Army resources in a coordinated effort to change high-risk behaviors
◆ Providing Commanders and UPLs with valuable information on which to base their strategies for delivering substance abuse prevention education

For more information on the Risk Reduction Program, contact your supporting ASAP.

**Unit Risk Inventory (URI) and Reintegration Unit Risk Inventory (R-URI)**

Two highly-respected tools of the Risk Reduction Program are the Unit Risk Inventory (URI) and Reintegration Unit Risk Inventory (R-URI). The inventories are Command climate surveys designed to help Commanders determine the actual occurrences of high-risk behavior through anonymous Soldier self-reported information.

**The URI**

One Army Command Climate Survey designed and approved for use at the Company level is the URI. The URI is an anonymous questionnaire that takes approximately 45 minutes to complete. It is administered at least 90 days before an operational deployment. Features of the URI include:

◆ Screens for high-risk behavior and attitudes that compromise Unit readiness.
◆ Applies the World Health Organization (WHO) Alcohol Use Disorder Identification Test (AUDIT) score to identify potential problem drinking.
◆ Provides Commanders with valuable information on which to base their strategies for addressing high risk behavior problems in the Unit.
The R-URI

The high operational tempo throughout the Army creates a higher potential for high-risk behaviors and attitudes affecting Unit readiness. In order to monitor and provide required support for the well-being of personnel, the HQDA developed another Command climate survey called the R-URI.

Like the URI, the R-URI is also an anonymous questionnaire conducted at the Company level. It contains 80 items and takes approximately 45 minutes to complete. It is administered 30-180 days after returning from an operational deployment (AR 600-85). Features of the R-URI include:

- Applies the AUDIT score to identify potential problem drinking.
- Provides Commanders insight to develop strategies to address high risk behavior problems in the Unit.
- Measures both high risk behaviors that occurred during deployment and those that have occurred since returning.
Important Definitions

Responsible Drinking

Responsible drinking is that which does not adversely affect an individual’s ability to fulfill their obligations, nor negatively impacts the individual’s job performance, health, or well-being or the good of the order and discipline of the Unit or organization.

Substance Misuse

Substance misuse occurs when a Soldier uses drugs but has no apparent diagnosis for a drug or alcohol problem and no continuing pattern of abuse is present. This is usually a one-time event, but may be significant enough to require enrollment in the ASAP.

Substance Abuse

Substance abuse occurs when a Soldier exhibits maladaptive behavior patterns (actions that are counterproductive to the individual) over a 12-month period, involving one of the following:

- Failure to perform at work
- Using in physically hazardous situations (for example, getting charged with a DWI)
- Recurrent legal problems
- Recurrent social problems

Substance Abuse Indicators

- Using a substance specifically to get drunk, high, buzzed, or impaired.
- Experiencing an impairment problem related at least in part to the substance (e.g., falling down, slurred speech, throwing up, incurring a DWI/DUI citation, being involved in a car crash, reporting late for duty, falling grades).
- Experiencing a health problem related at least in part to the substance (e.g., fatty liver, rotting teeth, memory loss, depression, impaired abstract thinking, heart disease, certain forms of cancer, brain damage).
- Experiencing a relationship problem related at least in part to the substance (e.g., unwanted sex, getting into a fight, verbal abuse, physical abuse, and lawsuit).
- Using a substance in such a way that it jeopardizes valued things in life (e.g., family, friends, career, Unit mission, religion, promotions, self-respect, good health, loving and being loved).

Substance Dependence

Substance dependence exists when a Soldier exhibits any three of the following behaviors regarding substance use over a 12-month period:

- Increasing tolerance (able to consume markedly increasing amounts before becoming impaired)
- Withdrawal effects when abstinent
- Unsuccessful efforts to cut down or stop
- Continuing use despite medical or psychological reasons to stop
- Life centers on obtaining the substance
- Social and occupational activities impacted by use
Identification and Referral

There are six ways to identify substance abuse problems in Soldiers. Soldiers must be referred to the ASAP when they have been identified with one of these methods.

Voluntary Identification

Voluntary (self) identification is the preferred method of discovering alcohol or drug abuse. To self-identify, Soldiers can either:

- Approach the Unit Commander, OR
- Approach the installation ASAP, a Medical Treatment Facility, a chaplain, or any officer or non-commissioned officer in the chain of command.

AR 600-85 states that if a Soldier initially seeks help from an activity or individual, other than his or her Unit Commander, that activity or individual should immediately notify the Soldier’s Unit Commander and Installation Alcohol and Drug Control Officer (ADCO).

The requirement for Commanders to initiate separation proceedings does not apply if the Soldier properly self-identified according to the Limited Use Policy. After being notified of a Soldier’s Self-Identification, the Commander may initiate a separation action; however, the information is protected evidence under the Limited Use Policy. If the Army discharges the Soldier, it will be treated as an Honorable Discharge.

Command Identification

Command Identification occurs when a Commander/Supervisor observes, suspects, or otherwise becomes aware that alcohol or drug abuse is adversely affecting an individual’s job performance, social conduct, interpersonal relations, physical fitness, or health.

When a Commander or a designated representative identifies a Soldier with probable alcohol or drug abuse, he or she must:

- Explain the Limited Use Policy to the Soldier after consulting with the ADCO and supporting legal advisor, if the Limited Use Policy applies to the circumstances at hand in the Command Identification.
- Initiate a Commander’s inquiry to investigate suspected misconduct after consulting with the supporting legal advisor.

Drug Testing Identification

Drug testing identification occurs after a laboratory tests a specimen and determines a drug test result.

If laboratory urinalysis determines a positive drug test result on a Soldier, the Commander must refer the Soldier to the ASAP counseling center within 5 duty days of receiving the validated result. This referral is mandatory regardless of the Soldier’s rank or time in service.
Alcohol Testing Identification

Alcohol testing identification occurs after a Soldier participates in blood or breath testing to detect alcohol use.

The purposes for alcohol testing are largely the same as the purposes for drug testing.

- Inspection – Commanders can order that an entire Unit or part of a Unit submits to an examination to ensure military fitness and discipline.
- Search or Seizure/Probable Cause – This applies to cases in which the Commander has sufficient reason to believe that a Soldier has violated the UCMJ by using or abusing alcohol and that evidence currently remains within the Soldier’s body. It also applies to searches based on probable cause.
- Competence for Duty – Commanders can order a Competence for Duty test when they have reason to question a Soldier’s competence based on bizarre, uncharacteristic behavior.
- Consent – Soldiers may consent to alcohol testing as part of a consent search.
- Medical – This applies to specimens that Soldiers submit during any medical examination for a valid medical purpose (e.g., an emergency room visit or periodic physical examinations).

Alcohol Testing - Military

Commanders may conduct alcohol testing for the same reasons as drug testing (Inspection, Probable Cause, Fitness for Duty, etc.). An unpredictable testing pattern will produce a more accurate indicator of alcohol impairment and abuse within a particular Unit than one which is predictable, just as it does for drug testing.

Although no testing rate is currently mandated, Commanders may conduct alcohol screening tests, and confirmation tests as required, on the whole or a part of their Units for the primary purpose of ensuring the security, military fitness, and good order and discipline of their Units. This inspection is to determine if Soldiers are maintaining proper standards of readiness, and are fit and ready for duty.

Alcohol Test Scheduling

Alcohol screening and confirmation tests should only be performed during duty hours when the Soldiers selected for testing have prior knowledge that they should be on duty. Example: If a Commander calls an unannounced alert and Soldiers report for duty at 0430 when they were originally scheduled to report at 0630, then the alcohol test cannot be administered until at least 0630. However, if the Soldiers were previously told that they had to report at 0430, then they may be tested for alcohol at 0430.

Legal Alcohol Limits

- Per AR 600-85, impairment of Soldiers is defined as having blood alcohol content equal to or greater than .05 grams of alcohol per 100 milliliters of blood.
- Underage drinking is prohibited. Army policy governing the minimum age for dispensing, purchasing, consuming, and possessing alcoholic beverages is found in AR 215–1. Any underage Soldier using alcoholic beverages will be referred to the SUDCC for screening within 5 working days except when consumption is permitted by AR 215–1.
**Commander Action**

- Within 5 working days of the incident or investigation, the Commander will refer to the ASAP for screening and potential enrollment all potential alcohol abusers identified by self referral, alcohol testing, DUI/DWI investigation, apprehension, underage drinking or other incident involving the use of alcohol. The Commander will use DA Form 8003 for the referral.

- All potential alcohol abusers identified by self referral, alcohol testing, DUI/DWI investigation apprehension or other incidents involving the use of alcohol that do not require treatment will be required to attend the Army’s educational ADAPT.

**Evidentiary vs. Non-evidentiary**

The legal terms evidentiary and non-evidentiary apply to drug and alcohol testing results. Evidentiary test results are those that a board or courts martial can use in legal proceedings against a Soldier. Non-evidentiary test results are those that a board or courts martial cannot use in legal proceedings against a Soldier.

Drug tests conducted according to the AR 600-85 meet the requirements to be evidentiary. The following discussion pertains to the use of alcohol tests.

**Evidentiary Requirements (Military)**

For an alcohol test result to be considered evidentiary, it must meet ALL of the following requirements. If any one of the evidentiary requirements is not met, then a test will be considered non-evidentiary.

- The test must have correctly completed and maintained chain of custody documentation.
- The lab instrument used for testing must have proper calibration.
- The lab instrument operator must have a certification. The instrument manufacturer usually issues a certification, and usually recertifies the operator on an annual basis.
- The instrument must be properly maintained in accordance with standing operating procedures and the manufacturer’s recommendations
- The operator must print and maintain a copy of test data. This should include calibration, quality control, and the Soldier’s specimen data.

**Conducting Evidentiary Tests**

Commanders should request evidentiary tests through the MP or their MTF based on established policies on the installation. Contact the Alcohol and Drug Control Officer (ADCO) for installation-specific information. Most installations have two possible ways to conduct evidentiary tests (check with your local SOP and ASAP for procedures):

- Military Police can administer an evidentiary breath test.
- The Medical Treatment Facility can administer an evidentiary blood test.

National Guard, Army Reserve, and other personnel not located near installations (i.e. recruiters) should consult with the Region/Major Army Command (MACOM) for guidance on memorandums of agreement with local law enforcement or with other possible agencies.
Non-Evidentiary Testing (Military)

- Commanders may use non-evidentiary alcohol screening devices that are listed on the Department of Transportation’s (DOT) Conforming Products List of Alcohol Screening Devices.

- Commanders should request devices for testing through the ASAP’s DTC.

- Alcohol results received with these devices cannot be used in any administrative action until the Soldier’s test is confirmed with an evidentiary alcohol breath measuring device (ABMD) or through a legal blood alcohol test under chain of custody.

- Soldiers that screen positive using the ABMD will be referred to the Commander for a determination as to whether Probable Cause exists and further search is warranted. Under no circumstance will the Soldier that screened positive drive any personal or military vehicle until identified as not impaired or until the next day.

Medical Identification

Medical identification occurs when a physician or healthcare worker discovers signs of alcohol and/or drug abuse during routine or emergency medical treatment.

The physician will immediately inform the Soldier’s Commander if any one of the following conditions exist:

- Abuse is current
- Impaired judgment is evident
- Potential dangers exist to others as a result of the Soldier’s alcohol and/or drug abuse
- The individual’s drug use may cause a security breach or information breach

Medical Identification and the Limited Use Policy

If a Soldier reveals personal abuse of alcohol and/or drugs during a routine medical screening, his or her admission, as well as any urinalysis resulting from the admission, is covered under the Limited Use Policy and the Commander does not initiate adverse administrative action on the Soldier. If the physician identifies abuse through any means other than a Soldier’s self admission, the Limited Use Policy does not apply. See section 2 in this handbook for more information on the Limited Use Policy.

Investigation/Apprehension Identification

Investigation/apprehension identification occurs when military or civilian law enforcement identifies a Soldier’s alcohol or other drug abuse.

According to AR 600-85, identification through investigation or apprehension is not covered under the Limited Use Policy. See section 2 in this handbook for more information on the Limited Use Policy.
Referring Soldiers to the SUDCC

Commander Response to Identification

After identifying a Soldier’s probable use of alcohol or drugs, the Commander (or designated representative) must:

1. Coordinate with law enforcement to determine whether the Commander or designated representative should conduct the initial interview of the alcohol or drug abuser.

2. Consult with the ADCO and supporting legal advisor when the Unit Commander believes the Limited Use Policy applies. The Unit Commander may then explain the Limited Use Policy, if applicable to the particular circumstances.

3. Investigate suspected misconduct through a Commander’s Inquiry, AR 15–6 investigation, or other appropriate method after consulting with the legal advisor if law enforcement does not initiate an investigation.

4. Refer individuals suspected or identified as alcohol and/or other drugs abusers to the SUDCC for screening. These includes those identified through drug testing (except those determined to be legitimate medical use by the MRO) and/or blood alcohol tests. The Commander must complete and sign a DA Form 8003 to complete the referral.

UPL Response to Identification

If the UPL suspects a Soldier of alcohol or drug abuse, he or she must:

- Speak with the Soldier’s supervisor and/or the Commander.
- Refer Soldiers to the ADCO if you encounter any questions for which you are not 100 percent sure of the answer, such as alcohol use versus abuse.
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Resources

There are many resources available to help you prepare for prevention education for your Soldiers.

Garrison Comparison

UPLs in garrison should contact the following people for support to assist commander in delivering prevention education Army–ASAP Prevention Coordinator (PC); USAR–ADCO, ARNG–State Prevention Staff (ADCO/PC).

ASAP Web site

The ASAP Web site is a great resource for UPLs and Commanders. It contains the most pertinent and up-to-date information. As a rule of thumb, you should visit the site monthly. You can find these resources to assist with prevention efforts on this site:

- Pamphlets—These are desk references that provide information on a variety of topics in a clear and concise manner.
- Campaign posters and materials associated with campaigns—These materials assist in promoting substance abuse prevention.
- Presentations and lesson plans—Instructional materials to be used as resources for prevention education.

The Web site content is organized into three categories: UPL-focused, Commander-focused, and Resources.

UPL-Focused Content:
- UPL Handbook
- DTP software
- Drug and alcohol presentations
- Campaign information
Commander Focused Content:
- Risk Reduction
- Appointment Orders
- Treatment information
- UPL certification
- Commander's FAQ

Resources Content:
- Newsletters
- Non-DOD Web sites
- AR 600-85
- Modifiable Unit SOP

Targeted Web Sites

The UPL should check several Web sites in addition to the HQDA ARD ASAP site for additional information in their substance abuse prevention efforts. These sites contain a wealth of information that can help UPLs build their programs and answer questions. Some explain prevention programs that are currently operating while others provide helpful research-supported information.
National Institute on Drug Abuse (https://www.drugabuse.gov/) – NIDA is a federal entity with the mission to apply the power of science for a positive impact on drug abuse and addiction.

Substance Abuse and Mental Health Services Administration (https://www.samhsa.gov/) – SAMHSA is a federal entity that helps people build resilience and experience recovery. The program is targeted to those who have or are at risk for developing mental or substance use disorders.

**UPL Handbook**

This Handbook is a reference to provide the UPL with the tools and information to implement a successful Substance Abuse Prevention program. It contains step-by-step instructions for performing urinalysis testing procedures, including all of the tasks the UPL must perform before and after urine collection. The handbook also contains valuable reference materials such as testing forms, checklists, job aids, and procedure diagrams.
USAP Standing Operating Procedures

The Unit Substance Abuse Program Standing Operating Procedures (USAP SOP) is a document that the UPL writes. It outlines how the Unit conducts urinalysis testing and substance abuse prevention efforts. All Units must have Commander-approved USAP SOP in place.

The Substance Abuse program is a Commander’s program. Therefore, the UPL should collaborate with the Commander in creating the program for the Unit. The UPL must also consult with the leaders at higher Commands (BN, BCT/BDE, DIV, Installation, or ASCC (i.e. ARCENT (Army Central Command, current major deployed area)) to ensure the Unit SOP has all needed/required information and references to drive a successful Substance Abuse Program.

**Garrison Comparison–Unit SOP**

In garrison, the UPL consults with the local ASAP when creating the program for the Unit.

Unless mandated differently in the installation SOP, your Unit SOP should include:

- Random selection process normally used and an alternate
  - DTP should be the primary method and a ten-sided die or number out of a hat as the alternate method in case of a computer problem.

- Procedures for testing personnel when not available because of leave, TDY, etc.; and procedures for retesting personnel when specimens failed to be tested at the FTDTL
  - The UPL should make a plan for how to handle these cases and include that plan in the SOP. When making a plan for these cases, decide whether you will:
    - Conduct the later test or retest during a specific time period (e.g., within 3 days of return), OR
    - Conduct the later test or retest during a specific event, such as the next Unit test.

- Required means of Soldier identification to include an alternate reliable method to verify Soldier identity if the Soldier does not have an ID card (e.g., alpha roster) in his/her possession

- Collection Procedure–this should be in your installation SOP

- All required personnel briefings (i.e., Commander, Observer, UPL)

- Unusual circumstances and how to handle them (e.g., no ID, short sample, shy bladder, adulteration)

- Disinfection procedure

The USAP SOP also includes the procedures for urinalysis testing while deployed. This section should include:

- Authority for ordering and canceling urinalysis (Commander, appointed representative)

- Testing rate

- UPL Certification requirements

- Base Area Codes for garrison or deployment

- UPL duties when deployed

- Shipping and recordkeeping procedures
You may use policy letters in lieu of USAP SOPs. Although this is acceptable, the policy letter must address all Unit-specific procedures and information that the Installation Military Collection SOP does not mandate.

A modifiable USAP SOP is available on the ASAP Web site.

**Deployment Testing SOP**

The deployment testing SOP is part of the USAP SOP. Upon deployment, the UPL should perform the following tasks to complete their testing SOP. The deployment testing SOP includes the following information about what the UPL does when arriving at the deployment area:

- Coordinate with the Base Area Code (BAC) Manager in the deployment area for drug testing information to include policy, BACs to enter on the DD Form 2624 for proper reporting of test results, addresses for the Forensic Toxicology Drug Testing Laboratories, local supply system and testing results. If the BAC Manager cannot be identified, go to the ASAP Web site for instructions.

- Determine the local region requirements for turn in of specimens for shipment. The official mail channel should be used first. If there is no official mail system at your location, determine if there is a U.S. flagged carrier (Federal Express, United Parcel Service, U.S. Postal Service, etc.) and ask your Commander to set up an account with the available carrier to have your Unit’s specimens shipped to the servicing FTDTL.

Mail inspection may impact the specimen chain of custody. A guidance for mailing specimens is available from HQDA for your specific deployment area. Go to the ASAP Web site for instructions.

- Set up an area for the collection, quality control, temporary storage, packaging and shipping of specimens. Minimum requirements for temporary storage in AR 600-85 will be followed, or the UPL will guard the specimens until they are mailed.

- Supply logistics will be coordinated between the UPL and supporting supply channel.

For a modifiable Deployment Testing SOP and additional information, please refer to the ASAP Web site.

**Unit Prevention Plan (UPP) Note (1)**

Embedded in the Unit SOP is the Unit Prevention Plan. The UPP is a comprehensive document that defines how to address substance abuse issues in your specific Unit. Additionally, the Unit Prevention Plan outlines the following key issues:

- Substance Abuse prevention education activities as directed by the commander.
- Frequency of contact with higher Command (e.g., ARCENT) or ASAP to obtain new information and/or pamphlets.
- How the Commander identifies high-risk populations (URI, R-UIR, health and welfare inspections.)

Important

The UPL must have the USAP SOP, installation SOP, Region/MACOM SOP, policy letters, and AR 600-85 present during every urinalysis collection.


Commanders have full authority to exercise their individual discretion to simplify, reduce, or eliminate the following risk reduction and prevention activities. They are not required by Headquarters, Department of the Army (HQDA). The elimination of these requirements does not relieve commanders of their responsibility to educate personnel about health and other risks to military readiness associated with problematic substance use.

1. Commanders are no longer required to ensure all military and civilian personnel are provided alcohol and drug abuse prevention training.
2. Alcohol and drug abuse prevention training does not need to be integrated into the overall installation training program.
3. Target group-orientated alcohol and drug abuse prevention education and training programs are not required.
4. Pre- and post-deployment substance abuse training are not required.
Writing the UPP

The UPL should work with the installation ASAP staff to create the UPP.

Remember that:

- There is no single effective approach to preventing substance abuse. Your plan should include multiple strategies.
- You should coordinate with the people who directly participate in prevention efforts (i.e. the Commander and the ASAP staff) when developing the prevention strategy.
- Unit prevention programs should be part of a larger effort to create a healthier installation community (i.e., the Installation Prevention Plan).

Making Prevention Efforts Effective

Adhere to these guidelines to make the most of your time with prevention efforts:

- Coordinate and talk with your installation ASAP staff members, USAR ADCO, and ARNG ADCO/PC for information and ideas for substance abuse education. Your installation ASAP office should have some of the following resources available to assist you with your Unit prevention efforts:
  - Multimedia prevention and education products, such as videotapes, audiotapes, and CD-ROMs. You can obtain these from the Prevention Coordinator.
  - Prevention services to assist with early detection and referrals of Soldiers before military careers are in jeopardy.
  - Social marketing “giveaways” that educate and inform Soldiers about problem issues and the programs available to address their needs (such as posters, flyers, buttons, pens, etc.).
- Increase knowledge and raise awareness within your Unit.
  - Use various means such as the Unit bulletin board, newsletters, and e-mail messages to keep Soldiers informed about substance abuse-related issues. Refer Soldiers to the various materials and resources available to them.
  - You may also want to participate in national campaigns such as Red Ribbon Week or 3D Month in order to increase awareness and gain access to additional substance abuse prevention materials.
- Assist in building social/life skills through prevention education which can address areas such as avoiding negative peer influence, DUI education, and decision-making.
- Effective prevention planning requires creativity, organization commitment and support.

REMEMBER: Unit Prevention Leader plays a critical role in making the Unit ASAP successful!
Section 2

Pre-Collection
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Section 2: Pre-Collection

Drug Testing Preparation

Drug testing within the military is defined as the chemical analysis of urine for specific drugs or the analysis of breath or blood for alcohol. The terms “drug testing” and “urinalysis testing” are commonly used to refer to the same procedures.

There are governing regulations that explain the purpose for drug testing:

- DOD Instruction 1010.01 outlines the formal mandate given to the military services to update their policies and responsibilities with respect to the Military Personnel Drug Abuse Testing Program (MPDATP) in support of the DoD Drug Demand Reduction Program (DDRP), the Army Drug Testing, and Substance Abuse services.

- DOD Instruction 1010.16 provides the technical procedures for MPDATP and Forensic Toxicology Drug Testing Laboratories (FTDTL) operations.

- AR 600-85 governs the Army Substance Abuse Program and Drug Testing. The regulation defines Army policy on alcohol and other drug abuse and assigns responsibilities for implementing this program. The complete AR 600-85 is available for download on the ARD ASAP Web site or www.apd.army.mil. Use the AR 600-85 as a reference document and ensure that it is always present during urinalysis testing. AR 600-85 also defines the scope of the UPL’s responsibilities.

Random Testing

The most important elements of the Army’s drug testing program are that it is conducted completely randomly but yet executed consistently.

- DoD Instruction 1010.10 defines the minimum annual rate of testing as to collect a number of random samples equal to the number of active duty members in the Unit. For example, if your Unit has 120 Soldiers, you must collect a minimum of 120 samples under IR basis during the fiscal year. However, the process of random selection process may result in some Soldiers being selected for testing more than once and others not selected during the FY. See Army Directive 2016-15 for follow-up instruction.

- The Army Directive 2016-15 directs that commanders at every level will conduct random urinalysis testing at the rate of 10 percent of assigned end strength each month (see detail notes of the directive in the side panel ->).

- For Army Reserve and National Guard, the regulations mandate 10 percent of Unit strength per month or 25 percent per quarter.

Special Testing Requirements for Specific Personnel

AR 600-85 requires UPLs to submit to urinalysis testing a minimum of once in each 12 month period to ensure their continuing fitness for the positions they hold and the integrity of the drug testing program.

In addition, some personnel must submit to drug testing at least once in each fiscal year unless they are detailed to duties outside their military occupational specialty (MOS) or are assigned as instructors or to Battalion or higher staffs for the entire fiscal year. They include:

- 21M Firefighter
- 31B MP
- 31D CID Special Agent

FYI Knowledge: Studies (DDRP Reports and PHC) show that the higher degree of deterrence is achieved with the higher frequency of random testing.
68D Operating Room Specialist
68E Dental Specialist
68K Medical Laboratory Specialist
68P Radiology Specialist
68Q Pharmacy Specialist
68W Healthcare Specialist
68X Mental Health Specialist
92R Parachute Rigger
All officers in the medical corps, dental corps, medical specialist corps, nurse corps, or medical Service corps officers with a primary Area of Concentration of 67E, 67F, 67G, 71E, 62C, 73A, or 73B

Testing Documents Overview

There are three forms that you must have on hand in order to perform testing that is compliant with AR 600-85:

- DD Form 2624 - the specimen custody document. It records where the specimens are at all times.
- Testing Register - The Testing Register lists Soldiers selected to test and their assigned Observer, and is the only document that links a DOD ID number or SSN to a Soldier’s name. The UPL holds this document and annotates it with the testing results. The UPL prints the Testing Register when using DTP software. There is also a blank form that can be filled out by hand and serves the same purpose as the Testing Register. AR 600-85 refers to the blank form as the Unit Urinalysis Ledger.
- Bottle Labels - The labels attached to every specimen bottle provide an evidentiary link between the specimen and the individual listed on the DD Form 2624.

Drug Testing and Unit Readiness

Drug testing is a critical mechanism for maintaining your Unit’s readiness. When Soldiers abuse drugs, they compromise their own capacity for duty and put the entire Unit at risk.

Drug testing can:

- Deter Soldiers from abusing drugs (including illegal drugs and prescribed medication).
- Facilitate the early detection of alcohol and/or drug abuse.
- Enable Commanders to assess the security, military fitness, good order, and discipline of their Units.
- Monitor the progress of those enrolled in the SUDCC for alcohol and/or other drug abuse.
- Collect data on the prevalence of alcohol and/or other drug abuse within the Army.
**Hallmarks of a Good Unit Drug Testing Program**

Unit Drug Testing Programs are running properly if they:

- Conduct testing in a truly random manner, employing random selection methods and varying the frequency and time periods for tests, so that testing is unpredictable to the testing population.
- Submit at least 95 percent of their urinalysis specimens to the FTDTL using the DOD DTP software.
- Maintain a specimen discrepancy rate below 3 percent.
- Appoint at least two UPLs on orders signed by the Commander who are certified in accordance with the DA UPL Certification Training Program.
- Pass a Unit-level inspection, using the ASAP checklist or similar standard, as conducted by a higher Unit or the ASAP staff each fiscal year.
- Have a Unit-level substance abuse program SOP signed by the Commander.
- Have Command team presence during most urinalysis collections.
- Use officers and senior NCOs as Observers during urinalysis collections when possible to reinforce Command support for the program.
- Emphasize to Observers the crucial importance of performing their duties exactly as specified in the Observer briefing.
- Test every Soldier selected and do not excuse any Soldier before a complete and acceptable urine specimen has been provided.

**UPL Guiding Principles**

These principles should guide every UPL interaction, regardless of the circumstances, and challenges that arise while conducting urinalysis testing.

- Integrity—Upholding the moral and ethical principles and abiding by laws and regulations governing the Army Substance Abuse Program to ensure credibility of the program, effective substance abuse deterrence effort, and dignity and fairness for all personnel.
- Teamwork—the UPL works with Observers to obtain all specimens in accordance with AR 600-85, DOD Instruction 1010.01, and DOD Instruction 1010.16.
- Respect—It is a UPL's responsibility to treat all Soldiers with respect and dignity. The UPL and observer must maintain Soldier privacy.
- Precision—The UPL must ensure that the approach to specimen collection is flawless. They must abide by Army regulations to maintain collection process integrity.
Smart Testing

Definition

“Smart Testing” is drug testing conducted without set patterns and schedules. The goal of Smart Testing is to make testing unpredictable to the testing population.

The result of properly implemented Smart Testing techniques is that every Soldier believes that he or she may be tested on any given day at any given time.

Soldiers who abuse drugs will do almost anything to avoid being caught. A Soldier who knows when the urinalysis will be conducted may attempt to substitute another fluid for his specimen or contaminate his specimen, so that it is un-testable. Any testing plan or strategy used must be consistent with the requirements of a valid health and welfare inspection.

The keys to obtaining a good urinalysis specimen are to:

- Prevent Soldiers from knowing when they will be tested until just before the test.
- Maintain control of the Soldiers until they provide their specimens.
- Ensure that Observers perform their duties correctly.

Examples

Monthly/Weekly Testing  (See notes of the Army Directive 2016-15 on Page 35)

Commanders should randomly test 10% of your Unit strength monthly as directed in garrison, during FTXs and deployments IAW AR 600-85. Commanders may conduct several collections of smaller percentage within a month to meet the 10% monthly requirement. Many deployed Units conduct 10% random testing per month.

Soldiers may become accustomed to certain testing patterns. Therefore, it is critical that the Commander implements Smart Testing techniques by testing on different days each week or each month.

Weekend/Holiday Sweeps

Most Soldiers expect to attend Unit Safety Briefings before a long weekend, and then expect to be tested when they return. Surprise them by testing during the weekend.

Most Units are also required to test their alert system periodically. This is a good time to test Soldiers on a weekend.

Back-to-Back Testing

Some Soldiers believe that if a urinalysis was conducted Friday, it’s safe for them to abuse drugs over the weekend. An occasional back-to-back test will make them rethink this strategy—and could deter them from abusing over future weekends.

For the National Guard and the Army Reserve, back-to-back testing can consist of testing on Saturday and Sunday.

Pre-and Post-Deployment Testing

Many Soldiers think the Command will be so focused on other tasks that there will not be enough time to test prior to deployment or upon returning.

Remember, Smart Testing strategies include testing when Soldiers least expect it.

FYI: Studies (DDRP Reports and PHC) show that the higher degree of deterrence is achieved with the higher frequency of random testing.
Testing During Field Exercises

When training in the field, use random selection strategies to conduct urinalysis testing. Consider these suggestions:

- Chow Line—Select every fourth person and test them after they eat.
- POL Point—Select every third vehicle and test all occupants of the vehicle.

Testing at the End of the Duty Day

Another advantageous time to test is during the end-of-duty routines, such as:

- Recall Formation
- Afternoon PT

Avoid Setting a Pattern

Remember, since testing should be conducted on a monthly basis, Soldiers will be aware that the likelihood of being tested at some point is high. Take steps to avoid setting a pattern. Don’t just test on the first or last day of the week; alternate testing days.

Do Not Ask for Volunteers

Being a volunteer is a great thing. However, asking for volunteers to submit samples for drug testing is not a good idea. Soldiers who are abusing drugs are not likely to volunteer to be tested.

Asking for volunteers will invalidate the randomization of the collection process.

Do Not Announce Testing Before Notification

If a Soldier has abused drugs and knows that a test is coming up, he or she may have enough time to flush their system with lots of water possibly diluting the amount of evidence in their urine. That means a reduced chance of detecting substance abuse within the Unit and an increased risk for Unit readiness. Soldiers should receive no more than two hours’ advance notice, preferably less.

Avoid Signaling a Test

Be aware that people around you may observe all of your actions as a UPL.

The UPL can inadvertently signal an upcoming test. Soldiers are smart—if they spot a UPL walking about with boxes filled with specimen cups, they will figure out that a test is about to happen. Keep supplies out of sight until the day of testing.

If You Select Them, Then Collect Them

Don’t stop testing because it is the end of the duty day. For example, if you regularly halt testing at 1700 before you’ve gotten through the entire ledger, Soldiers will catch on and may try to wait you out. Collection is complete only when the last tested Soldier’s name is signed on the Testing Register.

Collect all specimens from Soldiers who are available for testing. Soldiers that do not provide a specimen must have a valid reason (leave/TDY) approved by the commander. Report all no show to the commander.

Collect From Every Soldier on Your Testing Register

If the test has more names than required to meet the testing percentage, continue anyway. By regulation, you are required to collect a specimen from all Soldiers selected for testing.

Note: Only the Commander can terminate the test in an extreme situation; however, a follow-up test should be conducted IAW AR 600-85 and Army Directive 2016-15.
Know Your Options for Random Selection

It is critical that you and the Commander ensure that any random selection test is truly random. If test selection is not truly random, there is a risk that a court will dismiss positive results.

There are two approved random selection methods: computer-generated and manual.

Random Selection Methods

Computerized Random Selection Methods

The Army has approved two computer programs for you to use as tools to automatically generate a random sample:

- DOD’s Drug Testing Program (DTP) Full Version
- DTP Lite

See the DTP Lite software demonstration for details on how to use the program.

Non-Computerized (Manual) Random Selection Methods

- Roll a ten-sided die or draw numbers (0-9) from a hat. Personnel whose DOD ID number ends with the number rolled or drawn are selected to test. Numbers on the die or in the hat could repeat in two consecutive tests, which means that some Soldiers could be tested a second time.
- Write every Soldier’s name on 3-by-5 cards, shuffle the cards, and draw the names from the deck to populate the Testing Register.

Testing Dates

The Commander may delegate the responsibility to select the testing date and the percentage of the Unit to be tested to the UPL and/or the First Sergeant (1SG); but the Commander must still order the test.

Scheduling

Choosing an unpredictable pattern will increase drug testing effectiveness. For example, if a UPL is choosing dates over a two-week span to meet the monthly testing requirements and the test for the first week was conducted Friday at 0800, the UPL should schedule the test on a different day of the subsequent week. Monday is probably the most effective day.
**Testing Codes**

In accordance with the DOD Instruction 1010.01, there are nine purposes for ordering urinalysis testing of Soldiers. The Commander must always order the urinalysis test and determine the test basis code to use.

As a UPL, you must not only know all of the urinalysis testing codes, but you must also use testing codes accurately.

The testing codes below represent how the Army categorizes these nine purposes. When you prepare documentation for urinalysis testing, you will use these codes to identify the purpose of the test.

**Inspection Testing Codes**

**Inspection Random (IR)**

Use the IR testing code when randomly selecting a percentage of the Unit for urinalysis testing. You will use the IR code most often, since you should randomly test your Unit at least 10% monthly. (See notes on page 35; more frequent tests may be done to meet 10% monthly requirement).

For example, the Commander orders the UPL to test 10 percent of the Soldiers in the Unit. In this scenario, the UPL uses the Inspection Random (IR) code since the test involves only a randomly selected group within the Unit. See notes on IO tests.

**Inspection Unit (IU)**

Use the IU testing code when testing 100 percent of your Unit.

For example, a Commander orders the UPL to test the entire Unit. In this scenario, the UPL will use the Inspection Unit (IU) code since 100 percent of the Unit is being tested.

The most effective programs conduct periodic Unit sweeps in addition to random selection for drug testing. Do not use IU testing when the Commander suspects a Soldier of abusing drugs but does not have sufficient probable cause to conduct a collection.

**Inspection Other (IO)**

Use the IO code for specific testing circumstances outlined in the Commander’s policy memorandum or Unit SOP.

Some circumstances to use this testing code include:

- Soldiers returning from Absent Without Leave (AWOL)
- Soldiers returning from passes or R & R
- Soldiers who were selected for testing, but were unavailable during a recent random inspection

For example, several Soldiers have returned from R & R. The Commander’s policy states that any Soldiers returning from R & R must undergo urinalysis testing. In accordance with this policy the Commander orders the UPL to test the Soldiers. The UPL uses the Inspection Other (IO) code in this scenario.

Remember that testing is about deterring drug use rather than “playing gotcha” to catch abusers.
**Commander-Directed Testing Codes**

### Probable Cause (PO)

Use the PO testing code to identify cases where the Commander has sufficient evidence (IAW MRE 312(d) and 315) to believe that a Soldier has violated the UCMJ through the abuse of alcohol or drugs.

Commanders are strongly advised to consult with the local SJA prior to ordering this test. The SJA will advise the Commander whether they truly have probable cause. However, if the SJA is not available, the Commander can still proceed.

For example, during a routine inspection, the Commander finds hypodermic needles in a Soldier’s room. The Soldier has no medical reason for possessing the needles. In this scenario, the UPL uses the Probable Cause (PO) code since the Commander has reason to believe the Soldier has used an illegal substance still detectable in urine.

### Fitness for Duty/ Competence for Duty (CO)

Use the CO code to identify situations where the Commander believes that a Soldier is using drugs on the basis of unusual or bizarre behavior and/or breaches of discipline. The Commander may order this test to ensure the safety of the Soldier and the Unit.

For example, over the past month, a Soldier exhibits tardiness and a decline in personal hygiene. He recently displayed bizarre behavior towards his fellow Soldiers. Prior to this, he had an exemplary attendance record and got along well with his fellow Soldiers. In this scenario, the UPL uses the Command Direct (CO) code which supports the Commander’s suspicions that the Soldier’s competence for duty is compromised based on his uncharacteristic behavior.

### Rehabilitation (RO)

Use the RO testing code when the Commander orders a test as part of a Soldier’s SUDCC treatment (rehabilitation) program for drug and alcohol abuse.

For example, a Soldier is enrolled in the SUDCC treatment program and is order to be tested under RO testing in to comply with the requirements of the treatment program. The UPL uses the Rehabilitation (RO) code because testing is mandated as part of a Soldier’s enrollment and treatment in the SUDCC treatment program.

### Other Codes

#### Mishap or Safety Inspection (AO)

Use the AO test code to indicate testing that occurs as a result of a Soldier being involved with an accident that destroys property or causes injuries to personnel.

For example, the Commander has ordered the UPL to conduct a test on a Soldier whom was involved in a vehicle accident on the Forward Operating Base (FOB). In this scenario, the UPL uses the Mishap or Safety Inspection (AO) code, because there has been an accident that destroyed property.

#### Consent (VO)

Use the VO testing code to identify a test for which a Soldier volunteers to provide a sample.

For example, a Soldier volunteers to provide a sample since he has been plagued by rumors of drug use. The UPL uses the Consent (VO) code because the Soldier volunteered the sample.
Medical Examination (MO)

Use the MO testing code to indicate testing that occurs as a result of a physician ordering a urinalysis test.

For example, a physician may order a urine test after examining a Soldier and determining that medical signs suggest drug abuse. The UPL uses the Medical Examination (MO) code because the test has been ordered by a physician.

Special Testing Scenarios

This list covers some examples of special testing situations. You may encounter other testing circumstances for which you will need to take special steps. When you have questions or need assistance, please contact your DTC, USAR ADCO, ARNG DTC, or HQDA ARD ASAP for more information.

As a UPL, you will be asked to test Soldiers for drugs that are not normally tested. Some of these scenarios include:

Specific Drugs on DDRP Drug Panel

If a Commander wants to test a Soldier for specific drugs on the DDRP Drug Panel (see cut-off chart on page 109), the Commander must complete a memorandum to request a test. The memo must include the specific drug to test and the Soldier’s DOD ID number from the urinalysis paperwork. Contact the command ASAP Office for assistance.

Steroid Testing

The Commander must complete a memorandum to request a test for steroids. For more information on steroid testing, including an example of the memorandum to request a test, contact the command ASAP Office or refer to the ARD ASAP Web site.

Commanders must have probable cause in order to issue this request. The testing code is PO. The Soldier must provide 60 milliliters of specimen.

Since steroid testing is not done on a regular basis, contact your installation Drug Testing Coordinator, component ASAP program manager, or the ARD ASAP (HQDA) for assistance with steroid testing requests. See the Post-Collection section in this handbook for the address to send specimens for steroid testing.

To order a steroid test, the Commander must coordinate with the ASAP Office in advance. The UPL submits each specimen and written request for steroid testing on a separate DD Form 2624.

Special Tests

If a Commander wants to test a Soldier for other drugs such as mushrooms (psilocybin) or prescription drugs, probable cause must be established. The correct testing code is PO. The UPL must complete different paperwork depending on the drug in question; therefore you must contact your DTC or ARD ASAP for more information. There is also information available on the ARD ASAP Web site. See the Post-Collection section in this handbook for the address to send specimens for special testing.

General Retesting

AR 600-85 requires Commanders to retest Soldiers in these circumstances:

- The specimen or the accompanying urinalysis paperwork was not forensically correct, OR
- The drug testing laboratory refused to test the specimen on suspicion of adulteration

Use the IO test basis code for retests.

As of the time of this revision, every specimen collected will be tested for Marijuana (THC), Cocaine, Amphetamines (which includes methamphetamine, MDMA (ecstasy), and MDA), heroin, Opiates (which includes morphine and codeine), synthetic opioids (Oxycodone/oxymorphone, known commonly as OxyContin, and Hydrocodone/hydromorphone), selected benzodiazepines, and synthetic cannabinoids, known commonly as Spice.
The Limited Use Policy

Purpose

The Army’s purpose for implementing the Limited Use Policy is to encourage Soldiers to identify their own drug or alcohol problems and to seek voluntary care at SUDCC for help without fear about negative consequences for coming forward. The Limited Use Policy provides a way for Soldiers to demonstrate their potential for successful SUD treatment and retention, as an alternative to discharge.

Protected Evidence

The Limited Use Policy basically prevents the Commander and/or SJA from using certain information in a Court Martial, for UCMJ action, or for characterization of service in a discharge. The information is known as “protected evidence.”

Examples of protected evidence include:

- Drug test result when a Soldier seeks voluntary care at the SUDCC (Voluntary care is discussed in detail later in this section).
- Information collected during emergency medical care of a Soldier for an overdose. The Army considers an overdose, or possible overdose, to be “a cry for help” and therefore treats a Soldier who overdoses as a self-referral.

Exceptions to the Limited Use Policy

In addition to the cases in which information does not qualify as protected evidence, these are situations in which the Limited Use Policy does NOT apply. Authorities may use drug test results against a Soldier in these cases:

- If a Soldier self-refers after receiving notification to participate in a drug test (such as a random inspection or probable cause test).
- A positive drug test result after a rehabilitation test (RO test basis) on a Soldier who is enrolled in the SUDCC for alcohol abuse.
- Information regarding continued substance abuse occurring after a Soldier self-refers.
- Positive results for drugs from a test conducted during regular Unit urinalysis (e.g., test basis of IR, IU, or IO) after a Soldier is enrolled in SUDCC.
- If a Soldier is apprehended by law enforcement prior to receiving emergency medical care.

Legal Responsibilities of Commanders and UPLs

Commanders must initiate separation actions on all identified drug abusers except Soldiers who properly seek voluntary care with Substance Abuse Services or SUDCC either directly or through Command channels. The Commander may still opt to administratively discharge a Soldier, but the Limited Use Policy mandates that the Soldier receive an Honorable Discharge.
When it comes to creating test selections, the DTP method is preferred over manual random selection methods because it helps:

- Reduce errors
- Speed up collection time
- Speed up processing time
- Standardize the selection process, which validates randomization

DTP software automatically creates a selection of Soldiers and produces all of the required documentation available for printing. When used to generate your test selection, DTP Lite software enters and prints the pertinent information on the forms.

For a review of basic DTP Lite functions, refer to the DTP Lite Quick Reference Guide in this handbook. If you experience any difficulties using DTP Lite on your own, check the DTP Lite Troubleshooting Job Aid or contact the local ASAP office for assistance.

**DTP Software Types**

There are two versions of the software:

- DTP Full Version (current version 5.4L - file DTP_v54L.exe)
- DTP Lite (current version 5.4 - file DTPLiteUSA_1.exe)

Both versions are approved by the Army G-6 for use and are available on the ARD ASAP Web site. Instructions for using the programs are also available on the site. Your local ASAP Office will determine which version of DTP you should use and provide training on the DTP version you are required to use.

Download the software to your desktop. Obtain the Unit roster in MS Excel and save it to your desktop. See page 239 for notes on information security and computer settings to run DTP.

**DTP Software Instructions**

**Step 1: Start the DTP Lite Program**

1-1. Double-click the DTP Lite folder on your desktop to access the program. The folder should contain a copy of your Unit alpha roster in an Excel file or CSV file.

1-2. Open the Excel file to check the roster before using DTP Lite to ensure that the roster is up to date.

1-3. Close the roster.

1-4. Locate the DTPLiteUSA_1.exe file.

1-5. Double-click to open the DTP Lite program. A title window will appear briefly and close automatically. The *Identify Roster File* screen appears.
DTP Screen Layout

Every screen in DTP Lite has three main areas: Screen Title/Instructions, Controls, and the Work Area. Note: The contents of the Work Area change as you move from one screen to the next.

Step 2: Identify the Correct Roster File to Use

The work area of the Identify Roster File screen has three components: the File Location Box, the Directory Pane and the Document List.
2-1. In the Document List, locate the Unit roster file that you reviewed in Step 1-2.

2-2. Click on the file name.

2-3. Click Next to import the file into DTP Lite. The **Format Roster** screen appears.

**Step 3: Format the Roster**

The **Format Roster** screen shows all of the raw roster data for your Unit.

- Familiarize yourself with the screen. If your roster is not in MS Excel file format, click on the File Type list to select the correct file type.
- The columns all have the same temporary heading of “Do Not Import”.
- The first row shows the original roster file column headings (Name, DOD ID number, etc.).
- Starting on the second row, each line under the category headings lists a separate record for each person in your Unit. You should see the following:
  - Name
  - DOD ID number
  - Rank
  - Gender
  - Organization (optional)

**FYI**

If you do not see the file on the list, search through the Directory Pane to locate it.

**IMPORTANT**

If the “Next” button is not active, you have not labeled all the required columns. Check the error message in the lower left corner to see what’s missing.

**FYI**

If both the first and last name are in the same column in your original roster file, select Last Name for the column heading name. DTP Lite only requires the Last Name entry.

**FYI**

The field for Organization is optional. If this column heading is assigned, the program will print one separate form for each different organization.
To format the roster file, follow these steps:

3-1. Identify which data to import into DTP Lite:
3-2. Click on the temporary “Do Not Import” heading to open the label drop-down list.
3-3. Select the name of the column heading that matches the data in the column.
3-4. Repeat steps 3-2 and 3-3 until the Name, DOD ID number, Gender and Rank columns are each labeled.
3-5. Click in the “Ignore Header” check box to remove column headings that import from the Excel file.
3-6. Click Next to continue.

**Step 4: Choose Testing Parameters**

The **Choose Testing Parameters** screen shows all of the formatted roster data for your Unit and contains the entire test parameters that you need to input. The roster data appears in the list on the left. The test parameters appear on the right.
4-1. Click on the Location Code list and select the location code for your Unit's present location.
   - If you are located in one of the 50 states then select “US-UNITED STATES”.
   - If you are stationed in another country, a US territory, or deployed to another country then select the appropriate country, such as “IZ-IRAQ”, or “RQ-PUERTO RICO”.

4-2. Click on the Testing Premise list and select the appropriate testing premise (Test Basis Code).
   - You may only assign one Test Basis Code at a time.
   - If you are testing for multiple purposes, you will need to create additional selections after printing documents for this selection.

   It is imperative that you assign an accurate premise every time.

   - The default testing premise is Random Testing (IR).
   - When you select any other premise types, the remaining test parameters turn gray and unavailable as selections. See step 5 (Select Members for Testing) or what to do when selecting other testing premise types.

4-3. For Random Selection (IR) tests only, choose a Selection Method:

   - If you select Probability, DTP will select approximately (plus or minus a few percent) the percentage of the Unit entered in the Testing Probability field (since DTP is based on random selection). However, over time the percent of Soldiers selected will average out to the correct percentage. Note: selecting a small percentage of a small population may result in no one being selected at all.
   - If you select Total Number, DTP will select the number of Soldiers that you specify in the Testing Count field. This is the recommended selection method.
4-4. For IR tests only, enter a desired number for testing count or testing probability, depending on the choice for Selection Method. Either clear the field and enter a new value, or continue to accept the default entry of 10.

For example, if you wanted to test 10 percent of your Unit and you have 120 Soldiers assigned, you would either:

- Select Total Number and enter 12 for the Testing Count, or
- Select Probability and enter 10. Keep in mind, however, that a 10 percent selection will yield approximately 8-12 percent of the Unit each time because DTP is based on random selection. Over time this will average out to 10 percent a month.

4-5. Click Finish. A confirmation dialogue box will appear.

4-6. Click No to modify the parameters or click Yes to continue to the Print Products screen (step 6). Note: See step 5 for tests other than IR or IU.

Step 5: Select Members for Testing (only for tests other than IR and IU)

The Select Members for Testing screen appears only if you select a testing premise other than Inspection Random (IR) or Inspection Unit (IU) and click Next on the Choose Testing Parameters screen in step 4. This screen lists all of the Soldiers in your Unit so you can select which individuals are to be tested.

The full list of Soldiers in your Unit appears in the Available list on the left.

The Soldiers you select will appear in the Selected list on the right.

5-1. Select members using one of the following methods:

- To select all of the members of your Unit for a Unit Sweep, click on the upper red double arrow in the center of the screen.
- To remove all of the members of your Unit from selection, click on the lower red double arrow in the center of the screen.
- To select a particular individual for testing, highlight the name and click on the upper red single arrow in the center of the screen.
- To remove a particular individual from selection, highlight the name and click on the lower red single arrow in the center of the screen.
- To select multiple individuals for testing, click each name and click the upper red single arrow in the center of the screen for each one.

IMPORTANT
Be careful not to accidentally add a “0” to the default 10.
You may also click the first name, depress and hold the Ctrl key on the keyboard, click the remaining names, and click the upper red single arrow on the screen.

5-2. Click Finish and a confirm dialog box opens.

5-3. When you are ready to create your test sample, click Yes.

**Step 6: Input Data on the Print Products Screen**

The *Print Products* screen shows the list of Soldiers selected for testing and contains all of the print settings for your testing documentation. A list of Soldiers selected for testing appears on the left. The testing data and items to print appear on the right.

6-1. Click in the BAC box and carefully enter your Base Area Code.

6-2. Click in the UIC box and carefully enter your Unit Identification Code.

6-3. Click on the DD Form 2624 Block 1 box and carefully enter the Unit designation, complete address, and phone number for the Unit conducting the collection.

**Example:**

HHC 2/16 INF  
Bldg 9277 Warrior Ave, Fort Swampy, LA 12345  
Comm: (123)-555-1234

**IMPORTANT**

During deployment a BAC may be assigned to an area or major Command. Refer to the ARD ASAP Web site if you don’t know your BAC. It is critical that you enter the correct information in these fields.

**FYI**

The “W” in the UIC is already entered for you.

**FYI**

Refer to AR 600-85 for Block 1 information. You can only enter three lines of information and only a portion of your actual entries will be visible. You can write in additional lines for Block 1 by hand.
6-4. Click on the DD Form 2624 Block 2 box and carefully enter contact information for the installation ASAP Office (in garrison), state DTC (NG Units in garrison), RSC ADCO (USAR Units in garrison), or Commander’s full DSN and official email address (all deployed Units).

Block 2 Example for Garrison:
Fort Swampy ASAP Office
Bldg 2146 Swamp Ave
Fort Swampy, LA 12345

Block 2 Example for deployed unit:
jose.captain.mil@mail.mil
DSN 318-431-9999999

6-5. Click on the “Collection Date” to open a calendar. Select the date that the test will occur. The default setting is the current date, but you can change it to print your documents a day or two ahead of time.

6-6. Click in the “Starting Batch” box if you wish to change the batch number.

Typically, the DTP default begins with batch “0001” each day.

A single batch contains data for 12 Soldiers; this matches the size of the box used for shipping specimens.

The program will automatically calculate the batch numbers if your sample is larger than 12. If you select personnel for one test, and then select personnel for an additional test later in the same day, be sure to change the batch number before printing products for the second test.

Example:

You run two test samples to identify Soldiers for two different testing premises.

Your first selection includes 26 Soldiers for a random test (IR). DTP automatically generates three batches and assigns numbers to them:
- Batch 0001 has 12 Soldiers.
- Batch 0002 has 12 Soldiers.
- Batch 0003 has 2 Soldiers.

Your second selection includes 15 Soldiers for Command-Directed testing (CO). DTP automatically generates two batches and assigns numbers to them:
- You must set the number for the starting batch number to 0004.
- Batch 0004 has 12 Soldiers.
- Batch 0005 has 3 Soldiers.

FYI
Refer to AR 600-85 for Block 2 information. You can only enter three lines of information and only a portion of your actual entries will be visible. You can write in additional lines for Block 2 by hand. You can leave Block 1 and 2 blank and legibly write in the information by hand.

FYI
Typically, the DTP default begins with batch “0001” each day.
6-7. If you want to print separate sets of documents for males and females, click the Group by Gender check box so that a checkmark appears. DTP Lite allows you to print separate sets of documents for males and females selected for testing, but it is not necessary to do this. Some UPLs find that printing separate lists is easier for effective organization and test execution. It can be especially helpful for locating names on the list when conducting a Unit Sweep or any test involving a large number of Soldiers.

6-8. Click the check boxes under Available Printouts to select the required products to print.

Required products to print are: Testing Register, DD Form 2624, front and back) DD Form 2624 (Back Side) and Bottle Labels.

6-9. Click the check boxes under Available Printouts to select optional products to print, if desired.

The optional products to print are: Personnel to Be Tested (Notification Copy) and Personnel to Be Tested (Working Copy).
These documents help simplify contacting and tracking Soldiers for testing. Using them also helps reduce risk of damaging or losing the official testing documents. The Notification Copy is for contacting Soldiers to report for testing. The Working Copy is for tracking Soldiers who are due to return for testing at a later date and the reason to delay testing.

These documents are only available in DTP-Full Version software.

**Step 7: Preview and Print Documentation**

7-1. Click the Print button. The *Print Preview* screen opens showing the first product to print—in this case, the Testing Register.

7-2. Click the printer icon in the upper left corner of the screen. The print dialogue box opens.

Verify that the correct Printer Name is selected. If it is not correct, click the name box to open a drop-down list and select the correct printer.

7-3. Click OK to send the first product to the printer.

7-4. Click Close at the top of the screen. The *Print Preview* screen will open showing the second product that is to be printed.

7-5. Repeat steps 7-2 to 7-4 above for the remaining products to be printed.

- **Remember** that you must print both sides of the DD Form 2624 on the same piece of paper with the top in the same position on both sides. If you did not print the forms correctly the first time, you must reprint them. To reprint, select only the DD Form 2624 check boxes on the *Print Products* screen.

- You must enter a Starting Label Position in a dialog box when printing bottle labels. The starting position is the label number to print the first label, counting from the top of the blank sheet. The default selection is 1. Keep in mind that there are 10 labels on a sheet. Change the default position if you are starting with a partially used sheet. Click “OK” after entering the starting label position.

7-6. Click Close on the *Print Products* screen if all products printed properly. A “Confirm” dialogue box will appear.

7-7. Click Yes to close DTP Lite or No to return to the *Print Products* screen.

**IMPORTANT**

Be sure that you treat any printed papers as “For Official Use Only (FOUO).” Shred them or use a burn bag to dispose of them.

**IMPORTANT**

If you close the program, all information you entered to this point is deleted and you cannot print any other forms from your selections.
Setting Up for Testing

Roles and Responsibilities

Unit Commander
The Unit Commander has overall responsibility for the testing procedure and has these specific duties pertaining to urinalysis testing (AR 600-85):

- Perform the Commander briefing and be accessible during testing.
- Be aware of the times that urinalysis testing begins and ends.
- Appoint the UPL on written orders and outlines the UPL's responsibilities for testing in the appointment document.
- Select Observers and secondary reviewer; can delegate responsibility to the UPL.
- Select the holding area NCO/Officer; can delegate responsibility to the UPL.
- Ensure Soldiers are trained on DOD policy of Transgender Service Policy DODI 1300.38.

Unit Prevention Leader
The UPL has these specific duties pertaining to urinalysis testing:

- Conduct the testing and address any questions that may arise.
- Conduct the UPL briefing, Observer briefing and training, and when required, the Commander briefing.
- Serve as Liaison to the Commander for urinalysis testing and substance abuse prevention.
- Ensure that SOP for urinalysis testing exists and is followed.
- Use the DTP software as the primary method for randomly selecting Soldiers for drug testing.
- Set up the testing station and holding area.
- Conduct latrine inspection.
- Ensure that all UPL documentation is completed in accordance with established standards.
- Ensure that urinalysis testing supplies are available and handled appropriately.

Multiple UPLs Working on a Single Collection
If two or more UPLs conduct a collection, each UPL should handle his/her own DD Form 2624. Two UPLs cannot share a form as this would invalidate the chain of custody.

If the UPL cannot finish collecting a complete batch of specimens due to an emergency, the UPL closes out the DD Form 2624 by marking any specimens not yet collected as “Not Tested” and blackens out approximately 1/2 inch of the individual Soldiers’ barcodes. The alternate UPL then prepares a new, handwritten DD Form 2624—and therefore, a new batch number—with the uncollected specimens from the batch by the original UPL. The alternate UPL then proceeds to collect specimens from the remaining Soldiers.

Observer
Observers ensure that Soldiers follow the proper testing procedures while providing a urine sample. Commanders may select Observers prior to the test date, but should not notify Observers of this duty until notifying Soldiers to report for the test. Making as few Soldiers as possible aware of the test beforehand is one way to practice Smart Testing. Observers also serve as the secondary specimen reviewers.

UPLs may select Observers if the Commander delegates the task to the UPL.
Observers must perform the following tasks:

- Sign the Memorandum for Observers prior to beginning collection procedures.
- Maintain direct eye contact with the specimen bottle from the time the UPL hands it to the Soldier until the time the UPL places it in the collection box.
- Guide the Soldier through the collection process.
- Observe urine leaving the Soldier’s body and entering the specimen bottle or wide-mouth cup and correct transfer of specimen from wide-mouth cup to the specimen bottle.
- Ensure that no one tampers with the Soldier’s specimen.
- Report unusual occurrences and attempts to adulterate the specimen to the UPL.
- Correctly follow the procedure for destroying the specimen bottle if a Soldier does not provide a sample of at least 30 milliliters (or 60 milliliters for steroid tests).
- Sign the Testing Register in front of the UPL and Soldier verifying the collection and secondary review process and that direct observation was conducted.

In order to serve as an Observer, Soldiers must have the following qualifications:

- Be an officer, warrant officer, or NCO (E5 or above), or civilian corps member (general schedule (GS5) or equivalent). The recommended rank for Observers is Sergeant First Class or above.
- Possess sufficient maturity and integrity to preserve the dignity of the Soldier whom they observe providing a urine sample.
- Be the same gender as the Soldier submitting a specimen.
- Not be enrolled currently in the SUDCC or be under investigation currently for any substance abuse related offense.

**Letter of the Law**

Observers must maintain a continual line of sight with the urine samples. They must acknowledge that they directly observed the urination process and do not suspect that the sample is adulterated. Failing to do so could subject them to the following UCMJ articles:

- **ARTICLE 92:** Knowingly failing to obey a lawful general order or regulation by not maintaining direct line of sight of the urine into the bottle.
- **ARTICLE 107:** Making a false official statement by signing the Testing Register, acknowledging the urination process was directly observed and no tampering occurred.
- **ARTICLE 134:** False swearing by authenticating that no substitution or tampering of the urine sample occurred.

**Holding area NCO/Officer**

The Commander is responsible for selecting the holding area NCO/Officer or Officer, but may delegate this responsibility to the UPL or the 1SG. Holding area NCO/Officers perform the following duties:

- Ensure that only personnel participating in the test are present.
- Remain in the holding area without leaving until the last Soldier provides a validated specimen.
Base Area Code (BAC) Manager

Base Area Codes (BACs) are assigned for selected deployment areas. The senior Commander for each deployed Unit that is assigned a BAC will appoint a BAC Manager for the Command and maintain liaison with higher Commands and HQDA ARD ASAP. BAC Managers perform the following duties to support the UPL in urinalysis testing:

- Retrieve urinalysis test results for the Command on a regular basis from the designated FTDTL Web portal, and forward the results via a secure means to Unit Commanders and MROs as appropriate.
- Coordinate with the Command’s MRO to obtain their review of those results that could be the result of a legitimate prescription. The BAC manager will forward the MRO’s decision to the Unit Commander and enter it in DAMIS.
- Ensure that subordinate Units have sufficient drug testing supplies to conduct testing.
- Monitor drug testing rates, trends, specimen discrepancy rates, and MRO delinquency rates.
- Provide reports as requested.
- Monitor UPL certification.
- Maintain files in accordance with AR 25-400-2, Army Records Information Management System (ARIMS). See page 113-115 and 260 of this handbook.

Holding Area Set-Up

The holding area is the location to which Soldiers report for urinalysis testing. In accordance with AR 600-85, a Soldier who reports for urinalysis testing will remain in the holding area until providing a specimen. The preferred location for the holding area is near the UPL testing station. Non-testing personnel are barred from the holding area.

Once a Soldier is in the testing site holding area, only the Commander who ordered the test may authorize the Soldier to leave before the Soldier provides a specimen. If the Commander allows the Soldier to leave the holding area, an NCO or officer escort should be provided to accompany the Soldier at all times until he or she returns to the holding area.

In exceptional cases, an individual with an NCO/officer escort and permission of the 1SG or Commander may leave the holding area for an urgent duty for a brief period.

The holding area must include these elements:

**Signs**

Post a sign in the holding area stating “Urinalysis Test in Progress”.

**Seating for the Testing Participants**

Plan to have enough seats to avoid crowding. Crowded areas could allow Soldiers to conceal efforts to adulterate specimens.

**Drinking Water**

Consuming fluids prior to urinalysis testing increases the likelihood that the Soldier can provide a specimen. The holding area should have water (or access to drinking water) and disposable cups available. Soldiers in the holding area should drink 8 ounces of water every 30 minutes but not to exceed a total volume of 40 ounces in three hours.

**IMPORTANT**

During deployments, follow the record collection policy for the CONOPS IAW DA Pam 25-403 Chapter 12 and instructions from AOC. Units may need copies of documents for unit’s record files in garrison.

AOC = Army Operation Center

Note: Water or other fluids (i.e. coffee, juice, soda) should be provided by the commander. However, Soldiers should not be allowed to bring their own opened or uncommon beverages to the testing area.
**Trash Can**

Have a trash can on hand for discarding used disposable cups.

**Equipment for Training at Commander’s Discretion**

Commander may allow the conduct of certain (opportunity) training while the Soldiers are waiting for their turn to collect the drug testing specimen. However, the training must not interfere the collection process.

**Latrine Inspection**

The steps to prepare the latrine are the same whether the latrine is a portable toilet, a trailer toilet, or a building toilet. Portable toilets commonly appear in outposts. Trailer toilets appear in most FOBs. Building toilets (also known as hardstands) appear in FOBs and garrison installations.

The UPL must prepare latrines prior to conducting a urinalysis test according to the following steps:

1. Decide which latrines to use to conduct your test. They should be as close as possible to the testing station. After choosing a latrine, display a sign to indicate the latrine is reserved for testing.
2. Remove any cleaning products from the latrine. Soldiers could use cleaning products to adulterate samples and invalidate the test.
3. Place hand sanitizer in the latrine if it is not already present. Soldiers can use the hand sanitizer to wash their hands after the collection and maintain good hygiene. Prior to providing a specimen Soldiers must wash their hands with water only.

**Testing Station Set-Up**

The testing station is the “control center” for the urinalysis test. Soldiers report here to check in, meet with their Observer, deliver a sample, and check out.

Remember these points when setting up the testing station:

- Set up the table in a non-carpeted area with your back to a wall when possible.
- Locate the UPL station as close as possible to the latrine(s) that will be used for the collection.
- The UPL station may be the same area as the holding area, although having separate areas is preferred. The UPL should try to set up a table away from the holding area; this reduces distractions by waiting personnel and provides privacy in the collection process. Make sure that you have a table with sufficient space to perform assigned duties.
- Make sure that the desk is constructed from non-absorbent material or is covered with a waterproof-backed and top absorbent covering.
- The testing area should be a controlled area. Only testing personnel, Command personnel and Soldiers selected to provide a specimen should be in the area.
- Make sure that the following materials are available at the UPL station, in addition to the testing supplies:
  - Copy of AR 600-85
  - Copy of installation and Unit SOPs
  - Copy of MACOM and/or installation policy letters
  - UPL appointment orders
  - Disinfectant and materials for a possible spill
Testing Supplies

At a minimum, the UPL should maintain enough supplies to collect 12 specimens at any time for probable cause or competence for duty tests that the Commander may order. It is recommended that enough supplies are on hand to test 100 percent of the Unit strength. To ensure that you have sufficient supplies for the number of specimens you will collect, increase the amount of supplies requested by 10 percent of the number of Soldiers selected to test.

The following items are the testing supplies that the UPL must have for every testing session. AR 600-85 includes a complete list of testing supplies required for urinalysis testing.

Rubber Gloves
Wearing rubber gloves and handling testing materials appropriately supports good biosafety practices. You should change gloves every 2 hours during testing.

Paper Towels
Have paper towels on hand to wipe up spill or dry bottles when necessary. When testing is complete, use paper towels to wipe down the urinalysis testing station.

Disinfectant
Keep disinfectant on hand during testing in case of a spill. When testing is complete, use disinfectant to clean the urinalysis testing station.

Urine Specimen Bottles
Use urine specimen bottles to collect samples from all Soldiers. Use only new, unused specimen bottles for specimen collection.

Urine Wide-Mouth Collection Cup
The wide-mouth collection cup will be provided and used as needed. A Soldier who uses the cup must transfer the urine sample from this cup to a specimen bottle. The Soldier must perform the fluid transfer in front of an Observer of the same gender (DEERS gender marker).

Tamper-Evident Tape
After checking each bottle for the required quantity of specimen, apply tamper-evident tape to the lid in accordance with Army guidelines.

Avery 5163 Labels
Bottle labels are essential for indentifying and tracking specimen bottles. Whenever possible, use the DTP software to pre-print your labels.

Ball Point Pens
Use blue ink pens so that edits are easy to see among original entries, if the documents are copied and new edits are made. If blue ink pens are not available, it is acceptable to use black ink pens.

Single Specimen Biohazard Bags (as specimen secondary container) and Absorbant Pads (approx. 100 ml capacity) DoD packaging standard as of June 2018 (see page 203 of this handbook) requires each specimen to be contained in a small biohazard non-ziploc bag serving as a secondary container with absorbant pad(s) to contain specimen leakage and prevent cross-contamination.
**Black Marker**

Use a black marker to make edits on the DD 2624, Testing Register, and Bottle Label.

**Ruler (optional)**

It’s a good idea to have a ruler available in case you need to line out an entire entry on the DD Form 2624.

**Testing Documents**

**DD Forms 2624, Specimen Custody Document-Drug Testing**

Form DD 2624 is sent with the specimen shipment. This is a critical document for testing purposes. Chain of Custody is recorded on this form.

**Testing Register**

The UPL is responsible for maintaining the Testing Register and for annotating it with the testing results.

**Memorandum for Observers**

The Observer signs this document to indicate that he/she understands the responsibilities of the Observer role and that he/she will notify any suspicious activity immediately to the UPL.

**Observer Briefing**

The Observer Briefing document serves as the UPL’s script for the verbal portion of the observer briefing. The UPL must also give observers a demonstration of the appropriate male or female observation tasks before the Observer reads and signs the Memorandum for Observers.

**Commander’s Briefing**

The Commander’s Briefing explains the purpose of testing. The testing participants are notified with a verbal briefing. The briefing becomes the legal order to participate.

**UPL Unit Briefing**

The UPL uses the document to deliver a verbal Unit briefing to participants prior to testing. The document that is used as a script for the briefing outlines the donor’s responsibility during testing and explains how Soldiers comply with the Commander’s legal order to participate.

**Secondary Reviewer Briefing if necessary**

Normally, the Army collection procedure requires the observer to conduct the secondary review, and a separate briefing is not needed. However when necessary, the Secondary Reviewer Briefing explains the purpose and process of reviewing the specimens and document the review on the testing register or chain of custody as appropriate. See the policy on page 203.

**Alpha Roster or AAA 162**

The Alpha Roster is used to verify a Soldier’s identity if he/she does not have his/her ID card when checking in for testing.
Reference Materials

AR 600-85
AR 600-85 describes all aspects of the Army urinalysis testing program and its purpose.

Installation and Unit SOPs
Your installation and Unit SOPs describe how your Unit conducts its testing in accordance with the AR 600-85.

UPL Appointment Orders
Your UPL Appointment Orders validate the Commander’s appointment of you as a trained and certified UPL.
Notifying Soldiers and Briefing Personnel

After Soldiers are randomly selected, tell the Soldiers only where and when to report. Do not disclose the purpose. You should notify Soldiers less than 2 hours beforehand to report for a urinalysis test. Soldiers should report immediately; however, Soldiers reporting from a remote location should report within 2 hours. Notify Soldiers who have to travel from remote locations with the minimum time in advance as possible.

Observer Briefing

Typically, the Observer briefing occurs prior to the UPL Unit briefing. The UPL may brief Observers before notifying Soldiers to report for the collection.

As a UPL, you must walk each Observer through the collection process before each collection begins and ensure they understand their duties. The Observer Briefing includes a verbal briefing and a demonstration of the appropriate male or female observation tasks. After the verbal briefing, instruct Observers to read and sign the Memorandum for Observers. You can find both the verbal briefing script and the memorandum in this handbook.

These are the key Observer responsibilities:

- Sign the Memorandum for Observers that explains duties and legal implications.
- Maintain visual contact with the specimen bottle at all times during the entire collection process.
- NOT touch the bottle, the bottle cap, or wide-mouth cup during the Soldier's process of collecting a specimen; observer will only touch the bottle cap as instructed by UPL during the secondary review procedure.
- Directly observe each Soldier voiding urine into the specimen bottle (or urine wide-mouth collection cup and pour into specimen bottle). Ensure the cap is properly tightened and the bottle is wiped dry.
- Notify the UPL of any unusual circumstances, such as suspicion that the specimen did not come from the Soldier’s body or is modified.
- Ensure that Soldiers wash their hands with only water before providing a specimen, and with soap and water after providing a specimen.
- Observe to verify that each bottle is capped tightly, labeled, sealed, initialed, and placed in the collection box, and then sign the Testing Register each time.
- Fulfill duties with maturity and integrity to preserve the dignity of the Soldiers they observe.

Letter of the Law

Observers may be subject to administrative action or discipline under the following UCMJ articles if they fail to perform their duties properly:

- ARTICLE 92: Knowingly failing to obey a lawful general order or regulation by not maintaining direct line of sight of the urine into the bottle.
- ARTICLE 107: Making a false official statement by signing the Testing Register and the DD Form 2624, acknowledging the urination process was directly observed and no tampering occurred.
- ARTICLE 134: False swearing by authenticating that no substitution or tampering of the urine sample occurred.

Note: Concerns of DOD Transgender Service Members Policy must be resolved prior to the collection process
**Commander’s Briefing**

The Commander’s briefing should occur prior to starting collection. The Commander can delegate the briefing to a designated representative (commonly the UPL, 1SG, or Holding area NCO/Officer). Here are some critical points to remember from the Commander’s Briefing:

- The Commander’s briefing, upon delivery, becomes the legal order for Soldiers to participate in the test.
- The briefing should include the reason for selection. The Commander should mention that selection is random only if the test is a random sample.
- It is mandatory for all selected personnel to participate.
- The drugs tested for detection may change based on trends occurring within the military population.
- Testing procedures are carried out in compliance with AR 600-85; if violated, consequences may involve UCMJ action.

If a Soldier misses the Commander’s briefing, the Commander or designated representative is required to brief the Soldier.

Here are some additional tasks Commanders may delegate to the UPL:

- Selecting Observers (observer will serve as the secondary reviewer)
- Selecting personnel to be tested using the approved selection method
- Conducting Commander briefing if the Soldier missed the initial briefing
- Selecting the Holding Area Officer

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**Letter of the Law**

If a Soldier selected for testing does not provide a urine sample, or an adulterated sample is found, the Soldier in question may be subject to the following UCMJ articles:

- **ARTICLE 92**: Willfully disobeying a lawful order of the superior Commander by not providing a urine sample as directed.
- **ARTICLE 107**: Making a false official statement by signing the Testing Register, acknowledging the submission of a sample as only urine.

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**Briefing for Secondary Reviewer**

To comply with the mandate by the new DoD Guidance as of 9 August 2018 (see UPL Handbook page 203), commanders will use observer(s) as secondary reviewer(s). After the UPL affixed the label on the specimen, the observer checks bottle lid to ensure it is securely tightened while the UPL is holding the bottle on the table, in full view of the Service Member. The UPL will annotate on the Testing Register that the observer conducted the secondary review of the specimens.

For any reason the secondary review was not conducted by an observer during the collection process, an authorized reviewer will conduct the secondary review after the UPL signed the chain of custody as the first specimen custodian. The secondary review of specimens must be conducted before packaging of specimens for shipment to the laboratory.

The secondary reviewer may be an observer, additional UPL/collector, assistant UPL/collector, officer, non-commissioned officer, DTC, ADCO or designated civilian. The secondary reviewer should be briefed to conduct a secondary review of each capped and labeled specimen bottle to ensure compliance with DoDI 1010.16. The individual charged to execute this secondary review will verify that the lid of each bottle is tightly secured and properly sealed. The conduct of this secondary review will be annotated and signed on the chain of custody.
**UPL Unit Briefing**

The UPL Unit briefing takes place after the Commander briefing. This is the time that the UPL informs Soldiers about the specific procedures they must follow to provide a urine sample. If a Soldier arrives after the personnel briefings have been presented, the holding area NCO/Officer, the Commander or the 1SG must read the UPL Unit brief to the Soldier.

Key Points to remember from UPL Briefing:

- Soldiers need to verify that their DOD ID number is accurate on all the urinalysis documentation.
- Soldiers need to provide the specimen in line of sight of the Observer.
- Soldiers are responsible for ownership of their own specimen bottle from check-in to check-out.
- There is no valid excuse for not participating in testing. Remind Soldiers that non-participation in urinalysis testing can make them subject to UCMJ and administrative actions.

* Soldiers confirm identification with ID card
* Soldiers provide more than 30ml of specimen.
* Soldiers initial the specimen bottle label verifying personal data is correct
* Soldiers keep specimen bottle in full sight until sealed with tamper evident tape and placed in collection box.
* Soldier’s payroll signature on the testing register to verify that the urine specimen provided was yours, your initialed label was placed on your specimen bottle, your specimen bottle was sealed with tamper-evident tape and initialed by the UPL and then placed into the collection box.

**Letter of the Law**

The UPL must execute urinalysis testing procedures properly every time or they may face disciplinary action according to the following UCMJ articles:

- **ARTICLE 92**: Being derelict in the performance of one’s duties in allowing a non-urine or adulterated sample to be submitted for testing.
- **ARTICLE 134**: Wrongful interference with an adverse administrative proceeding.

Note: Concerns of DOD Transgender Service Members Policy must be resolved prior to the collection process.

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**DoD Guidance for Labeling of Specimen Bottles and Secondary Container** as of 9 August 2018 (see UPL Handbook page 203):

Beginning as soon as practicable, but no later than September 1, 2018, the label bearing the collection and identifying information of the individual Service member submitting a urine sample will be affixed to the specimen bottle containing that Service member’s urine only after the Service member has urinated into the specimen bottle (or the Service member’s urine has been poured from a urine collection cup into the specimen bottle), and the lid has been emplaced and tightened on the specimen bottle. The Service member will wipe the bottle dry, if needed. The collector and Service member will verify the accuracy of the label information by direct comparison to the Service member’s presented identification (e.g., CAC), before applying the label. The Service member will observe the label being affixed to the dry specimen bottle containing his or her urine sample. All collection steps for each Service member will be conducted under the direct observation of a designated observer.

Beginning as soon as practicable, but no later than September 1, 2018, each specimen bottle will be enclosed in an individual, leak-proof secondary container (e.g., a sealable plastic bag), to prevent and contain leakage. Each individual, leak-proof secondary container will contain sufficient absorbent material to absorb the entire contents of the specimen bottle, should leakage occur.
Section 3

Collection
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Section 3: Collection

Check-In

Testing All Selected Soldiers

All Soldiers selected for testing and present for duty will provide a specimen. You could invalidate the collection process if you excuse anyone randomly selected for testing.

Frequent excuses the UPL may hear from Soldiers attempting to avoid providing a urine sample include:

- “I’m pregnant.”
- “I’m on my period.”
- “I’m taking medication that turns my pee orange.”
- “I’m taking prescription medication.”
- “I have to dispatch a truck.”
- “I want to self-refer myself, I have a problem.”
- “I am enrolled in the SUDCC, it should be a rehabilitation test.”

None of these is valid reason to exempt a Soldier from a test or to change the reason for the test. Remind Soldiers who have concerns about participating in testing that non-participation can make them subject to UCMJ and administrative actions.

The UPL and the Observers must make every effort to preserve the privacy and dignity of personnel who have concerns or are embarrassed about current medications they are taking, their enrollment in the SUDCC, or other conditions.

Soldiers should only be exempted from drug testing when they are truly not available to provide a specimen (leave, TDY, etc.); however, they must be tested upon their return or during the next random urinalysis after their return.

Neither Commanders nor ASAP staff will discontinue Unit sweeps, random tests, Command-directed tests, or rehabilitation tests just because Soldiers continue to test positive under these test bases. Even though a Soldier has tested positive on previous drug tests or is pending separation for drug test failures, these are not valid reasons to exempt any Soldier from continued testing.
Biosafety Basics

The goal of the biosafety program in urine collection is to prevent disease, disability and death associated with handling potentially biologically hazardous materials such as urine.

Biosafety

The UPL helps identify and remove hazardous conditions and fulfill the goals of the biosafety program when they:

- Communicate possible hazards and prevention measures to all personnel.
- Properly train personnel in biosafety procedures.
- Provide and use Personal Protective Equipment (PPE) when any personnel handle potentially hazardous materials.
- Identify and change habitual behaviors (like chewing on ink pens tips, etc).

Follow these general precautions the UPL must take during the urine collection process in order to apply good biosafety practices:

- Spread paper towels on the top of the testing station before Soldiers arrive.
- Place rubber gloves on both hands before beginning testing procedures.
- You should change rubber gloves every 2 hours while conducting testing.
- Avoid touching face, ears, mouth or nose with hands or other objects when wearing gloves.
- Avoid wearing rings other than a plain band.
- Wash your hands after you remove your gloves.
- Do not eat, drink, smoke, or apply cosmetics or contact lenses in the work area.
- Store all food and drinks outside the restricted area.
- When following the procedure for short samples, Observers must witness the Soldier discarding the remaining urine in the urinal or toilet and rinsing out the bottle with tap water.
- Rinse any bottle that may have contained urine prior to discarding it.
- Disinfect the testing station after the urine collection process. This includes supplies at the intake station such as pens.
- Check with your local military treatment facility for possible hepatitis vaccinations that are required.

The single most important action that you can take to prevent the transmission of diseases is to wash your hands. Pathogens (germs that cause disease) generally do not penetrate intact skin.

Always wash your hands in these cases:

- After exposure to body fluids.
- After removing gloves.
- After touching specimen or performing test procedures.
- After using the restroom.
- Before leaving a contaminated work area.
- Any time hands become dirty.
Follow these steps to properly wash your hands:

1. Remove your wristwatch or push it to the middle of your forearm.
2. Stand before the sink, keeping your hands and clothing away from the sink surface.
3. Turn on the water and adjust the temperature to warm.
4. Wet your hands and wrists thoroughly under the running water.
5. Keep your hands and forearms lower than your elbows to prevent water from flowing from the most to the least contaminated area.
6. Apply 3 to 5 milliliters (ml) of liquid soap to your hands and lather thoroughly. (If you must use bar soap, rinse it before and after you use it.).
7. Wash your hands for 10 to 15 seconds using plenty of lather and friction. Vigorously wash the palms and backs of your hands, each finger, areas between your fingers, your knuckles, and wrists. Wash at least 1 inch above any area of possible contamination.
8. Clean under your fingernails.
9. Rinse your hands and wrists thoroughly while keeping your hands down.
10. Blot your hands from the fingers toward your wrists and forearms with a clean paper towel.
11. Turn off the water. If using a hand-operated faucet, cover it with a paper towel to avoid contaminating your hands.
12. Cover the door handle with the paper towel before opening the door. Many people do not wash their hands and bathroom door handles carry germs.
13. Discard the paper towel in a proper receptacle.

**Check-In Instructions**

It is very important that the UPL performs the check-in process precisely according to the AR 600-85. If you skip or perform any of these steps in the wrong order, a court could invalidate the specimen. To check a Soldier in for testing:

1. Request the Soldier’s ID card.
2. Instruct the Soldier to remove their uniform jacket or any other heavy clothing. This minimizes the opportunity for the Soldier to be able to contaminate the specimen with concealed adulterants and also aids in observation.
3. Initiate all required paperwork. If preprinted forms and labels are used, the UPL verifies the Soldier’s identity. *(See next page for verifying Soldiers without ID Card.)*
4. Remove a new unlabeled specimen bottle from the slotted collection box and place the Soldier’s ID card in the same bottle slot in the collection box slot.
5. Assign an observer to observe the Soldier and hand the blank and unlabeled bottle to the Soldier.
6. Instruct the Observer to escort the Soldier to the latrine to collect specimen.

*The Observer must maintain line of sight with the specimen bottle.*

*The Soldier must hold the specimen bottle above his/her shoulder while walking to the latrine so that the Observer can maintain eye contact with the bottle at all times.*
**Verifying a Soldier’s Identity**

Verifying each Soldier’s identity is critical to the check-in process. If you do not verify the Soldier’s identity, a court could invalidate the results of that particular specimen. If a Soldier reports for testing without a military identification card, the UPL must verify identity based on Unit/Installation SOP:

- The First Sergeant or Commander verifies identity, OR
- The UPL uses a different picture ID (such as a driver’s license) or AAA 162, official unit roster.

**Completing Check-in**

After verifying a Soldier’s identity, follow these steps to complete the check-in process.

1. Annotate the “Remarks” section of the Testing Register and/or create a Memorandum for Record (MFR) to indicate the Soldier had no ID card and how the UPL verified the Soldier’s identity. Attach the MFR to the Testing Register.
2. Locate the Soldier’s DOD ID number or SSN on the Unit Alpha Roster.
3. Check that the DOD ID number or SSN on the Unit Alpha Roster matches with the DD Form 2624, Testing Register and Bottle Label.
4. Instruct the Soldier to verify the information on the DD Form 2624, Testing Register and Bottle Label.
5. Instruct the Soldier to initial the Bottle Label to indicate that all data are correct.
6. Remove a new specimen bottle from the slotted collection box and place the Soldier’s ID card in the same bottle slot in the collection box.
7. Assign an observer to observe the Soldier and hand the blank and unlabeled bottle to the Soldier.
8. Instruct the Observer to escort the Soldier to the latrine.

The Observer must maintain line of sight with the specimen bottle. The Soldier must hold the specimen bottle above his/her shoulder while walking to the latrine so that the Observer can maintain eye contact with the bottle at all times.

**Verifying Base Area Codes and Test Basis Codes**

The Base Area Code (BAC) is a unique four-digit code that identifies where urine specimens originated. It is critical to verify the BAC so that test results are reported correctly. In addition, it is imperative to use the correct testing code in order to be compliant with the DOD Directive.

If you discover you have made any errors before the test, you can correct them before the test begins. If any information is incorrect, you must make corrections on all applicable forms. For example, if the BAC is incorrect, you must edit the DD Form 2624 and all bottle labels. You may also complete a Certificate of Correction to correct the BAC for an entire batch.

To verify a Base Area Code (BAC):

1. Contact your BAC manager or HQDA ARD ASAP if you are deployed. Contact your installation DTC, USAR ADCO or ARNG State DTC if you are in garrison.
2. Make sure that you enter the correct code within the DTP software.
To verify a Test Basis Code:

1. Check the code definition to validate the Commander’s intent for testing.
2. Make sure that your testing code matches the type of test you are conducting.

**Editing Requirements**

During testing, the UPL may need to edit urinalysis documentation. It is important to accurately follow steps for precise editing to reduce the chance that a court of law finds the documentation invalid.

Here are some guidelines to help you stay within compliance with forensic standards:

- When writing a “0” (zero), avoid drawing a slash through it.
- When writing a “1” (one), avoid drawing a “1” that has a “hat.”
- When writing a “4”, (four), avoid drawing a “4” that is closed.
- When writing a “7” (seven), avoid drawing a slash through the lower segment.
- When writing an “8” (eight), avoid drawing two circles on top of each other. Draw the “8” in one continuous motion.
- Do not use whiteout, pencil, or overwrite information. Write numbers with a single pen stroke only.

**Editing Instructions**

When making new edits to copies of documents, use blue ink to note changes on the copy so that your edits are easy to see among the original entries. If blue ink pens are not available, it is acceptable to use black ink pens.

**Editing the UIC on a Bar-Coded DD Form 2624**

Bar-coded DD Form 2624s (Pre-Printed using DTP or DTP Lite) have a different editing process than handwritten DD Form 2624s. To correct the Unit Identification Code (UIC), Base Area Code (BAC) or date for a bar-coded DD 2624, the UPL must:

1. Blacken about half an inch of the barcode at the top with a black marker.
2. Line through the incorrect information.
3. Enter the correct information.
4. Initial and date the correction.
**IMPORTANT CHANGE:**
DODI 1000.30 directs the replacement of SSN with DOD ID number.

**Important Notes:**
* DTP version 5.4 (desktop or Lite) can take both DOD ID and SSN. The emphasis must be on using DOD ID number in place of SSN.

* For each collection, the use of DOD ID numbers or SSNs must be consistent on all documents. Mixed uses of DOD ID numbers and SSNs are not acceptable. See page 239 for security notes.

Note: DD Form 2624, Nov 2014 version supersedes all prior versions, and it has been incorporated into the DTP 5.4 software. Certain data fields on the form are renumbered and rearranged. The DD Form 2624 (fillable) for manual use may be downloaded from the DoD website: www.dtic.mil/whs/directives/forms/index.html.

Note: If you have to edit the UIC, BAC, and/or date for an entire batch, then complete a Certificate of Correction to annotate that all specimen bottle labels should have the change.

**Correcting the DOD ID number on a Bar-Coded DD Form 2624**
The laboratory will reject specimens that have an incorrect DOD ID number on the DD Form 2624. A court could also invalidate the results of that particular specimen. Therefore, the UPL must correct mistakes on DOD ID numbers. The UPL has three options for correcting the DOD ID number:

**Option #1**
1. Blacken out approximately 1/2 inch of the barcode with a black marker.
2. Line through the incorrect information.
3. Rewrite the DOD ID number in the same field on the DD Form 2624 and initial and date next to the incorrect information.

Don’t forget to correct the Bottle Label and Testing Register also.
Option #2:
1. Blacken out approximately 1/2 inch of the barcode with a black marker.
2. Line through the incorrect information.
3. Void out the original entry, initial and date next to the incorrect information, and then enter the correct information onto an empty space on the DD Form 2624.

Option #3:
1. Blacken out approximately 1/2 inch of the barcode with a black marker.
2. Line through the incorrect information.
3. Void out the original entry and initial and date next to the incorrect information on the original DD Form 2624. Then write the correct information on a separate DD Form 2624.

**IMPORTANT**
Be sure to assign the correct line number to the handwritten entry. For example, if the last pre-printed line number is 008, the new handwritten entry is line number 009.

Don’t forget to correct the Bottle Label and Testing Register also.
Correcting the Test Basis or Test Info on a Bar-Coded DD Form 2624

To correct the test basis or test info (Block 9 and Block 10) perform these steps in order.

1. Blacken out approximately 1/2 inch of the barcode with a black marker.
2. Line through the incorrect information.
3. Enter the correct information.
4. Initial and date the correction.
5. Repeat steps 2 - 4 for all lines on the form.

<table>
<thead>
<tr>
<th>Specimen Number / Service Member's ID Number (CAC)</th>
<th>Test Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>001 1787153691</td>
<td>ES 2015/2016 1</td>
</tr>
<tr>
<td>002 0357137641</td>
<td>ES 2015/2016 1</td>
</tr>
<tr>
<td>003 1819223491</td>
<td>ES 2015/2016 1</td>
</tr>
</tbody>
</table>

Editing Handwritten DD Forms 2624

When editing a handwritten DD Form 2624, be sure to make the edits on the correct part of the document. To correct the Unit Identification Code (UIC), Base Area Code (BAC), date, or DOD ID number, the UPL must:

1. Line through the incorrect information.
2. Enter the correct information.
3. Initial and date the correction.

Editing the Testing Register

You must pay close attention when editing the DOD ID number on a Testing Register. If this document is edited incorrectly, you cannot match the Soldier’s identity to the DOD ID number.

To edit an incorrect DOD ID number on a Testing Register, the UPL must:

1. Line through the incorrect DOD ID number.
2. Enter the correct DOD ID number.
3. Initial and date next to the correction.

Don’t forget to correct the Bottle Label and DD Form 2624 also.
Correcting a Bar-Coded Bottle Label

Bar-coded bottle labels (pre-printed using DTP or DTP Lite) have a different editing process than handwritten bottle labels. The UPL must know how to edit the label or create a handwritten label if a bar-coded bottle label is incorrect.

A common edit made on bar-coded bottle labels is to correct an DOD ID number. If the DOD ID number on a bottle label is incorrect, you can make an edit directly on the bar-coded label if it is forensically-correct and legible, or you can create a new label. To edit the DOD ID number directly on the bottle label:

1. Blacken out the first ½ inch of the barcode.
2. Line through the incorrect DOD ID number.
3. Enter the correct DOD ID number.
4. Initial and date near the correction.

Creating a New Bottle Label

To create a new bottle label instead of editing the label, follow these steps:

1. Destroy the original label by blackening out the DOD ID number and disposing of the label.
2. Create a new label with the correct DOD ID number, BAC and collection date.
3. Include all of the following information on the new label. Remember that all written text must be ½ inch from the edge of the label:
   - Testing date–In the upper left corner
   - Base Area Code–In the upper right corner
   - UPL initials–Written underneath the date when received back from the Soldier
   - Soldier initials–Written underneath the Base Area Code (BAC) to verify that the DOD ID number is accurate
   - Soldier’s DOD ID number–Written underneath the UPL initials
   - UIC–in the lower right corner

IMPORTANT
Perform corrections to the BAC, UIC or date in the same manner.

FYI
The ARD ASAP Web site and the UPL CD-ROM contain a tool to print blank bottle labels.
Editing Handwritten Bottle Labels

When working with a handwritten Bottle Label, edits are easy to make. Follow these three steps:

1. Line through the incorrect DOD ID number.
2. Enter the correct DOD ID number.
3. Initial and date near the correction.
Urine Collection

Urine Collection Process

The urine specimen collection process for all Soldiers begins when they enter the latrine.

The first step of the collection process is to have the donor wash hands with water only. The Soldier must not use soap or hand sanitizer. The purpose of hand washing prior to collection is to eliminate any possible adulterants on the hands.

**Collection Using the Optional Urine Wide-mouth Collection Cup:** Soldiers may elect to use the optional urine wide-mouth collection cup when they provide a urine sample. Soldiers are not required to use the urine wide-mouth collection cup, and may instead choose to provide their sample directly into the specimen bottle.

**Collection Steps**

To provide a urine sample, male Soldiers must perform the following steps in full view of the Observer, in accordance with AR 600-85:

1. Stand at a urinal or toilet.
2. Uncap the specimen bottle or wide-mouth cup and keep the cap on a clean surface and in full view of the Observer.
3. Provide a urine sample in the specimen bottle or wide-mouth cup in full view of the Observer. **Female Soldier needs to squat over the toilet to collect the specimen.**

**IMPORTANT**
The Observer must directly observe urine leaving the Soldier’s body and entering the specimen bottle or wide-mouth cup. The Soldier must collect at least 30 milliliters (ml) of urine.
4. When a wide-mouth cup is used, pour the urine sample from the cup into the specimen bottle above the toilet.

5. Place the cap back on the specimen bottle and wipe the bottle dry with paper towel.

6. Empty the excess urine into the toilet.

7. Move to the sink; rinse and dispose of the wide-mouth collection cup in the latrine trash receptacle; and wash their hands with soap and water. If using hand sanitizer instead of soap, it is acceptable not to use water.

The Observer must maintain “line of sight” with the specimen bottle at all times. The Observer must NOT touch the specimen bottle, the bottle cap, or the wide-mouth cup at any point during the Soldier’s process of collecting a specimen; observer will only touch the bottle cap as instructed by UPL during the secondary review procedure.

8. Exit the latrine and return to the testing station.

The Soldier must hold the specimen bottle above his/her shoulder while walking back to the testing station so that the Observer can maintain eye contact with the bottle at all times.
Latrine Types

Portable toilet
A portable toilet is common in deployed areas. To properly observe urinalysis collection in a portable toilet the Observer must hold the door open during the entire collection process. An improvised screen may be necessary to provide adequate room for observation and privacy to Soldiers.

Trailer toilet
A trailer toilet is typically employed in a Forward Operating Base (FOB) environment. To properly observe urinalysis collection in a trailer toilet, the Observer must hold the door open during the entire collection process.

Hardstand
A hardstand is typically employed on an installation. To properly observe urinalysis collection in a hardstand, the Observer must hold the door open during the entire collection readiness and completion process.

Adulteration
The definition of adulteration is to alter a urine specimen, usually in an attempt to prevent a positive drug test result. An example of adulteration includes a substituted specimen or a specimen that contains an additive. Interfering with the testing methodology and/or instrument function in order to render a specimen non-testable or to cause a negative drug test result is also adulteration.

Letter of the Law - Adulteration
Soldiers who adulterate their specimen or who assist any Soldier in doing so are subject to the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.

The “Whizzinator”
The Whizzinator is a name brand device that male or female Soldiers may try to use to supplant having to provide their own urine specimen for fear of testing positive for drugs. This is one reason why it is imperative that Observers maintain the integrity of the collection process by maintaining standards such as direct and constant line of sight of urine leaving the Soldier’s body to ensure that the specimen is actually from the individual being tested.

The male version of the Whizzinator is a prosthetic penis worn to fool the Observer and provide what appears to be a sample of urine coming from the Soldier’s body.
The male Whizzinator kit consists of:
- A syringe
- Heater packs (to keep the urine at body temperature)
- A prosthetic penis (available in several skin tones including white, tan, brown, and black)
- An instruction manual

The female version of the Whizzinator—also known as the “Number One”—includes a pouch and a rubber tube that the user wears in an attempt to fool the Observer and provide what appears to be a sample of urine coming from the Soldier’s body.

The female Whizzinator kit consists of:
- A syringe
- Heater packs (to keep the urine at body temperature)
- A pouch with a connected rubber tube.
- An instruction manual

**Adulterants**

Adulterants are substances used to alter the biochemistry of the urine specimen so that the specimen will not test positive for drugs. There are internal and external adulterants. Internal adulterants are substances that one ingests prior to donating a urine sample. External adulterants are substances that one mixes into the urine specimen during the collection process.

**Internal adulterants**

Implementing random testing times is one effective way the UPL can collect urine samples before the Soldiers chosen for testing have an opportunity to take internal adulterants. If Soldiers are surprised by an unexpected order to participate in testing, there will not be enough time to ingest an adulterant before providing a specimen.

Internal adulterants require the user to drink a lot of water to flush their system. This is known as “adulteration by dilution.” Common internal adulterants are Golden Seal, Urine Aid, vinegar, and diuretics (substances and medications that cause frequent urination).
External adulterants

Direct observation during urine sample collection is one effective way to deter Soldiers from using external adulterants. It is imperative that Observers maintain line of sight with the specimen bottle at all times so that Soldiers have no opportunity to add an adulterant to their specimen.

Examples of external adulterants include water, fruit juice, baking soda, soap, perfume, cleaning solvents, nitrates (i.e. bleach, detergent, Drano). Soldiers may try to use any of these as substitutes for urine. A few of these adulterants mask the presence of certain drugs, but the laboratory can still screen the specimen to detect a positive drug test result.

Some Soldiers will try to substitute their specimen with purchased “clean urine” or urine from a buddy, with or without using a Whizzinator.

If the Observer believes that a Soldier has used an adulterant or a Whizzinator, they must notify the UPL immediately after escorting the Soldier back to the urinalysis testing table.

**Letter of the Law–Retesting Due to Adulteration**

If the Forensic Toxicology Drug Testing Laboratory (FTDTL) rejects a specimen without testing it due to suspected adulteration, the Commander must order a retest for the Soldier who provided the rejected specimen. Contact your BAC manager if deployed, or DTC (or equivalent) if in garrison, for further guidance on retesting rejected specimens.
The check-out process begins when the Soldier returns to the testing station from the latrine. All steps of this process for each Service member will be conducted under the direct observation of a designated observer.

### Check-Out Instructions

1. The Soldier will ensure to tighten the bottle cap in front of the observer and the UPL and hand the specimen to the UPL.

2. The UPL verifies that the cap is secure.

3. The UPL looks at the specimen to check for:
   - **The correct amount**: The specimen bottle must contain at least 30ml of urine to comply with the AR 600-85 and for the laboratory to test the specimen.
   - **Evidence of adulteration**: If the UPL suspects the sample is adulterated, he/she needs to alert the Commander of the situation after processing the sample.
   - **Secure cap**: The cap must be closed tight to prevent leaks.

4. The UPL will instruct the **Soldier to verify** the information on the specimen bottle label, testing register, and DD Form 2624. The Soldier will then initial the specimen bottle label indicating that all data is correct. The UPL will affix Soldier's initialed label on the specimen bottle.

5. The observer checks bottle lid to ensure it is securely tightened while the UPL is holding the bottle on the table, in full view of the Service Member. The UPL will **annotate on the Testing Register** that the observer conducted the secondary review.

6. The UPL seals the specimen bottle with tamper-evident tape if the bottle contains the correct amount and no adulteration. The tape must extend over the lid from one end to the other end in a straight line and touch the label on both sides of the bottle.

7. The UPL initials the bottle label.

8. The UPL removes the Soldier’s ID card from the slotted collection box and places the specimen bottle in the same collection box slot.

9. The UPL instructs the Observer to print name and sign the Testing Register in front of the UPL and the Soldier.

10. The UPL instructs the Soldier to sign the Testing Register in front of both the Observer and the UPL.

11. The UPL returns the ID card to the Soldier and instructs the Soldier to return to duty.

### Initials and Signatures at Check-Out

The UPL’s initials on the bottle label signify that he/she:

- Received the specimen from the Soldier.
- Checked the specimen for possible adulteration and sufficient volume.
- Ensured the cap was secure.
- Placed tamper-evident tape across the cap.

The Observer’s signature on the **Testing Register** verifies that he or she:

- Complied with the collection process by directly observing the Soldier provide the specimen.
- Maintained eye contact with the specimen bottle from the time it was handed to the tested Soldier until it was placed in the collection box.

The Soldier’s signature on the Testing Register verifies that he/she:

- Provided the urine in the specimen bottle
- Observed the specimen being sealed with tamper evident tape and placed into the collection box.
Adulteration Responses

Both Observers and UPLs may observe and report suspected adulteration. If the Observer reports adulteration, the following responses must happen in order:

1. The Observer tells the UPL that he/she believes the specimen is adulterated.
2. The UPL finishes processing the specimen, and instructs the Soldier to stand fast.
3. The UPL sends someone to notify the Commander.
4. The Commander verifies the evidence of possible adulteration and, if possible, consults the legal advisor.
5. The Commander may order the Soldier to provide a second sample.
6. The Soldier provides a valid specimen according to the standard collection procedure; however, the test basis for the second sample may be Probable Cause.
7. The UPL uses a separate DD Form 2624 to process the second specimen on the Soldier. The UPL sends both specimens to the Forensic Toxicology Drug Testing Laboratory (FTDTL) for processing.
8. The UPL annotates the Testing Register with the event and the way he or she resolved it.

If the UPL notices adulteration (for example, the sample is bubbling), the following responses must happen in order:

1. The UPL finishes processing the specimen through the signature portion of the collection process.
2. The UPL instructs the Soldier and Observer to stand fast.
3. The UPL sends someone to notify the Commander.
4. The Commander verifies the evidence of possible adulteration and, if possible, consults the legal advisor.
5. The Commander may order the Soldier to provide another sample and appoint a different Observer.
6. The Soldier provides a valid specimen according to the standard collection procedure; however, the test basis for the second sample may be Probable Cause.
7. The UPL uses a separate DD Form 2624 to process the second specimen on the Soldier. The UPL sends both specimens to the FTDTL for processing.
8. The UPL annotates the Testing Register with the event and the way he or she resolved it.
Unusual Circumstances

Unusual circumstances are any events that force the UPL to deviate from normal procedures. Examples of unusual circumstances include:

- Soldier with no ID card
- Insufficient specimen amount
- Possible adulteration (whether UPL-reported or Observer-reported)
- Broken tamper-evident tape
- Refusal to provide a specimen

The unusual circumstances listed here are only a few of the most common ones that occur. The more collections you perform, the greater the chances that something unusual will occur. The common rule for all unusual circumstances is that you must annotate the Remarks section of the Testing Register or create an MFR and attach it to the ledger. Be sure to describe in the annotation the circumstance and the actions you took to resolve it.

Specimen Amount Requirements

All Tests Except Steroid Tests

Specimen bottles must contain at least 30 ml of urine to qualify as a valid specimen for urinalysis testing. Good specimens exceed 30 ml. This applies to all urinalysis testing except steroid testing.

If a Soldier provides a specimen of less than 30 ml—including no specimen amount at all, the UPL must:

1. Remove the Bottle Label from the specimen bottle.
2. Obliterate the DOD ID number on the Bottle Label and destroy the label.
3. Instruct the Observer to escort the Soldier back to the latrine and dump the specimen into the latrine.
4. Instruct the Soldier to rinse the specimen bottle with water, crush and dispose of it in the latrine waste receptacle, and return to the testing station.
5. Instruct the Soldier to return to the holding area and drink 8 ounces of water every ½ hour but not to exceed 40 ounces in 3 hours.
6. Start the collection process from the beginning with that Soldier.
7. Create a hand-written bottle label to place on a new specimen bottle.
8. Annotate the Remarks section of the Testing Register: “1st attempt-short sample; 2nd attempt sufficient value”.
9. Use original entries on the DD Form 2624 and Testing Register.

Steroid Tests

Specimen bottles for steroid urinalysis testing must contain at least 60 ml of urine to qualify as a valid specimen. Good steroid specimens exceed 60 ml.
**Annotating Documents**

The UPL may need to annotate urinalysis documentation when a Soldier provides an inadequate specimen or the UPL breaks the tamper-evident tape on the specimen bottle.

To note inadequate specimen size, follow the step 8 above under Required Specimen Amount.

To document breakage in the tamper-evident tape:

1. Apply a second piece of tamper-evident tape offset from the first, but clearly distinguishable as a second piece and touching the label on both sides.

2. Annotate on the Testing Register Remarks section. Indicate that you applied a second piece of tamper-evident tape and that the Soldier observed this process. (AR 600-85)

3. If a second piece of tamper-evident tape is applied, then you must complete a Certificate of Correction. Attach the Certificate of Correction to the original DD Form 2624 to explain any specimen bottle that has two pieces of tamper-evident tape.

Without a certification of correction explaining the placement of the second tamper-evident tape, specimen will NOT be tested.

These are a few of the most common unusual circumstances. The more collections you perform, the greater the chances that something unusual will occur. The UPL must annotate all unusual circumstances and responses to them in the “Remarks” section of the Testing Register and in a Certificate of Correction that is attached to the DD Form 2624.
Secondary Review of Specimens

After the UPL signed as the first custodian of specimens on the chain of custody (Back of DD Form 2624), the Secondary Review of specimens may be conducted (see page 203 for DoD policy):

1. **By the observer at the UPL Station and noted on Testing Register. Preferred method (See checkout procedure)**
2. Before or after UPL conduct QC of all specimens. Noted on DD Form 2624
3. Before or after temporary storage. Noted on DD Form 2624
4. By the DTC/ADCO at the installation DTCP. Noted on DD Form 2624
5. By a commander-designated person (e.g., additional collector, assistant collector, officer, non-commissioned officer, or designated civilian). Noted on DD Form 2624
6. Always before packaging each individual specimen in a secondary container.

The transfers of specimen custody from a custodian (releaser) to a reviewer (receiver) and from a reviewer (releaser) to a custodian (previous or next) (receiver) must be annotated and signed on the chain of custody form (Back of DD Form 2624). Both actions may be combined in one session but the chain of custody must be annotated and signed for each action. In garrison, a DTC/ADCO will serve as the secondary reviewer for the units. See example on this page....
Section 4

Post-Collection
Section 4: Post-Collection

Quality Control

Quality Control Check Instructions

Step 1–Ensure DOD ID numbers match

- Verify that the DOD ID number entries are exactly the same on the DD Forms 2624, Testing Register, and Bottle Labels for each Soldier.

**Testing Ramifications of DOD ID Matching Errors**

If the DOD ID number on the bottle label does not match the DOD ID number for the same Soldier on the DD Form 2624, it is a fatal discrepancy. The FTDTL will reject the specimen without testing it. The mistake creates a significant flaw in Unit readiness. The potential for one Soldier’s drug use to continue undetected places the entire Unit at greater risk.

Garrison Comparison–Quality Control

Deployed UPLs and UPLs not on an Army installation (Reserve components, recruiters, etc.) act as a DTC and perform all quality control, packaging and shipment procedures.

UPLs in garrison deliver specimens to the DTC as soon as possible (normally the same duty day.) The DTC performs a quality control inspection, corrects discrepancies, and ensures specimens are packaged and shipped to the appropriate FTDTL. The UPL may be required to assist in the packaging and shipping process. The UPL must bring the Testing Register with the DD Form 2624 when delivering specimens to the DTC for the quality control check. Afterward, the UPL retains the Testing Register and files it in the proper location at the Unit.

Step 2–Check Bottle Labels for Accuracy

- Ensure that only one label is attached to each specimen bottle, rather than one label covering another.

- Ensure that all required information appears on all bottle labels. This includes checking that any edits have been performed according to the proper method. Bottle labels must show the following information:
  - Collection Date of the sample in the specimen bottle to which the label is attached
  - Base Area Code (BAC) of the location at which the sample was collected
  - Unit Identification Code (UIC).
  - UPL initials
  - Donor DOD ID number
  - Donor Initials

Donor initials must be no more than three letters and cannot spell a name or word. For example: if a Soldier’s name is Carl Allen Taggard then his initials would be “CAT.” Since “CAT” is a word, the UPL must complete a Certificate of Correction to explain that these are initials and not a name.

**NOTE:** Consult your ASAP Office for assistance on correction of errors during the post collection quality control check.
Complete a Certificate of Correction if you make any changes to forms after the Soldier returns to duty. If the Soldier is witness to any changes, there is no need for the Certificate of Correction. Submit the Certificate of Correction with the specimens.

Ensure the bottle label is not covering a second label underneath. There must be only one label attached to each specimen bottle.

Testing Ramifications of Bottle Label Errors
If the DOD ID number on the bottle label is incomplete, missing, or illegible, it is a fatal discrepancy. The FTDTL will reject the specimen without testing it.
If one bottle label covers a second label underneath, it is a fatal discrepancy. The FTDTL will reject the specimen without testing it.

Step 3–Check the Testing Register

Ensure that all required information and signatures appear on the Testing Register. This includes checking that edits and annotations for unusual circumstances have been made according to the proper method.

Ensure that the Testing Register reflects any changes that appear on the DD Form 2624 and bottle label for each Soldier. Information on the Testing Register must be correct, must match information on the other documents, and must include:

- Name of Unit that conducted testing (block 1 on DD Form 2624)
- Unit Identification Code (UIC)
- Date Specimens Collected
- Batch and specimen numbers
- Rank, Name, DOD ID number, and signatures of the Soldiers
- Test Basis
- Names and signatures of the Observers
- Comments and disposition (unusual circumstances and/or testing status of a Soldier or specimen)

If you discover any errors with the Testing Register during the quality control check, correct the error directly on the Testing Register. It is not necessary to complete a Certificate of Correction.

Step 4–Check DD Forms 2624

Ensure that all required information appears on the DD Forms 2624. This includes checking to be sure that you made edits during the check-in or checkout process according to the proper method. All specimens that were not tested must be identified and annotated on the DD Form 2624.

Ensure that you have removed all specimens that were not tested from the DD Form 2624. To remove an entry on the DD Form 2624 for which there is no corresponding specimen, follow these steps:

1. Blacken out the first ½ inch of the barcode.
2. Draw a line extending through the DOD ID number into Block F Accession Number.
3. Write “Not Tested” next to the drawn line.
4. Initial and date next to the “Not Tested” entry.
Check that chain of custody information was entered properly. The back of the DD Form 2624 documents all Chain of Custody actions.

Ensure that the DD Forms 2624 reflect any changes that appear on the other documents. Remember, information on the DD Forms 2624 must match information on the Testing Register and bottle label for each Soldier.

If you discover any errors with the DD Forms 2624 during the quality control check, correct the error (except error in DOD ID/SSN) and complete a Certificate of Correction to submit with the specimens if the Soldier is no longer present.

**Testing Ramifications of DD Forms 2624 Errors**

If any DD Form 2624 chain of custody entries are not original, it is a fatal discrepancy. The FTDTL will reject the specimen without testing it.

If the DD Form 2624 does not contain chain of custody entries, it is a fatal discrepancy. The FTDTL will reject the specimen without testing it.

If a DD Form 2624 entry does not have a corresponding bottle, the FTDTL will document this non-fatal discrepancy.

If a bottle does not have a corresponding entry on the DD Form 2624, the FTDTL will document this non-fatal discrepancy.

If the specimen DOD ID number on the DD Form 2624 is not correct, it is a fatal discrepancy. The FTDTL will reject the specimen without testing it.

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**Letter of the Law—Specimen Bottle Chain of Custody**

A primary UPL duty is to ensure the integrity of the urine specimens from collection to shipment. Maintaining Chain of Custody minimizes opportunities to compromise the samples in any fashion while in UPL control.

The Chain of Custody begins when the UPL receives the specimen bottle from the Soldier. It must remain continuously and forensically intact until testing is complete at the Forensic Toxicology Drug Testing Laboratory (FTDTL). The back of the DD Form 2624 documents all Chain of Custody actions.

The UPL must never touch or take custody of his/her own specimen. An alternate UPL or personnel from the local ASAP Office must collect and handle the UPL’s specimen.

**NOTES on correcting errors in DOD ID/SSN:**

1. If the bottle, DD Form 2624 and Testing Register show the same DOD ID/SSN error and the bottle bears the Soldier’s initial, notify the commander to verify for the correct DOD ID/SSN and submit a Certificate of Correction to state the correction.

2. If the DOD ID/SSN on the bottle is different from the DOD ID/SSN on DD Form 2624 or the Testing Register, the error is uncorrectable and the specimen is untestable/fatal.
Step 5–Check Tamper-Evident Tape
- Ensure that each specimen bottle is sealed with tamper-evident tape. Make sure the tamper-evident tape is placed across the entire lid and touches the label on both sides.
- If the tape is broken or not touching the bottle label on both sides, apply a second piece slightly offset from the first. Complete a Certificate of Correction to note the discrepancy.

Testing Ramifications of Tamper-Evident Tape Errors
If the tamper-evident tape is missing or the seal is compromised in any fashion, it is a fatal discrepancy. The FTDTL will reject the specimen without testing it.

Step 6–Check Specimen Bottle Placement in the Collection Box
- Ensure that each specimen bottle is in the correct position in the collection box according to the position in which each bottle appears on the DD Form 2624.
- If the order of specimen bottles in the collection box does not match the order listed on the DD Form 2624, move the specimen bottles into the correct order. It is not necessary to create a Certificate of Correction in this case.

Testing Ramifications of Specimen Bottle Position Errors
Checking bottle position is important for ensuring that all specimen bottles are accounted for in the collection box. Remember to place the specimens in their correct location, ensure empty bottles are in slots with no specimen, and to void out entries on the DD Form 2624 for specimens that were not collected.

Managing Documents
After completing the quality control check, perform the following steps with the testing documents:
- Make a copy of the DD Form 2624.
- File the copy of the DD Form 2624 with the Testing Register in a secure location at the Unit.
- Submit the original DD Form 2624 in the collection box with the specimen bottles.
**Testing Ramifications of Document Management Errors**

Do not submit the Testing Register to the FTDTL! Testing Registers contain the names of the Soldiers who participated in the urinalysis testing. If the FTDTL receives the Testing Register with the specimens, it is a **fatal discrepancy**. The FTDTL will reject all specimens in the box without testing them.

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**Letter of the Law—Retesting Due to Fatal Discrepancies in Documentation**

If the Forensic Toxicology Drug Testing Laboratory (FTDTL) rejects a specimen without testing it because the accompanying forms are not forensically correct, the Commander must order a retest for the Soldier who provided the rejected specimen.

For further guidance on retesting rejected specimens, deployed UPLs should contact the Base Area Code (BAC) Manager. UPLs in garrison should contact the Drug Testing Coordinator (DTC), the Forensic Toxicology Drug Testing Laboratory (FTDTL). The back of the DD Form 2624 documents all chain of custody actions.

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**Destroying/Discarding Specimens**

If the DTC (or the DTC’s designated representative) finds an error during the quality control check that would result in a fatal discrepancy, then he or she must destroy the specimen.

Follow these steps when dumping a specimen or when receiving notice that the DTC dumped a specimen:

1. Inform the Commander about the occurrence and the reason for a destroyed/discarded specimen.
2. Follow the Commander’s written policy on retesting Soldiers.

The DTC or UPL may dispose of a specimen only in the following cases:

- The DTC or UPL cannot verify that the specimen is a unique specimen according to the DOD ID number (for example, the DOD ID numbers on the bottle and DD Form 2624 do not match, and the DTC or UPL is unable to verify them).
- The specimen bottle has two labels on it or does not have the Soldier’s initials on the label.
- The specimen is from the same UPL who is turning in the specimen.
- The Testing Register is missing the Soldier’s or Observer’s signatures.
- Authorization for disposal was received from one of the following:
  - Installation DTC/ADCO
  - ARNG DTC
  - USAR ADCO
  - FTDTL
  - HQDA ARD ASAP
  - SJA
Breaking Down the Testing Station

Break Down Instructions

The Urinalysis Testing Station, holding area, and latrine are public spaces and not a dedicated resource. The UPL must return all areas to their original state before leaving at the conclusion of testing operations. The UPL may delegate this task.

To break down the Urinalysis Testing Station:

- Maintain a direct line of sight with the collection box at all times.
- Discard used items such as paper towels and gloves in a trash container, if available. It is also acceptable to use the trash bag in the holding area.
- Remove the “Urinalysis Testing in Progress” sign.
- Remove the binder and all testing documentation.
- Return supplies in accordance with your Unit’s SOP.

The Disinfection Procedure (Biosafety)

Although normal urine is sterile in a healthy person, it provides an attractive environment for bacteria and other pathogens to live and reproduce. This is why the disinfection procedure is critical during the testing station breakdown process. Follow these steps to disinfect the testing station:

- Check the time to see if you need to change to a fresh pair of gloves.
  
  You should change your gloves every two hours.

- Disinfect all work areas, surfaces, and reusable equipment used for processing specimens.
- Disinfect the table and any pens that were used during the urinalysis testing.
- Wipe each disinfected item clean with paper towels.
- Discard any used paper towels in the trash can.

Only the following disinfectants are approved. You must use at least one of these for disinfection:

- A 10% bleach-water solution. Use within eight hours of mixing. To create this solution, mix 9 parts water and 1 part bleach.
- Lysol or other brand of disinfectant that is clearly marked as a disinfectant.
- A 70% or higher alcohol-water solution. The alcohol solution can contain either methanol or ethanol.

These disinfectants are not approved. Do not use any of these for disinfection:

- 5% bleach-water solution
- 60% alcohol-water solution
- Isopropyl (rubbing) alcohol
**Restoring the Latrine**

To reopen the latrine to the public after urinalysis testing:

- Return cleaning products to the latrine if the UPL removed them during set-up.
- Wipe down the sink area with paper towels.
- Remove the “Latrine Off-Limits” sign from the latrine door.

**Removing Holding Area Items**

To restore the holding area after urinalysis testing:

- Discard all used cups and trash.
- Return beverages and unused cups in accordance with your Unit’s SOP.
- Remove the Holding Area sign to restore the space for public use.

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**Garrison Comparison—Urinalysis Testing Supply Return Procedure**

1. Return supplies to the secure storage area.
2. Make a note of any items to reorder (if deployed) or pick up from the DTC (if in garrison).
3. At a minimum, maintain enough supplies to conduct a 100% Unit inspection.
Storing Specimens

If it is not possible to package and ship specimens immediately after testing station breakdown, the UPL must place specimens in temporary storage. The UPL must follow specific requirements for using storage containers, documenting specimen Chain of Custody (on the DD Form 2624), and documenting storage container access (on the SF-702).

The primary UPL is responsible for removing specimens from temporary storage. The alternate UPL may remove specimens from the storage container only under extreme circumstances (i.e. the primary UPL goes on emergency leave, is hospitalized, etc.). If this occurs, annotate the reason on a Memorandum for Record (MFR) and maintain it in your files.

Maintaining Chain of Custody

You must annotate the DD Form 2624 every time you transfer urinalysis testing specimens into or out of temporary storage in order to maintain Chain of Custody. Annotate each change of custody at the time of occurrence. Do not pre-date or post-date the event, but enter the current date.

To document specimen transfer into or out of temporary storage, you must immediately complete the following sections of DD Form 2624 as noted:

Ensure to fill in BAC, UIC, and Document Number blocks at the top of the back side of the DD Form 2624

- 11a DATE: Enter the current date.
- 11b RELEASE BY: Print name and sign payroll signature.
- 11c RECEIVED BY: Enter the location of the storage container, including the building and room number if applicable.
- 11d PURPOSE OF TRANSFER: Enter purpose of transfer as appropriate: “Placed in temporary storage” or “Removed from temporary storage”.

Storage Container Types and Requirements

There are only three types of containers approved for storing specimens and documentation awaiting packaging and shipment. They are: safes, filing cabinets, and metal wall lockers. The following section summarizes storage container requirements. See AR 600-85 for complete requirements:
Safes:
- Must weigh at least 500 pounds, or be attached to the structure of the building with a chain or heavy duty bolts.
- Must have a 200-series padlock to secure the hasp (no combination locks).
- The padlock must have only two keys (see above for requirements regarding padlock keys).
- Must be in a lockable room or lockable office.

Filing Cabinets
- Must weigh at least 500 pounds, or be attached to the structure of the building with a chain or heavy duty bolts.
- Must have a metal bar hasp welded to the cabinet body. A metal bar may run the entire height of the cabinet in front of the drawers. If the hasp is welded only to the top drawer and there is no metal bar, then use only the top drawer for storage.
- Must have a 200-series padlock to secure the hasp (no combination locks).
- The padlock must have only two keys (see above for requirements regarding padlock keys).
- Must be in a lockable room or lockable office.

Metal Wall Lockers
- Must weigh at least 500 pounds, or be attached to the structure of the building with a chain or heavy duty bolts.
- Must have a 200-series padlock to secure the hasp (no combination locks).
- The padlock must have only two keys (see above for requirements regarding padlock keys).
- Must be in a lockable room or lockable office.

Temporary Storage Requirements
The primary UPL must follow these specific requirements for specimen storage:
- Maintain possession of one of two keys to the storage container padlock. The UPL secures the second key in a sealed envelope, signs across the seal, and places the envelope in the Commander’s safe.
- Annotate an SF-702 every time he or she opens or closes the storage container. The UPL must maintain possession of this SF-702 for three years.
- Annotate the Chain of Custody (back of DD Form 2624) every time he or she transfers specimens into or out of temporary storage.

See AR 600-85 for complete storage requirements.

Specimen Storage in Deployed Areas
Commanders in deployed areas where facilities are not available to fully comply with the preceding temporary storage guidelines should make every attempt to properly secure specimens requiring temporary storage to avoid any tampering or perception thereof. This may include locking specimens in a foot locker or similar container using a padlock, to which the primary UPL has the only key, and storing that foot locker in the Tactical Operations Center (TOC) or other area under constant surveillance.
Specimen Packaging

Materials

Use the following materials for packaging specimen collection boxes:

- Small Biohazard non-ziploc bags (4 in X 6 in, 6 in X 6 in, not larger than 6 in X 10 in) which might contain absorbent pads—To serve as secondary container for individual specimen and absorb any leakage from the specimen bottle.

- Absorbent pads—To absorb the entire volume of leakage from a single specimen bottle (approx. 100 ml).

- Mailing tape—To seal the collection box.

- A white letter-size business envelope—To hold the DD Form 2624 and any Certificate of Correction forms.

- A black marker or black/blue ink pen (no gel or liquid ink)—To sign your payroll signature (not initials) across the tape on the top and across the bottom of the collection box.

Note: Large Absorbent Pads (300-500 ml capacity) must be used for packing a batch of specimens when single specimen bags as secondary containers are not available and not used.

Garrison Comparison—Specimen Packaging

Deployed UPLs and those not located on an installation (ARNG, USAR, Recruiters, etc.), must package specimens for shipment.

UPLs in garrison may assist the DTC in packaging specimens to gain proficiency in packaging specimens during deployment and if the DTC requests assistance.
Packing Instructions

DoD Policy: "Beginning as soon as practicable, but no later than September 1, 2018, each specimen bottle will be enclosed in an individual, leak-proof secondary container (e.g., a sealable plastic bag), to prevent and contain leakage. Each individual, leak-proof secondary container will contain sufficient absorbent material to absorb the entire contents of the specimen bottle, should leakage occur."

After the secondary review and the final quality control check, complete the following steps to package specimen collection boxes for shipment:

1. Maintain direct line of sight with the specimen collection box at all times.
2. Complete chain of custody documentation as required if you remove specimens from temporary storage.
3. Individually package each specimen bottle with an absorbent pad (with approx. 100 mL capacity) in a small liquid-tight (biohazard) plastic bag with adhesive closure (non-ziploc). Flatten to remove all air from the bag and seal the bag appropriately per product instruction to ensure no leakage of fluid. Carefully to avoid breaking the temper-evident tape, roll the plastic bag around the bottle and place the wrapped bottle in the slot in the collection box.

Package a Specimen Bottle into Secondary Container

- Insert specimen into the specimen compartment and seal bag lips or flaps IAW product instruction (see arrow in pictures)
- Wrap excess portion of bag around bottle, keeping bag lips straight
- Gently squeeze excess portion of bag around bottle, keeping bag lips straight
- Keeping bag lips straight while removing protective cover from adhesive band
- Evenly press bag lips together to seal, avoid forming wrinkles and folds to prevent leakage
- Ensure to seal the corners of bags properly to prevent leakage
- Push the top of bottle toward one side of bag, reducing bulkiness around bottle neck to prevent breakage of temper-evident tape; fold the excess under bottle and place bottle in collection box
4. Since each specimen is packaged in its own secondary container with an absorbent pad, a large absorbent pad for the entire collection box may cause bulkiness, damage specimens, is not necessary and may be omitted.

Allow an official postal clerk to perform a visual inspection, if required. Do not allow the postal clerk to touch the collection box or specimens during an inspection. An open parcel inspection waiver may be applicable in certain operational areas.

5. Seal all open sides, edges and flaps of the collection box with mailing tape. Do not use scotch tape or duct tape.

6. Sign your payroll signature across the tape on the top and bottom of the collection box. Don't take short cuts—initials are not allowed!

7. Write your Base Area Code in large letters on the outside of the letter-size business envelope that contains the DD Form 2624 and any Certificate of Correction forms.

8. Leave the business envelope unsealed to allow chain of custody updates to the DD Form 2624.

9. Secure the business envelope to the outside of the collection box with mailing tape.

10. Continue immediately with the specimen shipment steps in the next section. If immediate shipment is not possible, maintain direct line of sight with the specimen collection box and/or use temporary storage according to proper procedure until you can complete shipment.

You must send the original DD Form 2624 (specimen chain of custody document) with each collection box. Do not send the Testing Register.
## Specimen Shipment

### Forensic Toxicology Drug Testing Laboratory (FTDTL)

Each FTDTL is capable to perform drug testing on any DOD specimen but generally designated to work on specimens for the specific service or from specific regions of the world. Please consult your local ASAP Office for your designated laboratory and correct Base Area Code (BAC, Org. Code) for result reporting. When deployed, contact your deployed BAC Manager (BACM) or HQDA ARD ASAP for instruction.

- **All specimens** being tested for drugs on the Drug Demand Reduction Program (DDRP) panel, regardless of test basis (IR, IU, IO, CO, PO, etc.), will be send to the designated FTDTL for testing.
- **Steroid testing** (a special test, only for PO) specimens must be shipped to Ft. Meade FTDTL. Contact ASAP Office before collecting and shipping of specimen.
- **Special drug test** (only for PO) specimens must be shipped to the Division of Forensic Toxicology of Armed Forces Medical Examiner System (AFMES) at Dover AFB, Delaware. Contact ASAP Office and ARD ASAP before collecting and shipping of specimen.

* At the time of this update:
* Active Army DDRP specimens are divided between Ft. Meade Lab, Tripler Lab, JAX NDSL, and AFDTL.
* Army Reserves DDRP specimens are tested at Great Lakes (Navy) Lab.
* Army National Guard DDRP specimens are tested at the designated Army, Navy, or Air Force Labs. Consult the State DTC for guidance.

<table>
<thead>
<tr>
<th>Army</th>
<th>Navy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commander</strong></td>
<td><strong>Commanding Officer</strong></td>
</tr>
<tr>
<td>Forensic Toxicology Drug Testing Laboratory</td>
<td>Navy Drug Screening Laboratory 2500</td>
</tr>
<tr>
<td>Attn: Processing Section</td>
<td>Rodgers St., Bldg. 5501</td>
</tr>
<tr>
<td>2490 Wilson Street</td>
<td>Great Lakes, IL 60088-2952</td>
</tr>
<tr>
<td>Fort Meade, MD 20755-5235</td>
<td>Phone (847) 688-2045 DSN 312-792-2045</td>
</tr>
<tr>
<td>Phone (301) 677-7085 DSN 312-622-7085</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tripler AMC FTDTL</th>
<th>Jacksonville Navy Drug Screening Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: MCHK-FT</td>
<td>(Regular Mail)</td>
</tr>
<tr>
<td>1 Jarrett White Road, BLDG 40</td>
<td>Commanding Officer</td>
</tr>
<tr>
<td>Tripler AMC, HI 96859-5000</td>
<td>Navy Drug Screening Laboratory</td>
</tr>
<tr>
<td>PO Box 113, NAS Jacksonville, FL 32212-0113</td>
<td>Jacksonville, FL 32212-0113</td>
</tr>
<tr>
<td>Phone (808) 433-5176 DSN 315-433-5176</td>
<td>Phone (904) 542-7755 DSN 312-942-7755</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Air Force</th>
<th>Armed Forces</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQ AFDTL</td>
<td>Division of Forensic Toxicology</td>
</tr>
<tr>
<td>2480 Ladd Street BLDG 3750</td>
<td>Armed Forces Medical Examiner System</td>
</tr>
<tr>
<td>Joint Base San Antonio Lackland, TX 78236-5310</td>
<td>Bldg. 115 Purple Heart Drive</td>
</tr>
<tr>
<td>Phone (210) 292-3311/3312/3313 DSN 312-554-3311</td>
<td>Dover AFB, DE 19902</td>
</tr>
<tr>
<td></td>
<td>Phone: (302) 346-8724 (DSN: 312-366-8724)</td>
</tr>
<tr>
<td></td>
<td>Fax: (302) 346-8822</td>
</tr>
<tr>
<td></td>
<td>Weekend deliveries are not accepted</td>
</tr>
<tr>
<td></td>
<td>* Send specimens for routine DDRP Panel testing to the designated FTDTL. (See page 109 for list of drugs and cutoff levels)</td>
</tr>
<tr>
<td></td>
<td>* Send all Army steroid testing specimens to Ft. Meade Lab.</td>
</tr>
<tr>
<td></td>
<td>* Send all other special drug testing specimens to the Armed Forces Medical Examiner System (AFMES).</td>
</tr>
</tbody>
</table>

NOTE: Always confirm with your supporting ASAP Office for the correct servicing laboratory (FTDTL) and BAC. When deployed, contact your BACM or HQDA ARD ASAP for instruction.
This page intentionally left blank.
**Shipping Carriers**

These are the only approved carriers to use for shipping specimens to the FTDTL. Do not attempt to ship specimens by any other method. (AR 600-85)

- Registered mail
- US Postal Service by First Class Mail
- Hand-carried by surface transportation
- Military aircraft transportation system
- US flag commercial air freight air express and air freight provider
- As a last resort, if none of the above is available, ship by foreign flag air carrier.

**UPLs in garrison must follow the established garrison or command mailing procedures.**

**Completing Chain of Custody**

The person who ships specimens to the FTDTL makes the final entry on the back of the DD Form 2624 to complete chain of custody immediately before shipment.

**Garrison Comparison—Specimen Shipment**

Deployed UPLs and those who are away from an installation (ARNG, USAR, Recruiters, etc.) must ship the specimens to the FTDTL.

UPLs in garrison must follow garrison mailing procedures, or deliver specimens to the DTC for a final quality control check, packaging, and shipment as directed.

To complete chain of custody and release each specimen collection box immediately before shipment, you must complete the following sections of DD Form 2624 as noted:

**Ensure to fill in BAC, UIC, and Document Number blocks at the top of the back side of the DD Form 2624**

- 11a DATE: Enter the current date.
- 11b RELEASE BY: Print name and sign payroll signature.
- 11c RECEIVED BY: Print method of mail transport (i.e., United States Postal Service (USPS), UPS, FedEx, etc.).
- 11d PURPOSE OF TRANSFER: Enter “Specimens mailed to FTDTL by [mail method].”

If you do not complete chain of custody indicating shipment to the laboratory, then the laboratory will destroy all the specimens you collected without testing them.

The UPL who collected the specimens MUST always sign the first slot on the chain of custody.

---

**IMPORTANT**

Complete this entry whether or not the specimens had been in temporary storage.

**IMPORTANT**

Chain of Custody must remain continuously and forensically intact until the courier/shipping agency, and subsequently the drug testing laboratory (FTDTL), receives the specimens.
Shipping Materials

Use the following materials for shipping collection boxes to the FTDTL:

- Leak-proof bag
- Outer shipping box
- Mail Service Label
- Mailing tape
- Black marker
- Other materials as mandated by local carrier requirements, such as brown paper
- A copier—To photocopy the DD Form 2624 and any Certificates of Correction before specimen shipment

Shipping Instructions

1. Complete Chain of Custody documentation as required, photocopy the DD Form 2624, and return it to the white business envelope attached to the outside of the specimen box.

2. Place the collection box inside the leak-proof bag.

3. Place the bagged specimen collection box in an outer shipping box according to carrier requirements and local policy. There are no specific taping instructions for the larger box.

4. Write the appropriate FTDTL mailing address on the shipping box (see chart below for addresses).

5. Handwrite and affix a label that says “Diagnostic Specimens” near the mailing address.

6. Hand the shipping box directly to a staff member of the carrier at the point of shipment.

Note: Special mailing procedures may be applicable free of charge for Units in specific operational areas.

Chain of Custody Review

The chain of custody begins the moment that you receive the first urinalysis specimen. This chain of custody must remain continuously and forensically intact until the specimen’s testing is complete at the FTDTL. Annotate each change of custody at the time it occurs. Do not pre-date or post-date the event.

When the UPL transfers specimen custody to another UPL, into and out of temporary storage, or to a shipping agency, they must annotate correct and complete information in the appropriate sections on the back side of DD Form 2624.

Complete the sections of the DD Form 2624 as follows to properly document chain of custody:

Ensure to fill in BAC, UIC, and Document Number blocks at the top of the back side of the DD Form 2624

- Block 11a – Current date.
- Block 11b – Person or facility releasing custody.
- Block 11c – Person or facility accepting custody.
- Block 11d – Purpose of Transfer.

If you do not complete the Chain of Custody form indicating shipment, then the laboratory will declare a fatal discrepancy and destroy all of the specimens you collected without testing them.
Discrepancies

When the FTDTL receives specimens, the lab technicians perform quality control to ensure that all specimens meet the processing guidelines in the AR 600-85 and laboratory SOPs. If specimens fail the quality control check for any reason, the technicians declare a discrepancy. There are two types of discrepancies:

- **Fatal discrepancies** are those that would invalidate the test results, such as an insufficient specimen amount. The FTDTL destroys specimens with fatal discrepancies without performing any testing and returns notification about the discrepancy with test results.

- **Non-fatal discrepancies** are those that would not invalidate the test results but were avoidable if the UPL or DTC had corrected them, such as invalid test codes. The FTDTL tests specimens with non-fatal discrepancies as normal and returns notification about the discrepancy with the test results.

If the FTDTL notifies you of a fatal discrepancy, follow this procedure:

1. Inform your Commander which specimen(s) the lab did not test and why.
2. Annotate the Testing Register that the lab did not test this specimen and include the reason.
3. Retest the Soldier who provided the specimen that received a fatal discrepancy.
4. Review what led to the discrepancy and take corrective action.

Keep these points in mind regarding discrepancies:

- Although the FTDTL tests specimens that have non-fatal discrepancies, the UPL should do his or her best to prevent the error in the future.
- Positive test results with a non-fatal discrepancy give courts a reason to attack the UPL's qualifications, work ethic, and the credibility of the test.
- An excessive rate of discrepancies in drug testing collection procedures, urinalysis specimens, or on associated forms may cause the Commander to revoke the UPL's certification. (AR 600-85)

Discrepancy Codes

There are many DOD-approved discrepancy codes (see page 219). These discrepancy codes are divided into six categories: Bottle, Specimen, Custody Form, Package, Label and Other. If the FTDTL found a discrepancy, the lab includes the appropriate code when returning test results. (AR 600-85)

The most frequently occurring untestable (fatal) discrepancies were:

- (GG)–DD Form 2624 listed specimen, no bottle received.
- (LX)–Label - SSN/ DOD ID discrepant*
- (BF)–Bottle - two seals, no explanation.
- (FP)–Form did not list specimen, bottle received.
- (FL)–Form not received.

See the Appendix R in this handbook for a complete list of discrepancy codes.
Laboratory Testing Procedure

When specimens pass the quality control check, technicians move on to the testing procedure and may perform as many as three tests before determining a result.

The first test is the screening to determine whether any drugs or drug metabolites are in the sample. An aliquot (a portion of the sample) is poured into a test tube and tested for THC, cocaine, heroin, amphetamines (including methamphetamine, MDMA (ecstasy), and MDA), and other drugs such as opiates (including morphine and codeine), synthetic opioids (oxycodone/oxymorphone (OxyContin) and hydrocodone/hydromorphone), selected benzodiazepines, and synthetic cannabinoids (Spice). Testing ends here for specimens with a negative result.

If the specimen tests positive, the lab performs the next test with a new aliquot using the forensic gold standard of gas chromatography/mass spectrometry (GC/MS) to confirm the presence of specific drugs. If the amount of a drug or drug metabolite meets or exceeds the established Department of Defense (DOD) cutoff level in nanograms per milliliter (ng/mL), the lab enters a positive drug test result on that specimen.

If the amount of drug or drug metabolite is below the cutoff level by any amount, the lab reports a negative result. For example, if a specimen contains 14 ng/ml of THC, the specimen is reported as negative because it is below the cutoff level of 15 ng/ml.

Nanogram Levels

Nanogram levels reflect the concentration of a drug or drug metabolite in a Soldier’s urine.

Commanders should not use nanogram levels to determine how much drug the Soldier consumed, or the degree to which the drug affected the Soldier. Nanogram levels vary depending on a Soldier’s metabolism, level of hydration, amount of drug used, frequency of use, and the time that has elapsed since using a drug (AR 600-85).

The table on the following page shows the Department of Defense (DOD) cutoff levels. The FTDTL refers to these levels when analyzing urine specimens and determining a positive or negative drug test result. If the amount of a drug or drug metabolite meets or exceeds the indicated level in nanograms per milliliter (ng/mL), the lab enters a positive drug test result on that specimen.
### DOD Cutoff Levels

<table>
<thead>
<tr>
<th>Report Abbreviation</th>
<th>Drug</th>
<th>Cutoff Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>THC</td>
<td>THC</td>
<td>15 ng/ml</td>
</tr>
<tr>
<td>COC</td>
<td>COCAINE</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>AMP</td>
<td>AMPHETAMINE</td>
<td>500 ng/ml</td>
</tr>
<tr>
<td>MET</td>
<td>METHAMPHETAMINE</td>
<td>500 ng/ml</td>
</tr>
<tr>
<td>PCP</td>
<td>PCP</td>
<td>25 ng/ml</td>
</tr>
<tr>
<td>COD</td>
<td>CODEINE</td>
<td>2000 ng/ml</td>
</tr>
<tr>
<td>MOR</td>
<td>MORPHINE</td>
<td>4000 ng/ml</td>
</tr>
<tr>
<td>6AM</td>
<td>HEROIN</td>
<td>10 ng/ml</td>
</tr>
<tr>
<td>LSD</td>
<td>LSD</td>
<td>200 pg/ml</td>
</tr>
<tr>
<td>MDMA</td>
<td>MDMA</td>
<td>500 ng/ml</td>
</tr>
<tr>
<td>MDA</td>
<td>MDA</td>
<td>500 ng/ml</td>
</tr>
<tr>
<td>MDEA</td>
<td>MDEA</td>
<td>500 ng/ml</td>
</tr>
<tr>
<td>OXCOD</td>
<td>OXYCODONE</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>OXMOR</td>
<td>OXYMORPHONE</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>SEC</td>
<td>SECOBARBITAL</td>
<td>200 ng/ml</td>
</tr>
<tr>
<td>PHE</td>
<td>PHENOBARBITAL</td>
<td>200 ng/ml</td>
</tr>
<tr>
<td>BUT</td>
<td>BUTALBITAL</td>
<td>200 ng/ml</td>
</tr>
<tr>
<td>DMET</td>
<td>D-METHAMPHETAMINE</td>
<td>20%</td>
</tr>
<tr>
<td>DMETH</td>
<td>D-METHAMPHETAMINE</td>
<td>100ng/ml</td>
</tr>
<tr>
<td>DAMP</td>
<td>D-AMPHETAMINE</td>
<td>100ng/ml</td>
</tr>
<tr>
<td>NORD</td>
<td>NORDIAZEPAM</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>OXAZ</td>
<td>OXAZEPAM</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>TEMA</td>
<td>TEMAZEPAM</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>AHAL</td>
<td>ALPHA-HYDROXY ALPRAZOLAM</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>LORA</td>
<td>LORAZEPAM</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>HYCOD</td>
<td>HYDROCODONE</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>HYMOR</td>
<td>HYDROMORPHINE</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>SYCAN</td>
<td>SYCAN</td>
<td>1 ng/mL</td>
</tr>
</tbody>
</table>

> LOL = Positive greater than the limit of linearity of the assay

### Drugs Tested Codes

- **A** - Amphetamines
- **B** - Barbiturates
- **C** - Cocaine
- **E** - Ecstasy
- **H** - Heroin
- **L** - Lysergic Acid Diethylamide
- **O** - Opiate
- **P** - Phencyclidine
- **S** - Steroids
- **T** - Tetrahydrocannabinol
- **Y** - Oxycodeone/Oxymorphone
- **Z** - Benzodiazepines
- **V** - Spice

'O' represents testing for COD, MOR, HYCOD and HYMOR

'Z' represents testing for NORD, OXAZ, TEMA, AHAL, LORA
Record Management

The UPL performs a vital function in managing testing records after the testing process is complete. This part of the role includes receiving, reporting, and recording test results. It also includes filing the records properly according to Army regulation.

Receiving Testing Results

FTDTLs post urinalysis testing results online. DTCs (or command equivalents) and BAC Managers use a Web portal to retrieve the results. Units then receive results from the appropriate points of contact (POCs):

- BAC Managers forward drug testing results to deployed Units.
- DTCs or command equivalents (ARNG DTC, USAR ADCO) forward drug testing results to non-deployed Units.
- The ASAP POC at the higher command who required this training forwards drug testing results to other non-deployed geographically separated UPLs (recruiters, ROTC instructors, etc.).

Garrison Comparison—Receiving Testing Results

In deployed units, BAC managers notify the Commander or UPL of drug testing results. For CENTCOM areas, it takes 30 to 45 days from the specimen shipment date to receive a result.

In garrison, the DTC or command equivalent notifies the Commander or UPL of drug testing results. Results for garrison Units are usually available one week after testing. (AR 600-85)

Results Checker Tool

The ARD ASAP Web site provides a “Results Checker” tool available to deployed UPLs only. UPLs using BACs beginning with a “CT” may use the tool, which provides:

- The testing date
- Any discrepancies
- The number of specimens tested
- Whether results are available

The BACM accesses the actual results via the FTDTL Web portal and forwards them to the Unit. (AR 600-85)
Testing Result Report

This is a copy of a testing report that the DTC or BAC Manager receives from the testing laboratory. Notice that there is a fatal discrepancy for specimen number six and a positive test result for specimen number 12.

Retesting After a Positive Result

Positive urine specimens may be retested if a sufficient quantity of the specimen is available and a written request for retesting is submitted by one of these methods:

- The Unit Commander, the MRO, or an attorney representing the Soldier.
- The Soldier whose specimen tested positive, but only through the Soldier’s Commander or attorney.
- Request by the President or Recorder of an administrative board.
- An order of a court-martial or request made pursuant to the rules for court-martial.

Any DOD lab performs retests free of charge. National Institute on Drug Abuse (NIDA) Certified Civilian labs perform retests at the Soldier’s expense. When the lab retests a specimen that originally had a positive drug test result, the subsequent results will show only the presence of the tested substance and will not show a “cut-off” value.

Medical Review Officer (MRO) Reviews

Positive drug test results may require a Medical Review Officer’s (MRO’s) review, depending on the type of drug found in testing. If an MRO review is required, the BACM ensures that the review occurs, after which the Commander receives the test and MRO-review results. (AR 600-85)

When MRO decisions are received that show the drug use is legitimate, the UPL:

1. Annotates “MRO evaluation results in legitimate use” on the copy of the DD Form 2624 and on the Testing Register.
2. Files results for three years plus the current year.
Commander Actions

The Commander must follow a specific series of actions in response to positive drug test results. Commanders must consult with law enforcement and then must initiate separation process against the offending Soldier in accordance with AR 600-85.

Commander Actions Process

New Law and Regulation:
PL 112-144, Title XI, Subtitle D and AR 600-85 (incorporated Army Directive 2012-14) prohibit uses of Synthetic substances such as spices and bath salts.

AR 600-85, 28 Dec 2016, expanded the description of controlled substance analogues to include substances such as synthetic cannabis and other THC substitutes (“Spice”), derivatives of 2-aminopropanal (“Bath Salts”), synthetic cocaine (“RTI-126”), or any other substance similarly designed to mimic the effects of a controlled substance on the human body without an approved medical use in the United States.

Prohibited Substances

Article 112a, Uniform Code of Military Justice, specifically prohibits the unlawful use of the following substances: Cannabinoids, cocaine, amphetamine, methamphetamine, morphine, codeine, heroin, phencyclidine, barbituric acid, lysergic acid diethylamide (LSD), anabolic steroids, and any compound, derivative, or isomer of any such substance.

Soldiers may also face disciplinary action under the Uniform Code of Military Justice (UCMJ) and/or administrative action for using the following substances illegally or illicitly if doing so for the purpose of inducing excitement, intoxication, or stupefaction of the central nervous system:

- Hemp or products containing hemp oil
- Controlled substance analogues (see full description in AR 600-85, 28 Dec 2016)
- Chemicals, propellants, or inhalants (huffing)
- Dietary supplements that are banned by the United States Food and Drug Administration
- Prescription or over-the-counter drugs and medications (if illicit or excessive use beyond what is normal, sufficient, or prescribed)
- Naturally occurring substances (to include but not limited to Salvia Divinorium, Jimson Weed, etc.)

Commanders should consult the SJA before initiating any adverse action to determine whether or not a substance or its use is prohibited. (AR 600-85)
Record Maintenance

The Army’s system for record maintenance is known as the Army Records Information Management System (ARIMS). Within this system, records are identified and filed by the number of the primary directive, which is usually an Army Regulation (AR). The Army Regulation AR 25-400-2 governs ARIMS.

File Guides

The UPL must use file guides to separate files and to identify subdivisions in the filing system. A file guide is a blank folder with ARIMS information but it contains no records. Using file guides makes filing and retrieving a particular file easier. ARIMS stipulates file guides must include the following pieces of information:

- Creation
- Disposition
- Maintenance
- Use

Record Labels

Record labels must include the following information:

- File Number
- File Title
- Year of Creation (or cutoff)
- Privacy Act System Notice Number (if applicable)
- Disposition Instructions (based on ACRS retention periods; see page 260)

During deployments, follow the record collection policy for the CONOPS IAW DA Pam 25-403 Chapter 12 and instructions from AOC. Make copies of documents for your unit’s record files in garrison.

IMPORTANT NOTES:

* The Army Consolidated Records Schedule (ACRS) has been deployed and replaces the Records Retention Schedule-Army (RRS-A) effective 6 Jan 2012.

* ACRS consists of 112 record numbers with three retention periods: 0-6 years, 6+ years, permanent.

* The disposition codes K-, T-, U-, S-, and R have been eliminated.

* Records with 6+ and permanent retention periods are still eligible for transfer to a Records Holding Area (RHA) or uploaded to the Army Electronic Archive (AEA).

* Records with a 0-6 year retention period (applicable to ASAP records at the unit level) will continue to be maintained at the local level and will not be eligible for transfer to a RHA/AEA or National Archives.

Each year the ASAP Records Manager will go into ARIMS RM-Assist and create an Office Records List (ORL) for the FY.

Only one ORL can be created per office symbol per year.

The records manager will approve the ORL in ARIMS.

Once approved the records manager will create folders for the drug testing results and statistics for that year.

The records manager will create a hard copy folder for the ASAP files and print the labels.

The ACRS Quick Reference Guide has step by step directions and screen shots to create ORLs, folders, and labels.

Units without a records action officer, coordinator, or manager may contact the installation/command ASAP Office for assistance on creating the ORL.

**Filing Instructions**

**File Number:** 600-85A (or 600B for civilian record when applicable)

**Title:** Active Duty Personnel - Alcohol and Drug Abuse Management Files - Other Offices and TOE Units

**Privacy Act:** Not applicable (Note: any record containing PII must be protected).

**Description:** Information reflecting implementation and status of the Alcohol and Drug Abuse Program. Included are reports, lessons learned, and other information relating to prevention, identification, treatment, rehabilitation, evaluation, and research and development.

**Disposition:** “Keep in CFA until record is 5 years old, then destroy” – Abbreviation: Destroy in CFA when 5 years old

File the following under this file type and number:

- Unit SOPs
- Memoranda titled “Certificate of Correction”
- Appointment orders

**Example:**

| 600A Active Duty Pers - Alcohol & Drug Abuse Management Files – Other Offices and TOE Units (14) |
| PA: A0600-85DAPE |
| Destroy in CFA when 5 years old |

---

**File Number:** 600-85B (or 600B for civilian record when applicable)

**Title:** Active Duty Personnel - Alcohol and Drug Abuse Statistics - Other Offices and TOE Units

**Privacy Act:** Not applicable (Note: any record containing PII must be protected).

**Description:** Information reflecting statistics related to the Alcohol and Drug Abuse Program. Included are compilations and related information.

**Disposition:** “Keep in CFA until no longer needed for conducting business, but not longer than 6 years, then destroy” – Abbreviation: Keep in CFA until NLN, but NTE 6 years, then destroy

File the following under this file type and number:

- Any statistics maintained or provided to the command from the ASAP.
- Risk Reduction Statistics, if the Risk Reduction Program is utilized at your installation.

**Example:**

| 600A Active Duty Pers - Alcohol & Drug Abuse Statistics – Other Offices and TOE Units (14) |
| PA: NA |
| Keep in CFA until NLN, but NTE 6 years, then destroy |

---

**File Number:** 600-85E (or 600B for civilian record when applicable)

**Title:** Active Duty Personnel - Alcohol and Drug Abuse Testing Report Files – Positive Results

**Privacy Act:** A0600-85DAPE

**Description:** Copies of DD Form 2624 Specimen Custody Document - Drug Testing, Federal Drug Testing Custody and Control Forms (CCF), and related documents pertaining to urinalysis testing. NOTE: Excludes the drug testing records for personnel certified in the PRP as prescribed in nuclear and chemical policy and procedures (900 series).

**Disposition:** “Keep in CFA until no longer needed for conducting business, then destroy record when the record is 3 years old” – Abbreviation: Destroy in CFA when 3 years old

File the following under this file type and number:

- Copies of DD Form 2624 with positive results
- Testing Registers with positive results
- Results of alcohol testing (positive)
- Memoranda titled “Certificate of Correction” on specimens with a positive result
- Related documents pertaining to urinalysis testing

**Example:**

| 600A Active Duty Pers - Alcohol and Drug Abuse Testing Report Files – Positive Results (14) |
| PA: A0600-85DAPE |
| Destroy in CFA when 3 years old |

---

**CRITICAL NOTES for PERSONNEL SECURITY:**

All ASAP and drug and alcohol testing records are FOOU (with need-to-know basis) and Privacy Act-protected. The records must be transmitted in a secured manner and filed in the unit’s lockable File Holding Area designated by the Commander IAW Privacy Act and PII protection policies, not in UPL’s personal areas.

NOTES:

UPLs do not conduct civilian testing. However, if the unit has civilians subject to federal testing requirement, their result records (CCF) will be filed under 600B series by the designated civilian testing staff. For military or civilian members in Personnel Reliability Program (NBC), their records will be maintained under 900 series by their responsible agency.

See Page 260 for other unit level ASAP records
**Title:** Active Duty Personnel - Alcohol and Drug Abuse Testing Report Files–Negative Results

**Privacy Act:** A0600-85DAPE

**Description:** Copies of DD Form 2624, Specimen Custody Document - Drug Testing, Federal Drug Testing Custody and Control Forms (CCF), and related documents pertaining to urinalysis testing. NOTE: Excludes the drug testing records for personnel certified in the PRP as prescribed in nuclear and chemical policy and procedures (900 series)

**Disposition:** “Keep in CFA until no longer needed for conducting business, then destroy record when the record is 1 year old” – Abbreviation: **Destroy in CFA when 1 years old**

File the following under this file type and number:
- Copies of DD Form 2624 with negative results
- Testing Registers with negative results
- Results of alcohol testing (negative)
- Memoranda titled “Certificate of Correction” on specimens with a negative result.
- Related documents pertaining to urinalysis testing

## Annotating Documents for Positive Drug Testing Results

When positive drug testing results are received, the UPL:

1. Annotates the Testing Register and/or DD Form 2624 (if maintained), **or**
2. Attaches a copy of the drug testing results to the Testing Register and/or DD Form 2624 (if maintained), **and**
3. Files drug testing results for three years plus the current year. You should also retain for 3 years the policy and SOP covering the period of the positive result. File the Testing Register in a secure location at the Unit level.

### Reporting Positive Specimens

**MRO Reviewable Drugs:**
- Oxycodone
- Oxymorphone
- Morphine
- Codeine
- Amphetamines
- Methamphetamines

**NOTE:** Special testing for prescription medications such as Valium, Zanex, and steroids requires MRO Review.

**Non-MRO Reviewable Drugs:**
- THC
- Cocaine
- MDMA (Ecstasy)
- MDEA
- MDA
- PCP

* Heroin  * Syn Can
Annotating Documents for Negative Drug Testing Results

When negative drug testing results are received, the UPL:

1. Annotates the Testing Register and/or DD Form 2624 (if maintained), or
2. Attaches a copy of the drug testing results to the Testing Register and/or DD Form 2624 (if maintained), and
3. Files drug testing results for one year plus the current year. File the Testing Register in a secure location at the Unit level.

Reporting Negative Specimens

DTCs must report to the **Commander** negative results on specimens with a Probable Cause (PO), Competence/Fitness for Duty/Command Direct (CO), or Rehabilitation (RO) test basis.

DTCs must also report to the **counseling center** results on specimens with a Rehabilitation (RO) test basis.

Notes:

1. UPL maintains DD2624, results reports (e-DD2624), Register & files in unit's file area for 3 years plus current year.
2. Non-MRO reviewable drugs: THC, Cocaine, MDMA, MDEA, MDA, PCP, SYNCAN
3. Commander may request MRO review to clarify any questionable/legitimate drug use
4. MRO reviewable drugs: Oxycodone, Oxymorphone, Hydrocodone, Hydromorphone, Codein, Morphine, Amphetamine Methamphetamines, Benzodiazepines, and special drug test results.
Section 5

Appendixes
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Appendix A

Appointment Orders
MEMORANDUM FOR RECORD

SUBJECT: Appointment of Unit Prevention Leader

1. Effective <30 Sept 09, SSG John Doe, DOD ID>, is assigned the duty as Primary Unit Prevention Leader (UPL). <SGT Jane Doe, DOD ID>, is assigned as Alternate Unit Prevention Leader (UPL).

2. Authority: AR 600-85.

3. Purpose: The Unit Prevention Leader is expected to be the Commander’s subject matter expert on all areas within the Army Substance Abuse Program (ASAP), conduct flawless urinalysis collections and assist the Commander in running Unit drug testing; and at the discretion of the Commander, provide alcohol and other illicit drug education to the Unit and assist the Commander in running prevention programs.

4. Period: Until officially relieved or released from appointment.

5. Special Instructions: Primary and Alternate UPLs must be certified on an annual basis through the Army Center for Substance Abuse Programs approved Unit Prevention Leader Certification Training Program.

DISTRIBUTION:
1 – File
1 – Individual
1 – ASAP
1 – Unit SAP SOP

<John D. Commander
CPT, MS
Commanding>
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Appendix B

Unit Substance Abuse Program
Standing Operating Procedures (USAP SOP)
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UNIT SUBSTANCE ABUSE PROGRAM STANDING OPERATING PROCEDURES (USAP SOP)

PRACTICAL EXERCISE

<THE OLD GUARD FIFE AND DRUM CORPS
3D US INFANTRY (THE OLD GUARD)
204 LEE AVENUE
FORT MYER, VIRGINIA 22211-1199>

Purpose

This Standing Operating Procedure (SOP) is a Unit specific substance abuse program for the <Fife and Drum Corps, 3d U.S. Infantry>. Drug and alcohol abuse are not compatible with military service and every effort should be made to eliminate the abuse of alcohol and other drugs within this Command through prevention and treatment. This SOP and the references listed below will be used when conducting all urinalysis collections, drug and alcohol prevention programs.

Applicability

All assigned and attached Company personnel.

References

A. AR 600-85, Army Substance Abuse Program (ASAP), dated <most current>.

B. Unit Prevention Leader (UPL) Handbook, HQDA ARD Army Substance Abuse Program (HQDA ARD ASAP), dated <most current>.

C. <Local installation SOP>
SUBJECT: Unit Substance Abuse Program SOP (USAP SOP)

Drug Use/Abuse

A. Using a controlled drug without prescription, or using the prescription of someone else, is drug abuse and is against the law. Using your own prescription, but not in accordance with (IAW) the prescription, is drug abuse.

B. Abusers will be subject to punishment under the provisions of the Uniform Code of Military Justice (UCMJ) and will also be subject to administrative action IAW existing regulations.

C. Urinalysis testing is an accurate identifier of offenders and serves as an effective deterrent against experimentation. Toward the goal of eliminating drug use and abuse, the Commander will randomly collect (Testing Code IR) a minimum number of specimens that equals or exceeds the number of Soldiers assigned to the Unit each year. <In addition, the Commander may collect specimens under other test codes such as probable cause, fitness for duty, unit sweep, etc. However, the Commander should ensure that the annual number of specimens collected in Unit Sweeps (Testing Code IU) is no more than 75 percent of the annual number of specimens collected in random testing.>

Responsibilities

Commander

1. Appoint a Primary Unit Prevention Leader (UPL) and a minimum of one alternate UPL by means of an appointment memorandum.

2. <Ensure that the policies and procedures contained in the references cited above are followed by the UPLs.>

3. <Review and sign the USAP SOP annually.>

4. <Select Observers for all urinalysis collections (see UPL Handbook for Observer minimum requirements).>

5. <Select an NCO/Officer to be in charge of the holding area during collection procedures.>

6. <Ensure as a minimum, each month 10% of> the Unit’s Soldiers are randomly selected (using DTP) for testing under testing code IR. Random Selection is a key component of Smart Testing, because it ensures the unpredictability of testing.

7. Immediately report all offenses involving illegal possession, use, sale, or trafficking in drugs or drug paraphernalia to the Provost Marshal (PM) for investigation or referral to the Army Criminal Investigation Command (USACIDC).

• AR 600-85 prohibits Soldiers from illegal or illicit use of the following substances if used for the purpose of inducing excitement, intoxication, or stupefaction of the central nervous system:
SUBJECT: Unit Substance Abuse Program SOP (USAP SOP)

- Hemp or products containing hemp oil
- Controlled substance analogues (designer drugs)
- Illicit use of chemicals, propellants, or inhalants (huffing)
- Dietary supplements that are banned by the United States Food and Drug Administration
- Illicit or excessive use (beyond what is normal, sufficient, or prescribed) of prescription or over-the-counter drugs and medications
- Illicit use of naturally occurring substances (to include but not limited to Salvia Divinorium, Jimson Weed, etc.)

- This provision is not intended to prohibit the otherwise lawful use of alcoholic beverages.
- If a Commander has any question regarding whether a substance or its use is prohibited, they should contact the Staff Judge Advocate (SJA) before initiating any adverse action.
- Report positives within 48 hours of receiving notification from the <Fort Myer Military Community's (FMMC) Army Substance Abuse Program (ASAP)> Drug Testing Coordinator (DTC).

8. Schedule Medical Review Officer (MRO) appointments for Soldiers positive for drugs which have a possible legitimate medical use. Currently those drugs are: codeine, morphine, amphetamines, methamphetamines, steroids (from a special test request) and oxycodone/oxymorphone. Appointments should be scheduled when needed for Soldiers following notification from the <Fort Myer Military Community's (FMMC) Army Substance Abuse Program (ASAP)> Drug Testing Coordinator (DTC). If the MRO review indicates non-legal use, report the positive result to CID within 48 hours of the MRO notification.

- Ensure Soldiers promptly provide medical evidence for legitimate use of a prescribed drug to the MRO when requested.

9. Refer any Soldier to the ASAP for evaluation (complete a DA Form 8003) within five duty days of notification that the Soldier received a positive urinalysis for illicit drug use or was involved in alcohol-related misconduct. All Soldiers who test positive for illicit drug use must meet with an ASAP counselor to determine appropriate treatment or education.

10. Initiate administrative separation in accordance with Army regulations.

12. Ensure all newly assigned Soldiers are briefed on ASAP policies and services.

13. When directed by the commander, ensure that the Unit Risk Inventory (URI) is administered to all Soldiers at least 90 days before an operational deployment and the Reintegration Unit Risk Inventory (R-URI) is administered to all soldiers between 30 and 180 days after returning from an operational deployment.

14. Establish a working relationship with the non-clinical ASAP staff, to include the UPL, to support prevention efforts within the Unit and on the installation.

15. Establish a working relationship with the SUDCC staff to monitor the progress and assist in the rehabilitation efforts of Soldiers enrolled in SUDCC.

16. Consult with the servicing legal office for all drug and alcohol related offenses.

17. Foster a positive Command climate that discourages alcohol and drug abuse and is supportive of those who need assistance from the SUDCC for problems related to alcohol and other drug abuse.

**Primary and Alternate UPL**

1. Successfully complete the DA UPL Certification Training Program conducted at <FMMC SUDCC>. The requirements for certification are as follows:

   - Complete the Department of the Army (DA) UPL Certification Training Program (CTP). No other UPL certification course is authorized without the written approval of the Director, ARD. If a UPL candidate is deployed, he or she may be certified using the distance learning and certification procedures explained on the HQDA ARD ASAP Web site. A UPL that is reassigned to another Command may be appointed as a UPL in the new Command with proof of a previous certification until recertification is required at the 18-month point.
   - Recertify every 18 months by attending any locally-required update training and successfully completing the UPL CTP exam. If a UPL’s certification expires while he or she is deployed, the UPL may recertify using the distance learning and certification procedures outlined on the ARD ASAP Web site. Certification obtained through the distance learning method is valid for 12 months. If a UPL fails the re-certification exam, he or she must retake the entire UPL CTP before retaking the exam.
   - If a UPL’s certification expires, contact the ASAP Office within 60 days. The UPL then attends any locally-required update training and successfully completes the recertification exam to be recertified for another 18 months from the date of examination. During the time between the expiration date and the exam the UPL is not authorized to collect drug testing specimens. If a UPL’s certification has been expired for more than 60 days, then the UPL must retake the entire UPL certification course.
The ADCO may revoke the certification of any UPL for an excessive number of discrepancies in drug testing collection procedures, urinalysis specimens, or on associated forms. However, the ADCO must immediately notify the UPL’s Commander in writing of such revocation and the purpose for it.

UPLs are encouraged to attend an instructor certification course to enhance their ability to conduct drug and alcohol awareness education at the Unit.

2. Conduct unannounced Unit urinalysis, as directed by the Commander, or the designated representative.

3. Coordinate the required Unit drug and alcohol education classes.

4. Maintain liaison with the servicing SUDCC/ ASAP counseling center when in garrison and the servicing behavioral health unit when deployed.

5. In coordination with the company commander, design and implement the Company Substance Abuse Program SOP and UPP.

6. Commanders will use DTP or DTP Lite software as the tool for random selection unless the software is unavailable.

7. Twice a month, one UPL will report to the FMMC local ASAP Office to:
   a. Pick up the Unit’s distribution.
   b. Speak with the Drug Testing Coordinator (DTC) about any updates in the urinalysis program, schedule future urinalysis, and/or pick up supplies.
   c. Speak with the Prevention Coordinator (PC) and/or Alcohol and Drug Control Officer (ADCO) about future prevention efforts, marketing campaigns or training that can be utilized at the Unit and/or supported by the Commander.

8. Maintain an Alcohol and Drug Abuse bulletin board that contains information received from the ASAP Office on current drug trends, marketing, or prevention materials.

9. Maintain the Unit’s urinalysis functional files IAW with AR 25-400-2 – Army Records Information Management System (ARIMS).

10. Train and supervise urinalysis Observers.

11. Ensure that Soldiers who are enrolled in the SUDCC are tested under code RO at a frequency determined by the Commander and ASAP counselor. The substitution of RO for IR, IU, CO, or PO testing or vice versa is not permitted.
Observer

1. Sign the Memorandum for Observers that explains duties and legal implications. Observers are subject to UCMJ actions under articles 92, 107, and 134 if they fail to perform their duties properly.

2. Maintain line of sight with the specimen bottle at all times during the entire collection process.

3. NOT touch the bottle nor hold the bottle cap at any time.

4. Directly observe urine leaving the body and entering the specimen bottle or urine wide-mouth collection cup.

5. Notify the UPL of any unusual circumstances, such as suspicion that the specimen did not come from the Soldier’s body or is modified.

6. Observe that each bottle is sealed and placed in the collection box, and then sign the Testing Register each time.

Urinalysis Testing

Authority to Order or Cancel a Urinalysis

The Unit Commander is the only person authorized to order or cancel urinalysis testing. The Commander may delegate this authority to the Acting Commander in writing.

There are two primary urinalysis test types.

A. Random Tests

The Commander may direct Soldiers selected at random to submit to a urinalysis. Additionally, the Commander may direct a test of the entire Unit. The test basis code for a random test is IR. The test basis code for a 100% test (Unit sweep) is IU.

B. Individual Tests

The Commander may direct an individual Soldier to submit to a urinalysis under the following circumstances:

1. Probable Cause

   If a member of a Soldier's chain of Command suspects or has proof that a Soldier is abusing drugs, that member may request that I order a urinalysis specimen be collected from that Soldier. After consideration about whether probable cause has been established, the Commander, in consultation with SJA, will make the decision to approve or disapprove the request for urinalysis (Test basis: PO).
2. Competence/Fitness for Duty (also referred to as Command Direct)

The Commander can order this test on a Soldier when there is no probable cause, but the Commander believes that there is something causing the Soldier to have a bizarre or unusual behavior, and feels that the Soldier could be a safety hazard to self or others. This test falls under the Limited Use Policy and cannot be used for characterization of service or in courts martial (Test basis: CO).

3. <Rehabilitation Tests (Coded: RO)>

Soldiers who are enrolled in the FMMC SUDCC will be "RO" tested a minimum of once a month while they are enrolled in the program.

Once monthly, a UPL will contact the FMMC SUDCC to obtain the name(s) of the Soldier(s) enrolled in the program.

Rehabilitation (RO) urinalysis cannot be substituted for specimens coded "IR", "IU", "CO", or "PO" or vice versa.

During notification, before testing, and during testing, the UPL will take proper precautions to protect each Soldier’s right to privacy and the confidentiality of their SUDCC enrollment.

4. Inspection Other

The Commander can set policies that dictate certain circumstances when someone will be tested. Personnel who fall into one of the categories below will be tested regardless of rank or position (Test Basis: IO).

- <Newly Assigned Soldiers>

As part of the Unit in-processing procedure, all newly assigned Soldiers will be required to provide a urinalysis specimen. The specimen will be obtained within the first month of their assignment to the Unit (Test basis: IO).

- <Soldiers that return from AWOL>

All Soldiers who return to the Unit from an AWOL status will be required to provide a specimen within three duty days of their return (Coded: IO).
SUBJECT: Unit Substance Abuse Program SOP (USAP SOP)

C. Unavailable Soldiers and Retests of Fatal Discrepancies

Soldiers selected but unavailable for testing because of leave, school, TDY etc. will be tested on the first available test after their return to duty; these Soldiers will tested under the same test basis as they were selected under (IU or IR).

If the laboratory rejects a specimen untested because of a fatal discrepancy, the Soldier must provide another specimen that is valid to replace the flawed specimen.

<The Commander and UPL should make a plan for how to handle these cases and decide whether to:

- Conduct the later test or retest during a specific time period (e.g., within three days of return), OR
- Conduct the later test or retest during a specific event, such as the next Unit test.>

Selection of the Day of the Test

The Commander, or his/her designated representative, will select the day of the test. To lessen predictability, every effort will be made to ensure that the date selected does not favor any particular day or week. Nor should it favor a week of the month, or a month of the quarter (as in 100% testing).

Random Selection Methods for Testing, Coded: IR

Following are the primary and alternate methods of randomly selecting personnel who will be tested:

A. <The UPL will use the DTP software as the primary means of selecting personnel to be tested. The DOD Drug Testing Program will select personnel to be tested based upon the percentage or number of personnel requested. The program will then print the DD Forms 2624, Unit Urinalysis Ledger and Bottle Labels. The UPL will select personnel using the “number of personnel” selection method. The number of personnel selected will be based on guidelines in AR 600-85.>

B. <The alternate selection method, to be used when the DTP software is unavailable or the computer system is down, is to select Soldiers for testing by the last digit of their social security number.>

1. <Selection of the “numbers” should be done as close to the test date as possible. Ideally, this would be the same day as the urinalysis.

2. Ten pieces of paper with the numbers one through nine and zero printed on them will be folded and placed in a container. After the folded pieces of paper are mixed, one or more of the pieces of paper will be withdrawn from the container, one at a time. Normally at least two numbers must be selected. A UPL and either the 1SG or the Commander will perform this procedure.>
3. The number(s) selected will be matched against the last digit of each Soldier’s social security number as referenced against the most current company roster. The daily status report will be reviewed to identify the duty status of each selected Soldier.

4. Only “present for duty” Soldiers will be required to test on the actual urinalysis test day, all others selected personnel will test on the next test day.

5. All of the numbers (one through nine and zero) must be used during subsequent urinalysis testing selection. For example, if the number “two” is drawn for a random urinalysis in June, it must be included in the drawing for July. If “two” is drawn again in July, it would not be proper to select a substitute or alternate number.

Personnel Briefings

There are three personnel briefings that must occur prior to the start of urinalysis testing: the Observer briefing, the Commander briefing, and the UPL Unit briefing. The Observer briefing occurs first. The Commander briefing is next and serves as the order to Soldiers to provide a specimen for testing. The UPL briefing occurs last and informs Soldiers about the specific procedures they must follow to provide a urine sample.

Personnel Briefings

Verifying a Soldier’s Identity

If a Soldier reports for testing without a military identification card, verify the Soldier’s identity using one of the following methods:

- The First Sergeant or Commander verifies identity, OR

- The UPL uses a different picture ID to verify identity (such as a driver’s license).

- The UPL refers to AAA 162

Failure to Produce a Complete Specimen

The following procedures will be followed for Soldiers who fail to produce a complete specimen on their first or subsequent attempts (this include providing no urine at all).

1. Each Soldier will be directed to the Holding Area until able to produce a complete specimen. They will be kept under the supervision of a NCO/Officer who has been stationed in the Holding Area for that purpose.

2. They will be directed to drink a minimum of eight ounces of water every 30 minutes not to exceed 40 ounces.

3. When Soldiers feel able to provide a complete specimen, they will return to their original urinalysis station.
Adulterated or Suspected Adulterated Specimens

Following are the actions to be taken, if the observer or the UPL suspects a “questionable specimen”. A questionable specimen is one that is suspected of being adulterated or substituted.

A. The UPL will immediately contact the Commander or First Sergeant to explain the circumstances that caused the specimen to be questioned. The UPL will request permission from the Commander to obtain a second specimen from the Soldier as PO.

If permission is not granted to collect a second specimen, a brief explanation and the name of the person consulted will be placed in the “Remarks” column of the Urinalysis Ledger.

If the Commander orders a second specimen, the UPL will do the following:

1. Follow the steps in the AR 600-85 and UPL Handbook for collecting a second specimen.
   - The second specimen should be obtained before station closure.

2. Submit the original specimen according to the normal procedure, as though there is no adulteration or suspected adulteration.
   - The test basis code of the specimen (item 9 of the DD Form 2624) should remain IR or the code that was originally requested.

3. In the “Remarks” column of the Ledger, the UPL should briefly explain the circumstances that caused the specimen to be questioned and should include the name of the person who ordered the collection of the second specimen.

4. Place the Second specimen on a separate DD Form 2624 with the Probable Cause test basis code (PO).

B. The first specimen, and any additional specimens, will be released to the DTC under normal chain of custody procedures.

Failure to Appear for Testing

The Commander will be notified by the UPL of the name of any Soldier who fails to appear for testing. Failure to test is disobedience of a lawful order.

Closure of the Urinalysis Station

The Commander is the only person with the authority to close a urinalysis station. Closure will be accomplished based upon the following:
SUBJECT: Unit Substance Abuse Program SOP (USAP SOP)

A. Successful testing of all Soldiers required to test.

B. Duty status of the Soldiers remaining to be tested. Example: Because of a mission, a Soldier is not expected to return to the site of the urinalysis within a reasonable time frame.

If there are Soldiers remaining to be tested, and the UPL is directed to close, the UPL will ensure that the person ordering closure is given the names of the untested Soldiers. The UPL will obtain permission from the Commander or his or her designated representative to obtain a specimen from these Soldiers at a later date. The date of the recollection will be unknown to the selected Soldiers.

Disinfecting and Sanitation Instructions

A. Disinfectants:

1. Any household liquid or spray disinfectant (e.g., Lysol) can be used. The disinfecting method will depend upon the instructions on the container’s label. The disinfectant must contain a germicide.

2. A mixture of 10% bleach and 90% water, which is prepared the same day of use, is an effective disinfectant. Gloves must be worn when applying the mixture. After application, it should be allowed to air-dry. (Do Not get the mixture on clothing, and immediately wash it off bare skin.)

B. Sanitation:

1. Urine spills must be wiped up and disinfected as described below.
   a. Paper toweling should be placed over the site of the spill.
   b. A “liberal” amount of the disinfectant should be sprayed or poured over the paper toweling and allowed to sit for approximately five minutes.
   c. The used paper toweling should be put in a plastic bag-lined trash container.

2. After closure of the urinalysis station, the UPL must disinfect the table and all reusable objects touched during the collection procedure. Following disposal of all used gloves and disinfecting materials in the trash container, the UPL should remove the plastic bag from the trash container, tie the top closed, and put it in a dumpster.

Temporary Storage Area

All specimens will be delivered to the DTC as soon as possible. If specimens must be placed into temporary storage, then the storage requirements listed in the installation SOP will be followed. Specimens will be stored <List temporary storage area here>. A temporary storage may need to be modified for unique deployment situations, contact your local ASAP Office or HQDA ARD ASAP for guidance.
Urinalysis Testing When Deployed

The Commander will maintain substance abuse programs to the maximum extent practical while deployed.

The UPL will coordinate with the Base Area Code (BAC) Manager on drug testing information to include policy, Base Area Codes, FTDTL addresses, the local supply system, and testing results. If the BAC Manager cannot be identified, the UPL will contact the HQDA ARD ASAP at usarmy.knox.hqda-dcs-g-1.list.acsap-drug-testing-branch@mail.mil for assistance.

Authority to Order or Cancel a Urinalysis

The Commander will not endanger Soldiers' safety and security in hostile fire areas solely to conduct drug testing. The UPL will consult with the chain of Command to ensure the Unit is following this guidance. 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 Mission, Enemy, Terrain, Troops available, Time, and Civilian considerations (METT-TC) and/or safety and security issues.

Testing Rate

Units should conduct testing to the maximum extent possible based on METT-TC. Be sure to check with theater authorities for guidance. The Army and DOD testing policies will apply when there is no specific guidance for the deployed area. (see Page 35)

UPL Certification

Upon receiving deployment warning order, units need to contact ASAP Office in the installation (Active), command (USAR), or state (ARNG) to certify UPLs for deployment. The Unit will mobilize and deploy with at least two trained UPLs. Mobilization stations will train UPLs as necessary before deployment.

The online CTP for certification and recertification of deployed Soldiers is only valid for 12 months. Upon redeployment, the UPL must contact the home station ASAP Office before conducting any collections.

Testing Supplies

Units should maintain enough drug testing supplies on hand to test 100% of the Unit strength. Deployed Units are not issued supplies through the DTC and therefore must place orders for supplies. The UPL will coordinate with the in-country BAC Manager for supply ordering instruction to replenish urinalysis testing supplies (BACMs do not stock supplies) or reorder through the command supply system by using National Stock Numbers at the Unit expense. The Commander can also coordinate with the Rear Detachment Commander to get supplies from the installation and have them shipped to the deployment area.

Base Area Codes

The use of correct Base Area Code (BAC) is critical for the units to receive results; unit commanders/UPLs must contact the ADCO, DTC or BAC Manager (BACM) designated for the BAC. During mobilization (or demobilization) phase, USAR and ARNG units will use the BAC <of their mobilization station>. During deployment, all units will use the BAC assigned for the deployed areas or command; when a BAC is not assigned for the deployed area/command, active units will use the BAC of home station, and USAR and ARNG units will use the BAC <of their mobilization station>. After deployment, the Units will use the BAC <of the home installation or USAR command or state.>
<Office Symbol>
SUBJECT: Unit Substance Abuse Program SOP (USAP SOP)

Role of Base Area Code (BAC) Manager

1. Retrieve urinalysis test results for the Command on a regular basis from the designated FTDTL web portal, and forward the results via a secure means to Unit Commanders and MROs as appropriate.

2. Coordinate with the Command’s MRO to obtain his/her review of those results that could be the result of a legitimate prescription. The BAC Manager will forward the MRO’s decision to the Unit Commander and enter it in DAMIS.

3. Ensure that subordinate Units have sufficient drug testing supplies to conduct testing.


5. Provide reports as requested.


7. Maintain ASAP files in accordance with AR 25-400-2, Army Records Information Management System (ARIMS).

8. Forward test results for redeployed units to the respective home or mobilization station ADCOs.

DTC Duties by UPL

During deployment away from home station, the UPL is responsible for the post-collection processes normally performed by the DTC. These include quality assurance, packaging and shipping. The UPL should refer to the AR 600-85 and the UPL Handbook for details on how to perform each of these processes.

Shipping

Upon arrival to the deployment area (or before deployment if applicable), the UPL should determine local region's requirements for shipping urinalysis specimens to the servicing FTDTL. The official mail channel should be used first. If there is no official mail system available, determine if there is a U.S. flagged carrier (Federal Express, United Parcel Service, U.S. Postal Service, etc.) and ask your Commander to set up an account with the available carrier. Contact your local ASAP Office or HQDA ARD ASAP for any special mailing instruction applicable for your deployed areas.

The UPL must ship specimens only to the FTDTL that services the UPL’s deployed area. If deployed in the Middle East and Pacific, send specimens to the Tripler, HI FTDTL. If deployed in Europe, send specimens to the Fort Meade, MD FTDTL. See the Base Area Code Manager or the UPL Handbook for information on properly addressing urinalysis specimens.

Maintaining Records

The UPL is responsible to properly maintain drug testing records throughout deployment and to make them available to the Commander for appropriate action upon return. The UPL should refer to the Commander Actions flowchart in the AR 600-85 and the UPL Handbook for details on Commander Actions regarding drug testing results.

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Unit Prevention Plan

Training

A. The Primary UPL in coordination with the Commander and the training NCO will ensure that substance abuse awareness education is scheduled and delivered to all Soldiers as directed. The UPL will discuss prevention subjects with the Commander and the ASAP staff prior to training dates.

B. The UPL will assist the Commander in briefing each newly assigned Soldier on the Unit Substance Abuse Program. The briefing should include the Commander’s policies on testing and prevention efforts. The newly assigned Soldier should be afforded the opportunity to read this SOP, and any other SOPs or policy letters related to the ASAP.

C. Additional prevention education may be required as deemed by the Commander to select groups based on Unit specific needs, or trends in drug and/or alcohol abuse. Examples may include observer training at NCOPD, information briefing on Club drugs and Raves to all Soldiers under age 28, or how to handle a urinalysis positive briefing at OPD.

D. All Unit substance abuse prevention whether conducted by the Commander, UPL, the ASAP staff, or a guest speaker will be documented using a sign-in sheet to record who attended, the topic, the date, start time, and end time of the class. A copy of the sign-in sheet will be provided to the ASAP staff within five working days.

De-glamorization of Alcohol

A. Unit activities will NOT center on the use of alcohol. Alcohol free activities such as non-alcohol Super bowl parties will be encouraged. If alcohol is authorized at a Unit activity, then the following must be provided:

1. Various Non-alcoholic beverages for non-drinkers.

2. Designated drivers to ensure all personnel get home safely.

3. Designated senior leadership to monitor the consumption/condition of personnel who are consuming alcohol.

Prevention efforts

A. The UPL will maintain a Unit substance abuse bulletin board in a common area within the Unit. At a minimum the bulletin board will contain:

1. A copy of this SOP.

2. Copies of DA, MACOM, Installation, and Unit policy letters pertaining to the ASAP.

3. Social Marketing Posters – provided by the ASAP Office or downloaded from https://asap.army.mil

4. Pamphlets and/or information papers on drugs and alcohol.
5. Current prevention campaigns and alcohol/drug free activities.

6. Information of limited use and how to self refer to SUDCC with POCs and phone numbers.

B. The UPL will ensure that the Command is notified of upcoming prevention campaigns. This Unit will support the Substance Abuse Deterrence campaigns with personnel and resources if mission permits.

C. The Commander or UPL will include drug and alcohol in safety briefings prior to long weekends.

D. The Commander and UPL will stay abreast of drug and alcohol trends within the community and the Unit via the non-clinical ASAP and Unit drug testing statistics. The Commander will take appropriate actions to address potential problems within the Command to include potential problems associated with deployment areas.

**Risk Reduction Program implemented at the commander's discretion (AD 2018-07-15)**

A. *The Commander should receive information quarterly from the Battalion Commander pertaining to the fourteen high-risk behaviors measured by the Risk Reduction Program.>*

B. *The Commander will assist in the development, planning, and delivery of prevention strategies targeting the areas that are at risk within the Battalion.>*

C. *The Commander will schedule and have the 53-item Unit Risk Inventory (URI) administered to the Unit on an annual basis. The results of the URI will be used to adjust training and prevention efforts within the Unit to reduce high-risk behaviors.*

*JEANNE Y. PACE  
CW4, USA  
Commanding*
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Appendix C

DD FORM 2624
(Blank Form and Example)
<table>
<thead>
<tr>
<th>SPECIMEN CUSTODY DOCUMENT - DRUG TESTING</th>
<th>A. LABORATORY CONDUCTING DRUG TESTING</th>
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<tbody>
<tr>
<td>1. SUBMITTING UNIT</td>
<td>2. ADDITIONAL SERVICE INFORMATION (Second Echelon)</td>
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<tr>
<td>3. BASE and UNIT IDENTIFICATION **</td>
<td>4. DATE SPECIMEN COLLECTED YYYY MM DD</td>
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<td>** Required information entry on front and back of form.</td>
<td>C. LAB BATCH NUMBER</td>
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<td>5. UNIT DOCUMENT NUMBER**</td>
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<td>D. DRUGS TESTED</td>
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<tr>
<td>6. SPECIMEN NUMBER / SERVICE MEMBER'S ID NUMBER (CAC)</td>
<td>7. TEST BASIS</td>
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INSTRUCTIONS FOR COMPLETING DO FORM 2624

FRONT PAGE

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<th>No.</th>
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<th>USAf</th>
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<td>1</td>
<td>SUBMITTING UNIT</td>
<td>Message address of unit submitting urine samples</td>
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<td>ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)</td>
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<td>Service Code At NJM Identification Code (UIC « RUC) of unit submitting urine sample.</td>
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<td>8</td>
<td>TEST INFORMATION</td>
<td>Entry required if additional testing is required.</td>
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<th>CHAIN OF CUSTODY TRACKING</th>
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<td>a.</td>
<td>DATE - Date of collection or shipment</td>
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<tr>
<td>b.</td>
<td>RELEASED BY - Signature and printed or typewritten name of the individual having custody of the samples</td>
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<tr>
<td>c.</td>
<td>RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank</td>
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<tr>
<td>d.</td>
<td>PURPOSE OF TRANSFER/REMARKS - Specify reason for transfer between individuals, temporary storage, removal from secure storage, or decontamination to testing laboratory.</td>
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NOTE: If custody of specimens changes, each change of custody requires the number signature in block (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 continue in blocks (a), (c), and (d).
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<th>b. RELEASED BY</th>
<th>c. RECEIVED BY</th>
<th>d. PURPOSE OF TRANSFER</th>
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<td>Emmanuel Stone</td>
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<td>Specimens placed in Temporary Storage</td>
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<td>Emmanuel Stone</td>
<td>Specimens removed from Temporary Storage</td>
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<td>20151018</td>
<td>Emmanuel Stone</td>
<td>USPS</td>
<td>Specimens mailed to FTDTL by USPS</td>
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**DD FORM 2624 (BACK), NOV 2014**
Appendix D

Testing Register
(Blank Form and Example)
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<th>Date of Collection T/M/O/Y</th>
<th>Batch</th>
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<th>Tested Members Rank</th>
<th>Printed Name</th>
<th>SSN</th>
<th>Signature</th>
<th>TPI</th>
<th>Observer's Primed Name and Signature</th>
<th>Comments and Disposition</th>
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<table>
<thead>
<tr>
<th>Date of Collection T/M/D/Y</th>
<th>Batch And Specimen #</th>
<th>Tested Members Rank, Printed Name, SSN Signature</th>
<th>TPI</th>
<th>Observer's Printed Name and Signature</th>
<th>Comments and Disposition</th>
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<tr>
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Appendix E

Bottle Labels
(Blank Form and Example)
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Handwritten Bottle Label

Example

Bar Coded Bottle Label

Example
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Appendix F

How To Make Corrections

IMPORTANT CHANGES (at the time of this revision)

1. DODI 1000.30 directs the replacement of SSN with EDI-PI (DOD ID number).

2. DD Form 2624, Nov 2014 version supersedes all prior versions, and it has been incorporated into the DTP 5.4 software. Certain data fields on the form are renumbered and rearranged. The DD Form 2624 (fillable) for manual use may be downloaded from the DoD website: www.dtic.mil/whs/directives/forms/index.html.

3. DTP version 5.4 (desktop or Lite) can take both DOD ID and SSN. The emphasis must be on using DOD ID number in place of SSN. For each collection, the use of DOD ID numbers or SSNs must be consistent on all documents. Mixed uses of DOD ID numbers and SSNs are not acceptable. See page 239 for security notes.
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Making Corrections

How to Edit the DOD ID number on a Bar-Coded DD Form 2624

1) Blacken out approximately one-half inch of the individual Soldier’s bar code using a black marker.

2) Line through the incorrect information.

3) Choose one of the following:

Rewrite the DOD ID number in the same field on the DD Form 2624 and initial and date next to the incorrect information

OR

Void out the original entry, initial and date next to the incorrect information, and then enter the correct information onto an empty space on the DD Form 2624

OR

Void out the original entry, initial and date next to the incorrect information on the original DD Form 2624, and then write the correct information on a separate DD Form 2624.
How to Edit the Other Fields on a Bar-Coded DD Form 2624

If you need to correct the UIC (Unit Identification Code), BAC (Base Area Code) or date on the bar-coded DD Form 2624, follow these steps:

1) Blacken out approximately one-half inch of the main bar code at the top using a black marker.

2) Line through the incorrect information.

3) Enter the correct information.

4) Initial and date the correction.

---

How to Edit a Handwritten DD Form 2624

When editing a handwritten DD Form 2624, be sure to make the edits on the correct part of the document. To correct the UIC (Unit Identification Code), BAC (Base Area Code), date or DOD ID number, follow these steps:

1) Line through the incorrect information.

2) Enter the correct information.

3) Initial and date the correction.

---

How to Edit the DOD ID number on a Unit Urinalysis Ledger

1) Line through the incorrect DOD ID number

2) Enter the correct DOD ID number.

3) Initial and date next to the correction.
How to Edit the DOD ID number, BAC, UIC, or Date on a Bar-Coded Bottle Label

1) Blacken out the first ½ inch of the barcode.
2) Line through the incorrect DOD ID number, BAC, UIC, or date.
3) Enter the correct DOD ID number, BAC, UIC, or date.
4) Initial and date near the correction.

How to Create a New Bottle Label

1) Destroy the original label by blackening out the DOD ID number and disposing of the label.
2) Create a new label with the correct DOD ID number, BAC, and Collection Date.
3) Include all of the following information on the new label. Remember that all written text must be ½ inch from the edge of the label:
   - Testing date – In the upper left corner
   - Base Area Code – In the upper right corner
   - UPL initials – Written underneath the date when received back from the Soldier
   - Soldier initials – Written underneath the Base Area Code to verify that the DOD ID number is accurate
   - Soldier’s DOD ID number – Written underneath the UPL initials
   - Unit’s UIC – Written in the lower right corner
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Appendix G

Certificate of Correction
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MEMORANDUM FOR:

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: ( ) BOTTLE LABEL ( ) DD FORM 2624

DOCUMENT/BATCH___________________ SPECIMEN _______________________

3. Correction Completed:

SIGNATURE: ________________________
DATE: ________________________
TITLE: ________________________

VERIFIED BY: ________________________
DATE: ________________________
TITLE: ________________________
CERTIFICATE OF CORRECTION

MEMORANDUM FOR: Tripler AMC FTDTL  
1 Jarrett White Road, Bldg. 40  
Attn: MCHK-FT  
Tripler AMC, HI 6859-5000

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: (   ) BOTTLE LABEL  ( X ) DD FORM 2624

   DOCUMENT/BATCH__________02 SPECIMEN_________05

3. Correction Completed:

   FORMERLY READ AS: 110-54-4224
   CORRECTED TO READ AS: 118-54-4224

SIGNATURE: ________________________  John Smith
DATE:  ________________________  25 September, 2009
TITLE: ________________________  SSG

VERIFIED BY: ________________________  Michael Jones
DATE:  ________________________  25 September, 2009
TITLE: ________________________  SFC
Appendix H

Urinalysis Supplies
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## UPL STATION SUPPLIES

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<th>Local Purchase Information</th>
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<tbody>
<tr>
<td>1. Urine specimen bottles (120 per case, with collection boxes)</td>
<td>6640-00-165-5778</td>
<td>Alphapointe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-888-433-5848 Item # CUP4050</td>
</tr>
<tr>
<td>2. Cup, Specimen (300/ case) (wide-mouth coll. cup)</td>
<td>6530-01-048-0855</td>
<td>Alphapointe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-888-433-5848 Item # CUP4050</td>
</tr>
<tr>
<td>3. Tamper-evident tape (60 strips per box)</td>
<td>6640-01-204-2654</td>
<td>Alphapointe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-888-433-5848 Item # LBL1010</td>
</tr>
<tr>
<td>4. Labels, Avery 5163</td>
<td>7530-01-514-4903</td>
<td>Alphapointe</td>
</tr>
<tr>
<td>5. Vinyl exam gloves (or latex gloves)</td>
<td>6515-00-339-7860</td>
<td>Alphapointe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-888-433-5848 Item # GLO1010</td>
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<tr>
<td>6. Retractable ball point pens</td>
<td>7520-00-935-7135</td>
<td>Alphapointe</td>
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<tr>
<td>7. Black markers</td>
<td>8135-00-598-6097</td>
<td>Alphapointe</td>
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<tr>
<td>8. Ruler (optional)</td>
<td>8105-01-195-8730</td>
<td>Alphapointe</td>
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<tr>
<td>9. Tape</td>
<td>8105-01-195-8730</td>
<td>Alphapointe</td>
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<tr>
<td>10. Trash bags, 10 gallons</td>
<td>8105-01-195-8730</td>
<td>Alphapointe</td>
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<tr>
<td>11. Paper towels</td>
<td>8105-01-195-8730</td>
<td>Alphapointe</td>
</tr>
<tr>
<td>12. Tape, tamper-evident (acetate tamper-evident paddle, 1000 per box)</td>
<td>6640-01-204-2654</td>
<td>Time Med Labeling Company</td>
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<tr>
<td></td>
<td></td>
<td>1-800-382-3371 Order# TRL-2N</td>
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<tr>
<td>13. Collection boxes (25 per case, boxes and dividers only) (optional)</td>
<td>6640-01-204-2654</td>
<td>Time Med Labeling Company</td>
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<td></td>
<td>1-800-382-3371 Order# TRL-2N</td>
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<td>14. Bluing agent (for monitored collection or civilian testing)</td>
<td>6640-01-204-2654</td>
<td>Time Med Labeling Company</td>
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<td>1-800-382-3371 Order# TRL-2N</td>
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<tr>
<td>15. Disinfectant (in case of a spill and to disinfect when finished testing)</td>
<td>6640-01-204-2654</td>
<td>Time Med Labeling Company</td>
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<td>1-800-382-3371 Order# TRL-2N</td>
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<tr>
<td>16. Biohazard bag with absorbent (60 per case) (optional)</td>
<td>6640-01-204-2654</td>
<td>Time Med Labeling Company</td>
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<td></td>
<td>1-800-382-3371 Order# TRL-2N</td>
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<tr>
<td>17. Table and chair</td>
<td></td>
<td>Alphapointe</td>
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<tr>
<td>18. Testing Station sign</td>
<td></td>
<td>1-888-433-5848 Item # BAG1045</td>
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19. Table and chair
20. Testing Station sign

See UPL Handbook for instructions on disinfectants
Urinalysis Collection, Packaging and Shipping Supplies

**DOCUMENTATION**

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<td>1. Copy of AR 600-85</td>
<td>APD Web site or HQDA ARD ASAP Web site</td>
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<td>2. DD Form 2624 (Specimen Custody Document – Drug Testing)</td>
<td>Pre-printed by DTP software</td>
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<tr>
<td>3. Unit Urinalysis Ledger (Testing Register)</td>
<td>Pre-printed by DTP software</td>
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<td>4. Observer Briefing</td>
<td>UPL Handbook</td>
</tr>
<tr>
<td>5. Memorandum for Observers</td>
<td>UPL Handbook</td>
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<tr>
<td>6. Commander Briefing</td>
<td>UPL Handbook</td>
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<td>7. UPL Unit Briefing</td>
<td>UPL Handbook</td>
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<td>8. Unit alpha roster</td>
<td>Unit personnel section</td>
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<td>9. Installation SOP</td>
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<td>10. USAP SOP</td>
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<td>11. Region/MACOM and/or installation policy letters</td>
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<td>12. UPL Appointment Orders</td>
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**HOLDING AREA SUPPLIES**

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<tbody>
<tr>
<td>1. Beverages (water, coffee, juice, soda, etc.)</td>
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<td>2. Styrofoam drinking cups</td>
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<td>3. Table for beverages and cups</td>
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<td>4. Chairs</td>
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<td>5. Garbage can(s) with trash bags</td>
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<td>6. Holding area sign</td>
<td>UPL Handbook</td>
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**LATRINE SUPPLIES**

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<td>1. Hand soap and paper towels</td>
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<tr>
<td>2. Latrine “Off Limits” sign</td>
<td>UPL Handbook</td>
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# Urinalysis Collection, Packaging and Shipping Supplies

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<th>Local Purchase Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Liquid absorbent pouch</td>
<td>6330-01-304-9754</td>
<td>Alphapointe 1-888-433-5848 Item # ABS1021</td>
</tr>
<tr>
<td>2. Envelopes (plain white – #10 business)</td>
<td>7530-00-286-6970</td>
<td></td>
</tr>
<tr>
<td>3. Tape</td>
<td>8135-00-598-6097</td>
<td></td>
</tr>
<tr>
<td>4. Tape (pressure pack nylon)</td>
<td>7510-00-290-8035</td>
<td></td>
</tr>
<tr>
<td>5. Wrapping paper to wrap large box</td>
<td>0813-00-290-3407</td>
<td></td>
</tr>
<tr>
<td>6. POUCH, LIQUID ABSORBENT</td>
<td>6330-01-304-9754</td>
<td>Fitzco, Inc. 1-800-367-8760 Order #01001</td>
</tr>
<tr>
<td>7. International biohazard label 500/box (see UPL Handbook page 255 on USPS Publication 52 Sect. 346.326; not mandate on outer shipping box)</td>
<td></td>
<td>Briggs Corporation 1-800-247-2343 Product # L-3032</td>
</tr>
<tr>
<td>8. Black marker</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SHIPPING SUPPLIES

<table>
<thead>
<tr>
<th>Item</th>
<th>National Stock Number (NSN)</th>
<th>Local Purchase Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. White shipping bag (100 per case)</td>
<td>6530-01-304-9762</td>
<td>Alphapointe 1-888-433-5848 Item # BAG1519</td>
</tr>
<tr>
<td>2. BAG, SPECIMEN (Mailing pouch)</td>
<td>6530-01-304-9762</td>
<td>Fitzco, Inc. 1-800-367-8760 Order # 28007 1000 per box</td>
</tr>
<tr>
<td>3. Outer shipping container (includes 6) (optional)</td>
<td>8115-00-183-9505</td>
<td></td>
</tr>
<tr>
<td>4. Outer shipping container (includes 4) (optional)</td>
<td>8115-00-079-8447</td>
<td></td>
</tr>
</tbody>
</table>

## SUPPLIES FOR SECONDARY CONTAINER

Items used for secondary container are being evaluate at the time of this writing. Supply items already exist in federal system.

- 6530-01-307-5431 Bag spec transport (3mil) PKG = 1000 $220.76
- 6530-01-307-5430 Pouch Accessory shipper (3mil) PKG = 1000 $217.28
- 6530-01-307-7433 Pouch, liquid absorbent 4" x 3" PKG = 1000 $119.5

Contact command ASAP Office for information on vendors for local purchase usarmy.knox.hqda-dcs-g-1.list.acsap-drug-testing-branch@mail.mil.
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Appendix I

Urinalysis Testing Signs
UPL TESTING STATION

HAVE YOUR ID CARD READY AND BE ABLE TO PROVIDE A SPECIMEN NOW!
URINALYSIS
TESTING AREA
OFF LIMITS
TO UNAUTHORIZED PERSONNEL
Appendix J

Observer Briefing and Memorandum
Observer Briefing

Observers should participate in the Observer Briefing before every drug test. During this briefing, you will learn about your specific duties – including risks, hazards, and legal implications – and you must sign the Observer Memorandum.

You are here to perform a critical portion of the procedures for urine collection as part of the Drug Testing Program. This duty is not attractive, but is one that comes with enormous responsibility. The best Observers turn the sensitive, unwanted and humiliating task of providing a urine specimen into a professional procedure that ensures the integrity of the specimen and helps the donor to be at ease with the process.

This brief training covers the specifics of how to properly observe Soldiers providing a urine sample, and includes explicit terminology for male and female anatomy and bodily functions.

You must meet these requirements to serve as an Observer:

- Have a rank of E5 or above
- Be the same gender as Soldiers being observed (as identified by DEERS gender marker)
- Have sufficient maturity and integrity to preserve the dignity of the Soldier
- Not be enrolled currently within the ASAP Rehab program or under investigation currently for any substance abuse related offense

Your primary responsibilities are to maintain eye contact with the specimen bottle during the ENTIRE collection process, and to report any unusual circumstances to the UPL. You must properly complete all collection steps and secondary review as listed in the Observer Memorandum and guide each Soldier through all collection steps to ensure the integrity of every urine specimen.

The risks and hazards of urine collection include humiliation, harassment, ethical dilemmas (such as bribing), attempts to alter the specimen (through adulteration or tampering), and possible legal consequences if you don’t perform your duties correctly.

If it is found that a specimen was altered in any way while under your control as an Observer, you may face legal action under UCMJ Article 92, Article 107, and/or Article 134.

You must follow these specific procedures – without exception – when observing urine sample collection from male Soldiers:

- Stand next to the Soldier at a urinal or toilet (urinal is preferred).
- Ensure that you can see the end of the donor’s penis (if the Soldier is not circumcised, ensure that he pulls his foreskin back to allow direct view).
- Maintain constant line of sight with the specimen bottle and cap from the moment the UPL hands the bottle to the Soldier until the moment that the Soldier hands the bottle back to the UPL. You must NOT touch the bottle or cap at any time.

You must follow these specific procedures – without exception – when observing urine sample collection from female Soldiers:

Note: When applicable to the unit, observers must be trained on the DOD Transgender Service in the U.S. Military, DODI 1300.38
Observer Briefing (continued)

- Do not allow the Soldier to sit down on the toilet seat – she must squat over the toilet.

- Ensure the Soldier keeps her upper body straight – she cannot bend over to block view with body, hair, or clothing.

- Ensure that the Soldier holds the collection cup or specimen bottle in front of her body and above the toilet rim.

- Position yourself as necessary in front of the Soldier to maintain a direct view of urine leaving the Soldier’s body and entering the collection cup or specimen bottle.

- If the Soldier is using the collection cup, directly observe the Soldier pouring urine from the cup into the specimen bottle, capping the bottle tightly, and wiping it dry.

- Maintain constant line of sight with the specimen bottle and cap from the moment the UPL hands the bottle to the Soldier until the moment that the Soldier hands the bottle back to the UPL and the UPL label, seal, initial and place the bottle into the specimen box. You must NOT touch the bottle or cap at any time.

Do NOT allow any Soldier to provide a sample out of your direct view (such as behind a closed door) for any reason. You may allow the Soldier to have privacy:

- **ONLY AFTER** the Soldier has provided a sample, **AND**

- **ONLY IF** both the Observer and Soldier can maintain eye contact with the filled specimen bottle at all times.

You may face these challenges and special circumstances during the collection process:

- Donor shyness / mental block, or stalling. There are NO valid excuses to avoid providing a sample.

- Insufficient specimen. The UPL determines whether the specimen amount is sufficient. If instructed to do so, you must destroy the specimen bottle according to proper procedure.

- The urine sample is an unusual color or there is a foreign object in the sample. Report this to the UPL when returning to the testing station.

- The Soldier attempts to alter or tamper with the specimen, or to bribe you. Report this to the UPL when returning to the testing station.

- The Soldier has a bowel movement. Follow procedure and then allow the Soldier to have privacy if possible under the closed door exception discussed earlier.

- The Soldier is menstruating or pregnant, is wearing a bodysuit or a thong, or has body piercings. In these cases, collect as normal and refrain from making comments.

Follow UPL instruction to conduct the secondary review of specimens and ensure the lid of each bottle is tightly secured and properly sealed.

Do you have any questions?

You must now read, understand, and sign the Memorandum for Observers before we begin the collection process with Soldiers.
MEMORANDUM FOR OBSERVERS

SUBJECT: Responsibilities of Observer(s) During Military Drug Testing Collection Procedure

General:

1. Observers are a critical link in the process of collecting urine specimens to be tested for substance abuse. Instances have occurred in the past where observers did not follow proper collection procedures and positive drug tests were not usable in legal and/or administrative actions. In order to prevent similar occurrences in the future, the observer will read and sign this Memorandum for Observer(s).

2. The testing procedures do not violate a Soldier’s Fourth or Fifth Amendment rights, nor does the observation procedure violate the right to privacy. A refusal to produce a specimen is a violation of a direct order and may result in the soldier being processed for separation.

3. The results of tests may be used in legal proceedings and consequently the urine sample may be considered as evidence. A valid chain of custody is mandatory for a successful prosecution. As an observer, you may be asked to provide testimony at legal or administrative proceedings. You may be subject to UCMJ or administrative action if it is discovered that the specimen was altered in any way while it was under your control. Actions may include, but are not limited to the following:

   Article 92: Knowingly failing to obey a lawful general order or regulation by not maintaining direct line of sight of the urine into the bottle.

   Article 107: Making a false official statement in signing the UPL’s urinalysis ledger acknowledging the urination process was directly observed and no tampering occurred.

   Article 134: False swearing by authenticating that no substitution or tampering of the urine sample occurred.

Criteria for Observers:

1. Be an Officer or NCO in the rank of E-5 or above.

2. Be of the same gender (DEERS gender maker) as the Soldier being tested.

3. Possess sufficient maturity and integrity to preserve the dignity of the Soldier being observed.

4. Not be currently enrolled within the SUDCC or currently be under investigation for any substance abuse related offenses.

Responsibilities: As outlined in AR 600-85, an observer must follow protocol during urinalysis collection procedures.
MEMORANDUM FOR OBSERVERS (continued)

1 November 2018

Once assigned to a specific Soldier:

1. The observer(s) control the urine collection process once the Soldier leaves the UPL’s desk and during the collection of the specimen in the latrine.

2. Maintain visual contact with the bottle and the wide-mouth cup at all times.

3. Ensure the Soldier washes his/her hands with water only before the collection begins.

4. Ensure that the specimen provided is not contaminated or altered.

5. Directly observes the Soldier (one Soldier at a time per observer) voiding urine into the specimen bottle or wide-mouth cup.

6. Ensure direct observation of urine flow from the Soldier’s body into the bottle or wide-mouth cup.

7. Ensure the Soldier provides at a minimum of 30mls of urine; however, 45mls is preferred.

8. Ensure the Soldier tightens the specimen bottle cap and the bottle is dried.

9. Ensure the bottle is not reopened after the cap is tightened.

10. Ensure the Soldier washes and dries hands (Soldier can use soap).

11. Escort the Soldier back to the UPL station/table with the bottle in full view.

12. In full view of the Soldier and the UPL, ensures the specimen bottle cap is tight prior to the UPL placing tamper evident tape over the top of the bottle. The specimen bottle will remain on the table while the UPL is holding the specimen bottle.

13. Observe the UPL placing tamper-evident tape over the top of the bottle, and across the label.

14. Observe the UPL place the specimen in the collection box.

15. The observer will print and sign name on the testing register in front of the UPL and the Soldier verifying the collection process and direct observation was conducted.

16. Your Signature on the testing register, verifies you have completed steps 1-15.

OBSERVER AFFIDAVIT: I have read and understand this document. I will comply with the responsibilities as stated above and will report anything out of the ordinary immediately to the UPL or Commander.

__ Observer’s Printed Name ____________________  __ Observer’s Signature ____________________  __ Date ____________________

__ UPL’s Printed Name ____________________  __ UPL’s Signature ____________________  __ Date ____________________
Appendix K

Commander’s Briefing
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Commander's Briefing

1 November 2018

Today our Unit will be drug tested for illegal substance use. The primary purpose of this test is to ensure our unit’s military fitness and that we are maintaining proper standards of readiness.

Individuals in this unit have been selected on a random basis for drug testing or unit inspection (sweep). There is no probable cause or reasonable suspicion that anyone in the unit is using or abusing drugs or a controlled substance.

Everyone selected will be tested. Anyone not present will be rescheduled for testing at a later date.

Every specimen collected will be tested for Marijuana (THC); Cocaine; Amphetamines (which include methamphetamines, MDMA (ecstasy), and MDA), heroin, opiates (which include, morphine and codeine), synthetic opioids (Oxycodone/ oxymorphone known commonly as OxyCotin and Hydrocodone/hydromorphone), selected benzodiazepines and synthetic cannabinoids, known commonly as Spice

Testing procedures outlined in AR 600-85 will be followed.
All Soldiers must be aware that all verbal orders connected with the testing are lawful and are to be followed as such.

A refusal to comply with orders relating to this test subjects the Soldier to punitive or administrative actions under AR 600-85, AR 135-18, AR 135-178, and AR 635-10.

DOES ANYONE HAVE ANY QUESTIONS?

The UPL will now provide you with details about the drug testing procedures that will be used today.

________________________________________  _____________________  ____________
Commander's Printed Name                  Commander's Signature       Date
Scenario 12: Urinalysis

A transgender Service member is randomly selected to undergo a urinalysis test at their new command.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander. The commander must adhere to procedures outlined in the Military Personnel Drug Abuse Testing Program (MPDATP) and Service policy.

**Service member responsibilities**

Discuss your circumstances with command leadership during sign-in period to determine your options and allow the commander the ability to adjust as required/desired for your comfort and the comfort level of the observer, particularly if you have not undergone full surgical change.

**Commander responsibilities**

Depending on Service regulations, you may consider alternate observation options if a request from a transgender Service member or an observer is made. Options could include observation by a different observer or medical personnel.

You have discretion to take additional steps to promote privacy, provided those steps do not undermine the integrity of the program. However, all collections must be directly observed.

Consult with the SCCC; if unable to make special accommodation, spend time discussing with both the observer and the Service member.

Ensure your observers are properly trained.
Appendix L

UPL Unit Briefing
You have four major responsibilities during the collection procedure:

1. Confirm identification with ID card
2. Provide more than 30ml of specimen. (45ml is preferred)
3. Initial the specimen bottle label verifying your personal data is correct
4. Keep specimen bottle in full sight until sealed with tamper evident tape and placed in collection box.
5. Sign your payroll signature on the testing register to verify that the urine specimen provided was yours, that the observer verified the tightness of your specimen bottle cap your initialed label was placed on your specimen bottle; and that your specimen bottle was sealed with tamper-evident tape and initialed by the UPL and then placed into the collection box.

Your urine specimen will be provided in the provided specimen bottle (or a wide mouth collection cup then is transferred to the specimen bottle).

Each bottle will have a label affixed to it with today’s date that identifies you by your DoD ID# after you return from the latrine.

Collection of the specimen will be conducted using direct observation in full view of an observer. Do not go to the UPL station until you feel you are ready to provide at least 30ml or more (approximately ½ bottle) of urine.

If you are unable to provide a specimen or an adequate quantity of urine, you will be held in the holding area until you are able to provide a specimen. You will be provided an adequate amount of water (8 ounces of water every 30 minutes but not to exceed a total volume of 40 ounces in three hours) to help facilitate the collection process. You will not be released from duty today until you have provided a proper specimen.

Your tasks include:

You will provide your military ID card. If you do not have your military ID card or other photo identification, the commander will be called to verify your identification.

Remove excess outer garments such as uniform or PT jackets

Wash your hands with water only (no soap) prior to providing a specimen.

Provide a urine specimen under direct observation, cap the bottle tightly, and ensure the bottle is dried.

You will initial the bottle label upon returning from the latrine after you have verified your DoD ID#, full name, and date on the Testing Register; verify DoD ID# on DD Form 2624; and verify the date and your DoD ID# on the bottle label.

Sign your payroll signature on the testing register verifying that the urine specimen provided was yours, that the observer verified the tightness of your specimen bottle cap your initialed label was placed on your specimen bottle; and that your specimen bottle was sealed with tamper-evident tape and initialed by the UPL and then placed into the collection box.

Note: I do not need to know if you are taking or have taken prescription medications. If your specimen result comes back from the laboratory as positive for a drug that could have been a result of prescription medication, a medical doctor will review the result before any other actions are taken. The doctor will review your medical record, any prescriptions from outside providers, and possibly interview you, prior to making a medical determination of valid prescription use or illegal use. If the doctor determines the drug positive was a result of valid prescription medication, then no actions will be taken against you.

Are there any questions? Any questions about the collection procedure will be directed towards your observer or myself.

_____________________        ________
UPL’s Printed Name        UPL’s Signature

Date

1 November 2018
Soldier provides ID card to UPL; UPL verifies Soldier’s identity; UPL determines specimen number against the collection documentation

Soldier removes excess outer garment (if not removed)

UPL removes new bottle from the specimen box and places ID card in the appropriate slot that matches Soldier’s specimen number

In full view of observer, UPL hands specimen bottle (and offers the optional wide-mouth cup) to Soldier

Soldier and observer move to latrine, keeping bottles in full view of observer

In latrine, Soldier washes hands with WATER ONLY

Soldier voids into the specimen bottle or wide-mouth cup in full view of observer

Observer must see urine directly leaving Soldier’s body and entering the specimen bottle or wide-mouth cup

If Soldier uses wide-mouth cup, Soldiers pours urine into specimen bottle in full view of observer (minimum 30mls, 45mls preferred)

Soldier puts cap on specimen bottle in full view of observer; Soldier will ensure the specimen bottle is dry and discards the wide mouth cup (if used)

Soldier will wash and dry hands, keeping bottle in full view of observer

Soldier will walk in front of observer back to UPL’s desk, keeping bottle in full view of observer

Soldier hands specimen bottle to UPL or places bottle on UPL collection table as directed by the UPL

UPL verifies cap is tight, the bottle is dry, looks for signs of adulteration, ensures specimen bottle has a minimum of 30mls, (45mls preferred) and then places back on collection table

While UPL is holding the specimen bottle on the table, the observer will ensure the specimen bottle cap is tight, in full view of the UPL & Soldier. UPL ensures secondary review is noted on the testing register.

UPL removes Soldier’s ID card from specimen box; UPL reviews the back of the ID card to verify Soldier’s DOD ID# matches number listed on the testing register, DD Form 2624, and bottle label

UPL allows Soldier to view the back of ID card to verify DOD ID# matches number listed on the testing register, DD Form 2624, and bottle label (UPL maintains custody of ID card)

Soldier initials bottle label

UPL places the initialed label on specimen bottle UPL places tamper evident tape across the top of specimen bottle

UPL initials specimen bottle label

UPL places specimen in the appropriate slot in box

Observer prints and signs name on the testing register

Soldier signs testing register

UPL returns ID card to Soldier
Appendix M

Post-Collection Checklist

UPL removes Soldier’s ID card from specimen box; UPL reviews the back of the ID card to verify Soldier’s DOD ID# matches number listed on the testing register, DD Form 2624, and bottle label.

UPL allows Soldier to view the back of ID card to verify DOD ID# matches number listed on the testing register, DD Form 2624, and bottle label (UPL maintains custody of ID card).

Soldier initials bottle label.

UPL places the initialed label on specimen bottle UPL places tamper evident tape across the top of specimen bottle.

UPL initials specimen bottle label.

UPL places specimen in the appropriate slot in box.

Observer prints and signs name on the testing register.

Soldier signs testing register.

UPL returns ID card to Soldier.
Post-Collection Checklist

Your ability to correctly complete the quality assurance steps of drug testing will ensure that specimens (1) are maintained in accordance to Chain of Custody procedures, (2) remain forensically intact, and (3) do not incur fatal discrepancies at the FTDTL.

<table>
<thead>
<tr>
<th>Quality Control</th>
<th>Done</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Ensure all DOD ID numbers match on all forms.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Check that all DOD ID numbers on the DD Form 2624, Unit Urinalysis Ledger, and Bottle Labels are the same as corresponding entries on all forms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Complete a Certificate of Correction to document corrections during the quality control check.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Ensure that the Unit Urinalysis Ledger is correct and complete.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Check that all required <strong>information</strong> is correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Check that all required <strong>signatures</strong> are correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Check that all required <strong>initials</strong> are correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Check that all corrections on the form meet forensic standards.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Complete a Certificate of Correction to document corrections during the quality control check.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Ensure that both sides of the DD Form 2624 are correct and complete.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Check that all required <strong>information</strong> is correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Check that all required <strong>signatures</strong> are correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Check that all required <strong>initials</strong> are correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Check that all corrections on the form meet forensic standards.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Complete a Certificate of Correction to document corrections during the quality control check.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Ensure that ALL bottle labels are correct and complete.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Check that all required <strong>information</strong> is correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Check that all required <strong>signatures</strong> are correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Check that all required <strong>initials</strong> are correct and complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Check that all corrections on the form meet forensic standards.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Complete a Certificate of Correction to document corrections during the quality control check.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Examine each specimen bottle.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Ensure that each specimen bottle is filled with a minimum 30 ml of urine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Ensure that the tamper-evident tape is NOT broken on any bottle.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Ensure that the tamper-evident tape is correctly placed on each specimen bottle.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. If a second piece of tamper-evident tape is applied to any specimen bottle, ensure that it is applied correctly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. If a second piece of tamper-evident tape is applied to any specimen bottle, ensure that a Certificate of Correction is completed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Quality Control (continued)

<table>
<thead>
<tr>
<th></th>
<th>Done</th>
<th>N/A</th>
</tr>
</thead>
</table>
| 6. Compare collection box to DD Form 2624.  
   a. Ensure that every bottle in the box has an entry on the correct line on the DD Form 2624.  
   b. Ensure that every bottle listed on the DD Form 2624 is in the collection box and in the correct slot. |   |   |
| 7. Ensure that specimens are placed in storage in accordance with AR 600-85 if they cannot be shipped immediately after collection station breakdown.  
   a. Check that annotations on the SF 702 are proper, complete, and correct.  
   b. Check that Chain of Custody annotations on the DD Form 2624 are proper, complete, and correct. |   |   |
| 8. Ensure that stored specimens are removed from storage in accordance with AR 600-85.  
   a. Check that annotations on the SF 702 are proper, complete, and correct.  
   b. Check that Chain of Custody annotations on the DD Form 2624 are proper, complete, and correct. |   |   |
|   | Done | N/A |
| 9. Ensure that each batch of specimens receive a secondary review.  
   a. Secondary review conducted by observer is annotated on Testing Register.  
   b. If secondary review performed after the collection, ensure that the transfers of custody from the custodian to the reviewer and from reviewer to next custodian is annotated and signed. |   |   |
| 10. Ensure that specimens are packaged according to proper procedure.  
   a. Ensure that each specimen is packaged in a liquid tight bag (constructed with adhesive closure) with an absorbent pad.  
   b. Ensure that the inside flaps of the collection box show the specimen bottle placement and batch number.  
   c. Ensure that the collection box is sealed and signed according to proper procedure.  
   d. Ensure that all appropriate photocopies of forms were made.  
   e. Ensure the white business envelope contains all required original forms.  
   f. Ensure the white business envelope is completed and affixed to the collection box according to proper procedure. |   |   |
| 11. Ensure that specimens are shipped according to proper procedure.  
   a. Check that Chain of Custody annotations on the DD Form 2624 are proper, complete, and correct.  
   b. Ensure the collection box is placed in a leak-proof bag and placed securely in the shipping container.  
   c. Ensure the correct FTDTL address is on the shipping container.  
   d. Ensure a label that says “Diagnostic Specimens” is affixed near the mailing address.  
   e. Ensure the outermost shipping container is prepared according to the carrier’s requirement and local policy.  
   f. The UPL handed the shipping container directly to a staff member of the carrier at the point of shipment. |   |   |
Appendix N

Bottle Placement
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Specimen Placement in Collection Box

Numbering Method for Collection Boxes with Single Batches

The batch number and specimen bottle numbers must be written on the inside of the box flaps on every collection box.

1. Mark the left box flap to reflect the position of each specimen bottle in the box as shown below. Each bottle number 1 to 12 in the box must correspond with the line number on which the bottle appears on the DD Form 2624.

2. Mark the top flap with the appropriate batch number (01, 02, 03, etc.) as shown below. Do not seal the box until the UPL performs the final inspection.

NOTE: Do not place numbers on the bottle tops
Specimen Placement in Collection Box

Numbering Method for Collection Boxes with Multiple Batches

The batch number and specimen bottle numbers must be written on the inside of the box flaps on every collection box. If a collection box contains bottles from more than one batch, you must label the inside of the box flaps appropriately. You must also include all DD Forms 2624 that correspond with the bottles in the box (see packaging instructions).

1. Mark the left box flap to reflect the position of each specimen bottle in the box as shown below. Each bottle number 1 to 12 in the box must correspond with the line number on which the bottle appears on the DD Form 2624.

2. Mark the top flap with the appropriate batch number (01, 02, 03, etc.) as shown below. Do not seal the box until the UPL performs the final inspection.

NOTE: Do not place numbers on the bottle tops
Appendix O

ALARACT Messages and Policies

The UPL may want to file ALARACT messages here for future reference.
MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Packaging, Documenting, Tracking, and Reporting of Specimens Received at Department of Defense Drug Testing Laboratories

1. Effective 1 September 2018, the label bearing the collection and identifying information of the Service Member submitting a urine sample will be affixed to the specimen bottle containing that Service Member’s sample after the Service Member urinates into the specimen bottle (or the Service Member’s urine has been poured from a urine collection cup into the specimen bottle), and the lid is securely tightened on the specimen bottle. The Service Member will wipe the bottle dry, if needed. The Unit Prevention Leader (UPL) and Service Member will verify the accuracy of the information on the label by direct comparison to the Service Member’s presented identification (e.g., CAC) before applying the label. The Service Member will observe the label being affixed to the specimen bottle containing his or her urine sample. All collection steps for each Service Member will be conducted under the direct observation of a designated Observer.

2. The Observer Memorandum will be updated to include the following sentence: After UPL takes possession of the specimen bottle, the Observer checks bottle lid to ensure it is securely tightened while the UPL is holding the bottle on the table, in full view of the Service Member. The UPL will annotate on the Test Register that the Observer ensured the specimen bottle lid is tightened. Observer’s signature on the Testing Register verifies that all steps of the collection process and secondary review were completed.

3. Each specimen bottle will be enclosed in an individual, leak-proof secondary container (e.g., a sealable plastic bag), to prevent and contain leakage. Each individual leak-proof secondary container will contain sufficient absorbent material to absorb the entire contents of the specimen bottle, should leakage occur.

4. The G-1, ARD POC Mr. Thomas Gilliard, (703) 571-7313, thomas.b.gilliard.civ@mail.mil.

GREGORY V. STOKES
COL, AR (CAV)
Chief, R2I and Training Division

DISTRIBUTION:

U.S. Army Material Command
U.S. Army Installation Management Command
Director, Army National Guard
U.S. Army Reserve Command
MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE

SUBJECT: Packaging, Documenting, Tracking, Testing, and Reporting of Specimens Received at Department of Defense Drug Testing Laboratories

With a view to ensuring the integrity of the Military Personnel Drug Abuse Testing Program, DoD components will adhere strictly to the provisions of Department of Defense Instruction (DoD) 1010.16, Technical Procedures for the Military Personnel Drug Abuse Testing Program (MPDATP), as clarified by the guidance set forth below.

DoD 1010.16 requires that “[t]he lids of all specimen bottles forwarded for [drug] testing are securely tightened, properly sealed and the bottles are enclosed in a leak-proof secondary container. The secondary container(s) must contain sufficient absorbent material to absorb the entire specimen contents in case of leakage.”

Beginning as soon as practicable, but no later than September 1, 2018, the label bearing the collection and identifying information of the individual Service member submitting a urine sample will be affixed to the specimen bottle containing that Service member’s urine only after the Service member has urinated into the specimen bottle (or the Service member’s urine has been poured from a urine collection cup into the specimen bottle), and the lid has been emplaced and tightened on the specimen bottle. The Service member will wipe the bottle dry, if needed. The collector and Service member will verify the accuracy of the label information by direct comparison to the Service member’s presented identification (e.g., CAC), before applying the label. The Service member will observe the label being affixed to the dry specimen bottle containing his or her urine sample. All collection steps for each Service member will be conducted under the direct observation of a designated observer.

Beginning as soon as practicable, but no later than September 1, 2018, in addition to the designated collector, a second individual (e.g., additional collector, assistant collector, officer, non-commissioned officer, or designated civilian) at each urinalysis sample collection site will conduct a secondary review of each capped and labeled specimen bottle to ensure compliance with DoD 1010.16. The individual charged to execute this secondary review will verify that the lid of each bottle is tightly secured and properly sealed. The conduct of this secondary review will be marked on applicable chain of custody documents.

Beginning as soon as practicable, but no later than September 1, 2018, each specimen bottle will be enclosed in an individual, leak-proof secondary container (e.g., a sealable plastic bag), to prevent and contain leakage. Each individual, leak-proof secondary container will contain sufficient absorbent material to absorb the entire contents of the specimen bottle, should leakage occur.
On or after September 1, 2018, any specimen bottle that is received by a Military Forensic Toxicology Drug Testing Laboratory, but is not enclosed in an individual leak-proof secondary container with absorbent material will be assigned the discrepancy code of “PI - Improperly Packaged.” Samples derived from a specimen bottle coded as PI may be tested, provided that testing is not otherwise precluded by a separate, non-testable discrepancy code assigned to the same bottle. For purposes of this clarifying guidance, a “discrepancy code” includes all such codes established by this memorandum and by other applicable policies and procedures.

For purposes of this clarifying guidance, the term “shipping package” refers to a box or container designed to hold as few as one and as many as twelve individual urine specimen bottles. A shipping package will be opened as soon as practicable after receipt by a Military Forensic Toxicology Drug Testing Laboratory. On first opening any shipping package, a Laboratory inspecting official will carefully inspect each enclosed specimen bottle and the shipping package for signs of current or past leakage or wetness. Detecting signs of current or past leakage or wetness may require keen observation and assessment by the inspecting official. Signs of current or past leakage or wetness may include:

- Wetness on a specimen bottle or on or in an individual leak-proof secondary container in which a single specimen bottle is enclosed;
- Wetness on or in the shipping package, or on the packing materials or any document enclosed in the shipping package;
- The discoloration or distortion (e.g., wrinkling or smearing) of the label on a urine specimen bottle or shipping package, of the shipping package itself, or of the packing materials or any document enclosed in the shipping package; or
- Signs of crystallization from minerals/urea on a urine specimen bottle or on or in an individual leak-proof secondary container in which a specimen bottle is enclosed, on or in the shipping package, or on the packing materials or any document enclosed in the shipping package.

Effective immediately, when a Military Forensic Toxicology Drug Testing Laboratory inspecting official detects any sign of current or past leakage or wetness in or on a shipping package containing one or more specimen bottles, discrepancy codes will be applied as follows:

“PH – Package Leakage Noted” will be assigned to every specimen bottle in the shipping package when the inspecting official determines that there exists any possibility that leakage or wetness associated with any bottle or its individual leak-proof secondary container (as applicable) affected any other specimen bottle or secondary container, the shipping package, packing materials, or any document enclosed in the shipping package. Samples derived from a specimen bottle coded as PH may be tested, provided that testing is not precluded by a separate, non-testable discrepancy code assigned to the same bottle.2

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1 A specimen bottle and/or specimen may be assigned as many separate discrepancy codes as deemed applicable.

2 A specimen bottle and/or specimen may be assigned as many separate discrepancy codes as deemed applicable.
“BK – Bottle Leaked in Shipment” will be assigned to any individual specimen bottle that shows signs of current or past leakage or wetness, but only when the inspecting official determines that all of the leakage or wetness associated with that bottle is contained within its individual leak-proof secondary container (as applicable), and that none of the leakage or wetness has affected any other specimen bottle or secondary container, the shipping package, packing materials, or any document enclosed in the shipping package.3

Samples derived from a specimen bottle coded as BK may be tested, provided that testing is not precluded by a separate, non-testable discrepancy code assigned to the same bottle.4

If a specimen bottle meets criteria for the assignment of both the PH and BK discrepancy codes, both discrepancy codes will be assigned.

In addition, effective immediately, each Military Forensic Toxicology Drug Testing Laboratory will:

• Link to one another, through documentation in appropriate laboratory records, all specimen bottles received in the same shipping package and any urine sample derived therefrom, and process any sample derived therefrom in the same screening batch. This documentation will be generated, tracked, and maintained in the Laboratory Information Management System (LIMS) as part of the chain of custody or other like documentation, such that the laboratory, and any other person or organization, can identify and track all specimen bottles, and any sample derived therefrom, that were received in the same shipping package.

• Assign all applicable discrepancy codes to a specimen bottle and any sample derived therefrom, and document all codes assigned to a specimen bottle and any sample derived therefrom in appropriate laboratory records. This documentation will be generated, tracked, and maintained in the LIMS as part of the chain of custody or other like documentation, such that the laboratory, and any other person or organization, can identify and track all discrepancy codes assigned to a particular specimen bottle or sample.

Each Service member’s urine sample will be processed and the outcome reported to the appropriate unit official as negative, positive, or untestable, in accordance with DoDI 1010.16. In addition, the information reported to the unit will include all discrepancy codes assigned to each Service member’s urine specimen bottle and sample, and a “plain language” explanation of each such code.

Compliance with the documentation, tracking, testing, and reporting of leaked or wet specimens, as set forth in DoDI 1010.16 and this clarifying guidance, will be verified by quality assurance oversight. This includes evaluations as part of the Armed Forces Medical Examiner System quality assurance inspection and proficiency programs. Compliance will also be

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3 A determination that an individual specimen bottle shows signs of leakage or wetness that is not contained within the individual leak-proof container, or that leakage or wetness from the bottle has affected any other specimen bottle or secondary container, the shipping package, packing materials, or any document enclosed in the shipping package, requires assignment of the PH discrepancy code to every specimen bottle in the shipping package.

4 A specimen bottle and/or specimen may be assigned as many separate discrepancy codes as deemed applicable.

UPL HANDBOOK 205
monitored on an ongoing basis as part of routine laboratory quality assurance audits conducted by laboratory Quality Assurance Officers. The Office of Drug Demand Reduction will document non-compliance (e.g., the failure to enclose each specimen bottle in an individual, leak-proof secondary container with sufficient absorbent material), in its annual report, *Status of Drug Abuse in the Department of Defense*.

The standards set forth in DoDI 1010.16, as clarified by the guidance set forth in this memorandum, are the minimum to be applied. The Secretaries of the Military Departments may direct organizations under their respective authority, direction, and control to apply more stringent standards.

The next update of DoDI 1010.16 will include this clarifying guidance. This memorandum supersedes and rescinds Office of the Under Secretary of Defense Memorandum, *Standards for Specimen Shipment Preparation and Leakage*, dated June 20, 2018.

Please direct questions to CAPT Eric R. Welsh, Director, Office of Drug Demand Reduction, at (703) 697-8690, or by email at eric.r.welsh2.mil@mail.mil.

Stephanie Barna
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

cc:
Director, Army Substance Abuse Program
Director, Navy Drug Detection and Deterrence Branch
Army Drug Testing Program Manager
Navy Drug Testing Program Manager
Air Force Drug Testing Program Manager
Marine Corps Drug Demand Reduction Program
Army National Guard Substance Abuse Program Manager
Chief, Drug Demand Reduction Program, Air National Guard Bureau
Chief, Army Reserve Substance Abuse Program
Chief, Division of Forensic Toxicology, Armed Forces Medical Examiner System
Commander, U.S. Military Entrance Processing Command
Appendix P

UPL Certification Memoranda
MEMORANDUM FOR Program Manager, Army Substance Abuse Program, HQDA DCS G1, Attn: Unit Prevention Leader Certification, 2530 Crystal Drive, 6th Floor, Arlington, VA 22202.

Subject: Commander’s Unit Prevention Leader Verification letter

1. I, Commander’s Rank and Full Name hereby certify that:

   a. Rank and Full Name of UPL, and last 5 of DOD ID has completed the UPL training, practical exams and homework and is ready to take the certification exam.

   b. The Urinalysis Practical Exam was administered by Rank and Full Name of grader on date of Practical Exam; the UPL received a “GO”

   c. I have reviewed and signed the Deployed SOP.

   d. I have appointed the UPL on orders.

   e. Examination Method (On-line is the preferred method):

      The UPL has Internet access and is able to take the certification exam on-line.

2. This e-mail was sent from my official correspondence address and will act as my electronic signature to this Memorandum. POC for this action is the undersigned at DSN: 318-123-1234.

<JOHN Q. COMMANDER
CPT, IN
1st ID, A Co., Commanding>

Note to Commander: Ensure to transmit a file containing PII in an encrypted message. UPL Mailbox address: usarmy.knox.hqda-dcs-g-1.mbx.acsap-upl@mail.mil.
Recertification Verification Memorandum

MEMORANDUM FOR Program Manager, Army Substance Abuse Program, HQDA DCS G1, Attn: Unit Prevention Leader Certification, 2530 Crystal Drive, 6th Floor, Arlington, VA 22202.

Subject: Commander’s Unit Prevention Leader Recertification Verification

1. I, <Commander’s Rank and Full Name> hereby certify that:
   a) <Rank and Full Name of UPL, and last 5 of DOD ID> has reviewed the UPL training, and is ready to take the re-certification exam.
   b) I have reviewed and signed the Deployed SOP.
   c) I have appointed the UPL on orders.
   d) Examination Method (On-line is the preferred method):
      <The UPL has Internet access and is able to take the certification exam on-line>.

2. This e-mail was sent from my official correspondence address and will act as my electronic signature to this Memorandum. POC for this action is the undersigned at <DSN: 318-123-1234>.

<JOPN Q. COMMANDER
CPT, IN
1st ID, A Co., Commanding>

Note to Commander: Ensure to transmit a file containing PII in an encrypted message. UPL Mailbox address: usarmy.knox.hqda-dcs-g-1.mbx.acsap-upl@mail.mil.
Appendix Q

Urinalysis Testing Results
Flowcharts
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Notes:
1. UPL maintains DD2624, results reports (e-DD2624), Register & files in unit’s file area for 3 years plus current year.
2. Non-MRO reviewable drugs: THC, Cocaine, MDMA, MDEA, MDA, PCP, SYNCAN.
3. Commander may request MRO review to clarify any questionable/legitimate drug use.
4. MRO reviewable drugs: Oxycodone, Oxymorphone, Hydrocodone, Hydromorphone, Codein, Morphine, Amphetamines, Methamphetamines, Benzodiazepines, and special drug test results.
Process for Negative Urinalysis Testing Results

FTDNL posts drug test results to portal → BAC Manager or DTC retrieves results from portal → Notify Commander → No CDR Action required →

UPL annotates negative results on the copy of the 2624 and attaches printed results. UPL may also attach a copy of the drug testing results to the Unit Urinalysis Ledger.

UPL files negative results report with ledgers and 2624 for 1 year + the current year.

End
Commander Actions After Receiving Positive Urinalysis Testing Results

COMMANDER WILL:

1. CONSULT WITH LAW ENFORCEMENT.

2. INITIATE FLAG.

3. INITIATE ADMINISTRATIVE SEPARATION IAW AR 635-200, 600-9-24; THE RETENTION/SEPARATION AUTHORITY WILL DECIDE IF THE SOLDIER IS RETAINED OR SEPARATED.

4. REFER TO ASAP
   - DEPLOYED UNITS SHOULD CONTACT BAC MANAGER FOR AVAILABLE SERVICES.

5. IF NO LAW ENFORCEMENT INVESTIGATION, ADVISE SOLDIER OF UCMJ ARTICLE 31 RIGHTS.
   
   A. IF SOLDIER REMAINS SILENT OR REQUESTS A LAWYER, STOP
      CONDUCT COMMANDER'S INQUIRY WITHOUT QUESTIONING SOLDIER.

   B. IF SOLDIER WAIVES RIGHTS:
      1. SHOW EVIDENCE TO SOLDIER
      2. REQUEST CONTRABAND
      3. REQUEST STATEMENT
      4. COMPLETE COMMANDER'S INQUIRY

6. CONSIDER UCMJ OR OTHER ADVERSE ACTION.
Appendix R

Discrepancy Codes
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# Specimen Submission Discrepancy Codes (updated September 2018)

<table>
<thead>
<tr>
<th>Bottle Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>BA</td>
<td>Bottle/Container Unauthorized – NOT TESTED</td>
</tr>
<tr>
<td>BB</td>
<td>(if applicable) Bottle Leaked in Shipment – NOT TESTED</td>
</tr>
<tr>
<td>BC</td>
<td>Bottle Leaked in Shipment, Quantity Not Sufficient to Test – NOT TESTED</td>
</tr>
<tr>
<td>BD</td>
<td>Bottle – Broken Seal – NOT TESTED</td>
</tr>
<tr>
<td>BE</td>
<td>Bottle – No Seal – NOT TESTED</td>
</tr>
<tr>
<td>BF</td>
<td>Bottle – Two Seals, No Explanation – NOT TESTED</td>
</tr>
<tr>
<td>BK</td>
<td>Bottle -- Leaked in Shipment (inside secondary container) – TESTED</td>
</tr>
<tr>
<td>BU</td>
<td>Bottle – Empty – NOT TESTED</td>
</tr>
<tr>
<td>BY</td>
<td>Bottle Discrepancy – NOT TESTED</td>
</tr>
<tr>
<td>BZ</td>
<td>Bottle Discrepancy – TESTED</td>
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<table>
<thead>
<tr>
<th>Form Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>FA</td>
<td>Form – UIC or BAC Discrepant/Differs from Bottle – TESTED</td>
</tr>
<tr>
<td>FH</td>
<td>Form – Date Specimen Collected Discrepant/Differs from Bottle – TESTED</td>
</tr>
<tr>
<td>FL</td>
<td>Form – Not Received – NOT TESTED</td>
</tr>
<tr>
<td>FM</td>
<td>Form – Received Separately From Bottle – NOT TESTED</td>
</tr>
<tr>
<td>FN</td>
<td>Form – Chain of Custody Entries Discrepant – TESTED</td>
</tr>
<tr>
<td>GG</td>
<td>Form – Specimen Listed, No Bottle Received – NOT TESTED</td>
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<tr>
<td>FP</td>
<td>Form – Specimen Not Listed, Bottle Received – NOT TESTED</td>
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<tr>
<td>FR</td>
<td>Form on Two Pieces of Paper – No Linking Identifiers – NOT TESTED</td>
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<tr>
<td>FT</td>
<td>Form – EIDN or SSN Discrepant – NOT TESTED</td>
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<tr>
<td>GP</td>
<td>Form or Other Document Has Service Member’s Name/Signature – NOT TESTED</td>
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<tr>
<td>GR</td>
<td>Form – Marked Void for Received Specimen – NOT TESTED</td>
</tr>
<tr>
<td>GY</td>
<td>Form Discrepancy – NOT TESTED</td>
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<tr>
<td>GZ</td>
<td>Form Discrepancy – TESTED</td>
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<table>
<thead>
<tr>
<th>Label Code</th>
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<tbody>
<tr>
<td>LA</td>
<td>Label Missing/Blank – NOT TESTED</td>
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<tr>
<td>LD</td>
<td>Label Over Label – NOT TESTED</td>
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<tr>
<td>LF</td>
<td>Label – Collection Date Discrepant – TESTED</td>
</tr>
<tr>
<td>LJ</td>
<td>Label – Member Initials Discrepant – TESTED</td>
</tr>
<tr>
<td>LL</td>
<td>Label – Collector or Observer Initials Discrepant – TESTED</td>
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<td>LN</td>
<td>Label – EIDN or SSN Does Not Match Form – NOT TESTED</td>
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<tr>
<td>LQ</td>
<td>Label has Service Member’s Name/Signature – NOT TESTED</td>
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<tr>
<td>LZ</td>
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<table>
<thead>
<tr>
<th>Package Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>PA</td>
<td>Package – No Seal – NOT TESTED</td>
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<tr>
<td>PB</td>
<td>Package – Broken Seal – NOT TESTED</td>
</tr>
<tr>
<td>PD</td>
<td>Package – Missing Signature/Date – TESTED</td>
</tr>
<tr>
<td>PH</td>
<td>Package – Leakage Noted – TESTED</td>
</tr>
<tr>
<td>PI</td>
<td>(Specimen) Improperly Packaged (not inside secondary container) – TESTED</td>
</tr>
<tr>
<td>PL</td>
<td>(if applicable) Package – Leakage noted – NOT TESTED</td>
</tr>
<tr>
<td>PY</td>
<td>Package Discrepancy – NOT TESTED</td>
</tr>
<tr>
<td>PZ</td>
<td>Package Discrepancy – TESTED</td>
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<table>
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<th>Specimen Code</th>
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<td>SA</td>
<td>Specimen Appears to be Adulterated – NOT TESTED</td>
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<tr>
<td>SB</td>
<td>Specimen Appears to be Adulterated – TESTED</td>
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<tr>
<td>SC</td>
<td>Specimen Quantity Not Sufficient to Test – NOT TESTED</td>
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<tr>
<td>SE</td>
<td>Specimen Volume &lt; 30 mL – TESTED</td>
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<tr>
<td>SY</td>
<td>Specimen Discrepancy – NOT TESTED</td>
</tr>
<tr>
<td>SZ</td>
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</tr>
<tr>
<td>OY</td>
<td>Laboratory Technical Discrepancy – NOT TESTED</td>
</tr>
<tr>
<td>OZ</td>
<td>Laboratory Technical Discrepancy – TESTED</td>
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Appendix S

Glossary
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Glossary

ACRONYMS
ABMD Alcohol Breath Measuring Device
ACRS Army Consolidated Records Schedule
ACU Army Combat Uniform
ADAPT Alcohol Drug Abuse Prevention Training
ADCO Alcohol and Drug Control Officer
AR Army Regulation
ARCENT Army Central Command
ARIMS Army Records Information Management System
ARNG Army National Guard
ASAP Army Substance Abuse Program
AWOL Absent Without Leave
BAC Base Area Code
BPL Battalion Prevention Leader
CID Criminal Investigation Command
CD Clinical Director
DA DAMIS Department of Army
DOD Department of the Army Management Information System
DODD Department of Defense
DODI Department of Defense Directive
DOT Department of Defense Instruction
Department of Transportation
DTC Drug Testing Coordinator
DTP Drug Testing Program
DUI Driving Under the Influence
DWI Driving While Intoxicated
EAP Employee Assistance Program
EAPC Employee Assistant Program Coordinator
FAQ Frequently Asked Questions
FOB Forward Operating Base
FOUO For Official Use Only
FTDTL Forensic Toxicology Drug Testing Laboratory
IAW In Accordance With
ILT Instructor-Led Training
IMCOM Installation Management Command
IPP Installation Prevention Plan
IPT Installation Prevention Team
LP Lesson Plan
LSD Lysergic Acid Diethylamide
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>MACOM</td>
<td>Major Army Command</td>
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<tr>
<td>MEDCOM</td>
<td>U.S. Army Medical Command</td>
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<tr>
<td>MFR</td>
<td>Memorandum for Record</td>
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<td>MP</td>
<td>Military Police</td>
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<tr>
<td>MRO</td>
<td>Medical Review Officer</td>
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<td>MTF</td>
<td>Medical Treatment Facility</td>
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<td>Non-Commissioned Officer</td>
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<td>NCO-PD</td>
<td>Non-Commissioned Officer Professional Development</td>
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<td>National Guard Bureau</td>
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<td>NIDA</td>
<td>National Institute on Drug Abuse</td>
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<td>Office of the Surgeon General</td>
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<td>PATROL</td>
<td>Project for Alcohol Training, Research, and Online</td>
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<td>Learning Prevention Coordinator</td>
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<td>PRP</td>
<td>Personnel Reliability Program</td>
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<td>Prevention/Treatment &amp; Outreach</td>
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<td>Post-Traumatic Stress Disorder</td>
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<td>RRS-A</td>
<td>Records Retention Schedule-Army</td>
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<td>R-URI</td>
<td>Reintegration Unit Risk Inventory</td>
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<td>Substance Abuse and Mental Health Services</td>
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<td>Administration Staff Judge Advocate</td>
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<td>SME</td>
<td>Subject Matter Expert</td>
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<td>SOP</td>
<td>Standing Operating Procedures</td>
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<td>Substance Use Disorder Clinical Care</td>
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<td>SSN</td>
<td>Social Security Number</td>
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<tr>
<td>TOC</td>
<td>Tactical Operations Center</td>
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<td>TDY</td>
<td>Temporary Duty</td>
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<tr>
<td>UCMJ</td>
<td>Uniform Code of Military Justice</td>
</tr>
<tr>
<td>UIC</td>
<td>Unit Identification Code</td>
</tr>
<tr>
<td>UPL</td>
<td>Unit Prevention Leader</td>
</tr>
<tr>
<td>UPLCTP</td>
<td>Unit Prevention Leader Certification Training Program Unit</td>
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<tr>
<td>UPP</td>
<td>Prevention Plan</td>
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<td>URI</td>
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<td>USACDC</td>
<td>U.S. Army Criminal Investigation Command</td>
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<td>USAMEDCOM</td>
<td>U.S. Army Medical Command</td>
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<tr>
<td>USAPSOP</td>
<td>Unit Substance Abuse Program Standing Operating Procedures</td>
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<td>USAR</td>
<td>United States Army Reserve</td>
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<tr>
<td>WBT</td>
<td>Web Based Training</td>
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</table>
TESTING CODES

Inspection Testing Codes
IR  Inspection Random
IU  Inspection Unit
IO  Inspection Other

Commander-Directed Testing Codes
PO  Probable Cause
CO  Fitness for Duty/ Competence for Duty
RO  Rehabilitation

Other Codes
AO  Mishap or Safety Inspection
VO  Consent
MO  Medical Examination

Discrepancy Code Facts (from deployed units)
For FY 2015, the most frequently occurring discrepancies were:
GG – Form listed specimen, no bottle received
FP – Form did not list specimen, bottle received
LX – Label - SSN/ DOD ID discrepant*
BF – Bottle - two seals, no explanation
FM – Form received separately from bottle

For FY 2016, the most frequently occurring discrepancies were:
GG – Form listed specimen, no bottle received
LX – Label - SSN/ DOD ID discrepant*
BF – Bottle - two seals, no explanation
FP – Form did not list specimen, bottle received
FL – Form not received

For FY 2017, the most frequently occurring discrepancies were:
GG - Form listed specimen, no bottle received
LX – Label - SSN/ DOD ID discrepant*
BF – Bottle - two seals, no explanation
GP – Form or other document shows service member's name/signature
FP – Form did not list specimen, bottle received

Drugs Tested Codes
A - Amphetamines  B - Barbiturates  C - Cocaine  E - Ecstasy  H - Heroin
L - Lysergic Acid Diethylamide  O - Opiate  P - Phencyclidine  S - Steroid
T - Tetrahydrocannabinol
Y - Oxycodone/Oxymorphone
Z - Benzodiazepines
V - Spice
'O' represents testing for COD, MOR, HYCOD and HYMOR
'Z' represents testing for NORD, OXAZ, TEMA, AHAL, LORA
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Section 6

Job Aids
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Summary New DD Form 2624, Nov 2014

The DD Form 2624 is the specimen custody document. The UPL must complete this form with extreme care and accuracy for every specimen to maintain the integrity of the drug testing program. Errors can cause the laboratory to reject specimens without testing them for drugs. The front of the DD Form 2624 contains detailed information about the source for each specimen and provides space for the testing laboratory to enter results.

HOW TO COMPLETE THE FORM

If you use DTP software to create testing documents and enter all information into the program correctly, the front side of the DD Form 2624 prints with the necessary information in the correct places. The UPL must still check this information for accuracy during the drug testing process, and must make corrections exactly as described in the UPL Handbook.

1. Submitting Unit

Input the Unit designation, complete address, and phone number for the Unit conducting the collection.

NOTE: For forms printed with DTP software, only three lines of information will appear.

2. Additional Service Information

Information entered here is dependent on your status. The text must not exceed three lines.

For.garrison, enter the contact information for the installation ASAP Office.

For National Guard in garrison, enter contact information for the state DTC.

For US Army Reserve in garrison, enter contact information for the RSC ADCO.

For deployed units, enter Commander's contact information (official email address and full DSN) in Block 2.

NOTE: For forms printed with DTP software, only three lines of information will appear.

3. Base and Unit Identification

Note: New DD Form 2624, Nov 2014 superseded all previous versions and combined blocks 3 and 4 (former) into single block 3 (current) and named “Base and Unit Identification”.

Field #1: Enter the correct BAC. For manual entry, use spaces to separate fields #1 and #2.

Field #2: Enter the Unit Identification Code (5 digits after the “W” already entered).

NOTE: Correct use of BAC is crucial to ensure the results are reported to the correct commander. UPLs need to obtain the correct BAC for testing by contacting the local ASAP Office, BAC Manager while deployed, or HQDA ARD ASAP.

4. Date Specimen Collected

Enter the date the specimen is collected. This date corresponds to the date on the bottle labels and the Testing Register.

5. Unit Document Number

Enter the batch number. The first test each day will usually be batch 0001.

6. Specimen Number / Service Member’s ID & 7. Test Basis

Enter the specimen number and service member’s DOD ID number in block 6 and test basis code in block 7
Summary

New DD Form 2624, Nov 2014

The back of the DD Form 2624 documents chain of custody. This chain of custody must remain continuously and forensically intact until the specimens are received by the courier/shipping agency, and subsequently the drug testing laboratory. The UPL must fill out this part of the form completely and accurately every time.

Top of Form: (if not autofilled by DTP) Write-in BAC and UIC in the Base and Unit Identification fields and Batch Number in the Unit Document Number field to keep track of specimens and chain of custody.

Specimens Stored After Collection

Line (1): Complete When Moving Specimens Into Temporary Storage

11a DATE: Enter the date you placed the specimens in temporary storage.

11b RELEASE BY: Print name and sign payroll signature.

11c RECEIVED BY: Enter the location of the storage container, to include building and room number if applicable.

11d PURPOSE OF TRANSFER: Enter “Placed in temporary storage.”

Line (2): Complete When Removing Specimens From Temporary Storage

11a DATE: Enter the date you removed the specimens from temporary storage.

11b RELEASE BY: Enter the location of the storage container, to include building and room number if applicable.

11c RECEIVED BY: Print name and sign payroll signature.

11d PURPOSE OF TRANSFER: Enter “Removed from temporary storage.”

Repeat the steps for line 1 and line 2 on the next lines down if you move specimens in and out of temporary storage more than once.

Line (3): Complete When Ready To Ship Specimens

11a DATE: Enter the date you mailed the specimens.

11b RELEASE BY: Print name and sign payroll signature.

11c RECEIVED BY: Enter the method of mail transport (i.e., United States Postal Service (USPS), UPS, FedEx, etc.).

11d PURPOSE OF TRANSFER: Enter “Specimens mailed to FTDTL by [mail method].”

Specimens Shipped After Collection

Line (1): Complete When Ready To Ship Specimens

11a DATE: Enter the date you mailed the specimens.

11b RELEASE BY: Print name and sign payroll signature.

11c RECEIVED BY: Enter the method of mail transport (i.e., United States Postal Service (USPS), UPS, FedEx, etc.).

11d PURPOSE OF TRANSFER: Enter “Specimens mailed to FTDTL by [mail method].”

Secondary Review of Specimens

Commander Baker says: Make sure the form is printed head-to-head on one sheet of paper.
### Summary

The Army uses testing codes to categorize the purposes for ordering urinalysis testing of Soldiers. When you prepare documentation for urinalysis testing, you will use these codes to identify the purpose of the test. Only one code at a time is used per set of urinalysis documentation.

As a UPL, you must know all of the urinalysis testing codes and use them accurately. Using an incorrect testing code can limit actions that the Commander can take.

Remember that the urinalysis test is material evidence in a court of law.

Commanders may conduct alcohol testing for the same reasons as they do drug testing.

There are nine testing codes in three groups: Inspection, Commander-Directed, and Other.

### Inspection

<table>
<thead>
<tr>
<th>IR</th>
<th>IU</th>
<th>IO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Testing 100 percent of your Unit, also known as a “Unit Sweep.” Commanders should not conduct these types of tests routinely and should not use a Unit Sweep to target any individuals or groups on suspicion alone. The UPL should remain prepared to conduct an IU test with no notice.</td>
<td>Testing performed in accordance with a Commander’s policy memorandum or Unit SOP. Commanders may also use this code to meet a mandatory annual testing requirement for Soldiers in critical safety or security positions. Commanders should not use IO testing to target any individuals or groups on suspicion alone.</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>The Commander orders you to test all Soldiers returning from Absent Without Leave (AWOL). Soldiers returning from passes, R&amp;R, or temporary duty. Soldiers who were selected for testing, but were unavailable during a recent random inspection.</td>
<td>Soldiers returning from Absent Without Leave (AWOL)</td>
</tr>
<tr>
<td><strong>Letter of the Law</strong></td>
<td>Letter of the Law: The Limited Use Policy does not apply to positive results from IR tests on Soldiers already enrolled in SUDCC.</td>
<td>Letter of the Law: The Limited Use Policy does not apply to positive results from IU tests on Soldiers already enrolled in SUDCC.</td>
</tr>
</tbody>
</table>

---

Note: Consult current DOD & Army regulations for any mandate on testing rates.
## Commander-Directed

<table>
<thead>
<tr>
<th><strong>PO</strong> Probable Cause</th>
<th><strong>CO</strong> Command Direct/ Competence for Duty/ Fitness for Duty</th>
<th><strong>RO</strong> Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Testing when the Commander has sufficient evidence to believe that a Soldier has violated the UCMJ by using a controlled substance. The Commander must receive this information within the time frame that the drug can still normally be found in a person's urine (retention time).</td>
<td><strong>Purpose</strong> Required testing as part of a Soldier's rehabilitation/SUDCC program for drug and alcohol abuse. The rehabilitation/SUDCC team determines the frequency and includes it in the rehabilitation/SUDCC treatment plan.</td>
</tr>
<tr>
<td></td>
<td><strong>Example</strong> During a routine inspection, the Commander finds hypodermic needles in a Private's room. The Private has no valid medical reason for possessing the needles. The Commander checks with the SJA before ordering a test. The Probable Cause (PO) code is appropriate because the Commander has reason to believe that the Private has used an illegal substance and that the drug can still be detected in his urine. <strong>NOTE:</strong> You may encounter other situations for which this code applies.</td>
<td><strong>Example</strong> A Soldier who is enrolled in the SUDCC is participating in testing in order to comply with the requirements of the program. In this case, the UPL uses the Rehabilitation (RO) code, because testing is mandated as part of a Soldier's enrollment and treatment in the SUDCC.</td>
</tr>
<tr>
<td></td>
<td><strong>Letter of the Law:</strong> Commanders are strongly advised, although not required, to consult with the local SJA prior to ordering a test under PO to determine whether or not they truly have probable cause. If the SJA is not available, the Commander can still proceed; however, Commanders should subsequently seek legal counsel before using the result in any adverse action.</td>
<td><strong>Letter of the Law:</strong> Results of tests under the CO code are considered Protected Evidence under the Limited Use Policy. That means the results cannot be used as a basis for disciplinary action or characterization of service. The results be used as a basis for administrative action, including separation.</td>
</tr>
<tr>
<td></td>
<td><strong>Letter of the Law:</strong> Results of tests under the RO code are considered Protected Evidence under the Limited Use Policy. That means the results cannot be used as a basis for disciplinary action or characterization of service; however, the results may be used as a basis for administrative action, including separation.</td>
<td><strong>Letter of the Law:</strong></td>
</tr>
</tbody>
</table>

## Purpose

Testing when the Commander has sufficient evidence to believe that a Soldier has violated the UCMJ by using a controlled substance. The Commander must receive this information within the time frame that the drug can still normally be found in a person's urine (retention time).

**Example** During a routine inspection, the Commander finds hypodermic needles in a Private's room. The Private has no valid medical reason for possessing the needles. The Commander checks with the SJA before ordering a test. The Probable Cause (PO) code is appropriate because the Commander has reason to believe that the Private has used an illegal substance and that the drug can still be detected in his urine. **NOTE:** You may encounter other situations for which this code applies.

## Purpose

Testing when a Soldier’s behavior indicates drug or alcohol abuse, but there is insufficient evidence for PO. The appropriate command authority may order this test to ensure the safety of the Soldier and the Unit. Since fitness for duty and probable cause are different types of command direct tests, if the commander tells you to “collect a command direct” on a Soldier; then you should ask the Commander if he/she means probable cause or competence/fitness for duty. It is extremely important to code the test properly.

**Example** Over the past month, a Soldier exhibits tardiness and a decline in personal hygiene. He recently displayed several outbursts of unprovoked aggression towards his fellow Soldiers. Prior to this, the Soldier had an exemplary attendance record and got along well with his fellow Soldiers. In this case, the Command Direct (CO) code is appropriate because the Commander questions the Soldier’s competence for duty based on his uncharacteristic behavior.

## Purpose

Required testing as part of a Soldier's rehabilitation/SUDCC program for drug and alcohol abuse. The rehabilitation/SUDCC team determines the frequency and includes it in the rehabilitation/SUDCC treatment plan.

**Example** A Soldier who is enrolled in the SUDCC is participating in testing in order to comply with the requirements of the program. In this case, the UPL uses the Rehabilitation (RO) code, because testing is mandated as part of a Soldier’s enrollment and treatment in the SUDCC.
### Testing Codes

#### Other

<table>
<thead>
<tr>
<th>AO</th>
<th>Mishap or Safety Inspection</th>
<th>VO</th>
<th>Consent</th>
<th>MO</th>
<th>Medical Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Testing when a Soldier is involved in an accident that destroys property or injures personnel.</td>
<td><strong>Purpose</strong></td>
<td>Testing when a Soldier volunteers to provide a sample.</td>
<td><strong>Purpose</strong></td>
<td>Testing on the order of a physician after any examination for a valid medical purpose (for example, emergency treatment, periodic physical examinations, and other MOs as are necessary for diagnostic or treatment purposes in accordance with MRE 312).</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>The Commander orders a Soldier tested because the Soldier had an accident on the FOB that totaled a Humvee. In this scenario, the Mishap or Safety Inspection (AO) code is appropriate, because there was an accident that destroyed property.</td>
<td><strong>Example</strong></td>
<td>A Command representative, who suspects a Soldier of having unlawfully used drugs, may request that the Soldier consent to urinalysis after advising the Soldier that he or she may decline to provide the specimen. Where practical, the Command representative should obtain the consent in writing, but this is not required.</td>
<td><strong>Example</strong></td>
<td>A doctor requests that a Soldier undergo urinalysis testing because the Soldier exhibited signs of drug abuse during a sick call visit. In this scenario, the Medical Examination (MO) code is appropriate because a specimen has been ordered to confirm a doctor’s suspicion of substance abuse.</td>
</tr>
</tbody>
</table>

#### Letter of the Law:

In accordance with AR 385–40, a specimen may be collected for drug testing from personnel contributing to any Class A, B or C aviation accident or when deemed appropriate by a Commander or physician. Specimens which are collected in compliance with MRE (for example, inspection by Command policy, search, seizure, or consent) may be used for any lawful purpose. However, specimens may also be collected for mishap investigatory purposes only and may not satisfy the requirements of the MRE for admissibility in a court-martial. If specimens do not satisfy the standards of admissibility, these tests will be protected by the Limited Use Policy.

Letter of the Law:

Consent must be totally voluntary. If the Commander were to say, “you either volunteer or I will order you to give a specimen”, then it is NOT a voluntary test.

If the Soldier asks “What will happen if I don’t consent?” , then the Soldier may be told that the Commander may order a test anyway. This is still a voluntary test.

A refusal to consent by the Soldier does not imply that the Soldier used drugs. The refusal has no bearing on the Soldiers presumed innocence or guilt. It does not give the Commander probable cause.

Letter of the Law:

Results of tests under the MO code do NOT qualify as Protected Evidence under the Limited Use Policy. That means the testing results may be used as a basis for disciplinary action and characterization of service.
### Other (continued)

<table>
<thead>
<tr>
<th>Specific Drugs on DDRP Panel</th>
<th>Steroid Testing</th>
<th>Special Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td><strong>Purpose</strong></td>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To ensure that specimens are tested for a specific drug not normally part of every test at the FTDTL. To order this test, the Commander must complete a memorandum stating the drug(s) to be tested. The memorandum must not list Soldiers’ names, only their DOD ID numbers. Note: The FTDTL tests all specimens for THC, cocaine, heroin, amphetamines (including methamphetamine, MDMA (ecstasy), and MDA), opiates (including morphine and codeine), synthetic opioids (oxycodone/oxymorphone (OxyContin) and hydrocodone/hydromorphone), selected benzodiazepines, and synthetic cannabinoids (Spice).</td>
<td>To test for anabolic steroids and any compound, derivative, or isomer of any such substance. The Commander must complete a memorandum requesting a test for steroids. All steroid testing request must be performed only on Probable Cause (PO) test basis. The Soldier will need to provide 60 ml of specimen. Each specimen for steroid testing must be documented on a separate DD Form 2624. Since steroid testing is not done on a regular basis, please contact your DTC or HQDA ARD ASAP for assistance with steroid testing requests.</td>
<td>To test a Soldier for other drugs that the FTDTL does not normally test such as Valium, Rohypnol, mushrooms (psilocybin), or other drugs. The Commander must have probable cause. These types of tests require different paperwork depending on the drug in question, so the UPL should contact the DTC or the HQDA ARD ASAP for more information. Laboratory analysis is performed at the Armed Forces Medical Examiner Systems (AFMES) at Dover AFB, DE.</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td><strong>Example</strong></td>
<td><strong>Example</strong></td>
</tr>
<tr>
<td>A deployed Commander had a rash of oxycodone abuse. The Commander orders a 100 percent Unit test and requests that all samples are tested for oxycodone. The Commander submits a memorandum with each batch of specimens, noting the specific testing request for oxycodone. The UPL: a. Attaches the memo to the DD Form 2624 b. Maintains a file copy</td>
<td>The Commander has probable cause to believe a Soldier in his Unit is abusing steroids. The Commander creates a memorandum requesting a steroid test for the Soldier under suspicion. The memorandum cannot state the Soldier’s name, only his or her DOD ID number. The UPL: a. Attaches the memo to the DD Form 2624 b. Maintains a file copy The specimen bottle must be completely full (60 ml minimum). Only one bottle per DD Form 2624 is allowed. The specimen will only be tested for steroids and no other drugs. All specimen requests for steroids must be sent to the Fort Meade laboratory. The Fort Meade lab will then send a portion to the steroid testing lab. It will take 6–8 weeks to get a result.</td>
<td>Your Commander has Probable Cause that a Soldier is abusing a drug for which the FTDTL does not normally test. Contact the ADCO or DTC before collecting a specimen. A memorandum from the Commander stating why he/she needs this test will accompany the specimen. The memorandum cannot state the Soldier’s name, only his/her DOD ID number. Maintain file copy of memo in your records. May require a different chain of custody form. The UPL should seek assistance from the ASAP Office on the correct form to use. May require special collection, handling, and/or shipping procedures.</td>
</tr>
</tbody>
</table>

**Letter of the Law:**
The provisions of the Limited Use Policy and rules of Protected Evidence apply to special testing for rotational drugs just as they do for other types of test.

**Letter of the Law:**
The Commander must have probable cause to order a steroid test.

**Letter of the Law:**
The Commander must have probable cause to order special tests.
Summary

The Base Area Code is a four-character code that identifies your installation, command, state, or deployed areas for results reporting. Below are the BACs for deployed areas. If you are NG, USAR, or in garrison, your BAC is available from your supporting ASAP Office.

Note: Correct use of BAC is crucial for the results to be reported to the correct commander. UPLs need to obtain the correct BAC for testing by contacting the local ASAP Office, BAC Manager while deployed, or HQDA ARD ASAP.

Where to Enter the BAC

There are three places that must contain your Base Area Code:

1. Specimen bottle labels
2. Block 3 of the DD Form 2624, Nov 2014
3. Envelope outside shipping box

Deployed BAC List (as of October 2018)

Deployed BACs may be created by HQDA to support ongoing military operations and be deactivated when no longer needed. Always contact your deployed BACM or ARD ASAP to confirm the correct BAC for your AOR. For deployed areas without an assigned BAC, use the home installation/ command BAC, or contact ARD ASAP for instruction.

When permitted, the information for deployed BACs, POCs, drug testing and ASAP during deployment may be posted at ARD ASAP website https://asap.army.mil or AKO (CAC) portal https://www.us.army.mil/suite/page/594495

<table>
<thead>
<tr>
<th>BAC</th>
<th>Location</th>
<th>Initial Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT01, CT02, CT12, CT13, CT14</td>
<td>Afghanistan USFOR-A; (All units contact BACM for BAC assignment)</td>
<td>usarmy.pentagon.hqda-dcs-g-1.mbx.ard-bacm-ct01@mil</td>
</tr>
<tr>
<td>CT03</td>
<td>ARCENT-Kuwait. (Excluding units subordinate to task force with a separate BAC)</td>
<td>usarmy.pentagon.hqda-dcs-g-1.mbx.ard-bacm-ct03@mil</td>
</tr>
<tr>
<td>CT10</td>
<td>Qatar</td>
<td>usarmy.pentagon.hqda-dcs-g-1.mbx.ard-bacm-ct010@mil</td>
</tr>
<tr>
<td>CT15</td>
<td>Iraq (CJFLCC-I)</td>
<td>usarmy.pentagon.hqda-dcs-g-1.mbx.ard-bacm-ct04@mil</td>
</tr>
<tr>
<td>AF01</td>
<td>AFRICOM</td>
<td>ARD ASAP</td>
</tr>
<tr>
<td>E902</td>
<td>Kosovo (KFOR)</td>
<td>ARD ASAP</td>
</tr>
</tbody>
</table>
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Manual Random Selection Methods

Summary

Random selection is the key to Smart Testing and any testing you conduct needs to meet the requirements for unpredictability. It is important to remember that all personnel selected will be tested; even if the number selected exceeds the recommended minimum testing rate. Do not terminate testing when a certain number of specimens are collected, but collect specimens from all Soldiers who were selected. Excusing Soldiers or getting volunteers can invalidate the randomization and thus invalidate the test results.

It is imperative that the UPL and the Commander ensure that any random selection test is truly random, or you risk a positive test is dismissed from court.

The DOD drug testing software programs DTP and DTP Lite are the Army’s preferred methods of selecting Soldiers for testing. If DTP software is unavailable, use one of these approved manual random selection methods.

Manual Random Selection Based on Name:

1. Create a deck of cards by writing every Soldier’s name on a 3-by-5 index card. Shuffle the cards and draw the names from the deck.

   NOTE: Prior to the selection process, the UPL and a senior NCO or above must verify all of the name cards against the alpha roster to ensure the deck represents the entire Unit.

2. The cards are then given to the Commander or First Sergeant and shuffled in the presence of the entire Unit in formation.

3. After shuffling, the Commander or First Sergeant passes among the ranks and direct individuals to select a card.

4. Personnel whose names are selected are required to report to the collection area for urinalysis testing.

   NOTE: Manual Random Selection based on names works best with Units consisting of 100 or fewer Soldiers.

Manual Random Selection Based on DOD ID number:

Roll a 10-sided die. Personnel whose DOD ID number ends with the number rolled will be tested.

Write the numbers 0-9 on scraps of paper and drop them into a hat.
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**Overview**

Be sure to have the most current copy of the Unit alpha roster saved in a Microsoft Excel file or CSV file on your computer. Refer to the UPL Handbook for instructions on locating and saving the Unit alpha roster.

There are seven basic steps to using DTP Lite:

1. Start the DTP Lite program.
2. Identify the correct roster file to use.
3. Format the roster file.
4. Choose testing parameters.
5. Select members for testing.
6. Complete the print products screen.
7. Preview and print documentation.

**Using DTP Lite**

**Step 1: Start the DTP Lite Program**

Perform these steps to start DTP Lite:

- Locate the DTPLiteUSA_1.exe file.
- Double-click to open the DTP Lite program.

A title window will appear briefly and close automatically. The *Identify Roster File* screen appears.

Every screen in DTP Lite has three main areas:

- Screen Title/Instructions
- Control
- Work Area

The contents of the Work Area change as you move from one screen to the next.

**IMPORTANT NOTES ON INFORMATION SECURITY AFFECTING DTP APPLICATIONS (Desktop and Lite)**

**USAR and ARNG, contact your ADCO/DTC for assistance**

At the time of this revision, information security environments for DOD networks have changed and most likely require specific computer security settings and permissions for downloading, installing, and executing softwares and applications. DTP application users will most likely need the assistance of the IMO/CIO, network administrator, or IT Team to download and install the applications and/or components in specific drives and folders. The security requirements for various DoD networks are not universal but may be locally specific. Both DTP desktop and DTP Lite can only operate in a specific configuration per local security requirements. Certain situations may require the collaboration between the user, network operator/administrator, and DTP software specialist to install and configure the application before it can be used. For DTP desktop, the user will need to have certain admin rights to control the Privacy Act protected DTP database associated with the application.

The application users and/or designated network operator/administrator need to download the application softwares, Installation Instructions, User's Manual, and associated Certificate of Networthiness (CON) information from the Army's ARD ASAP website (https://asap.army.mil), or DoD FTDTL Portal (https://ftdtl.amedd.army.mil), or AKO folder (https://www.us.army.mil/suite/files/46644442). The latest DTP 5.4 versions are DTP_v54L.exe and DTPLiteUSA_1.exe (compatible with Win-XP, 7, 10). The DTP Software Specialist (DTP Help Desk) may be contacted at (210) 295-3109, DSN: 312-421-3109, Fax: (210) 295-3516, 0730 - 1630 CST, dtphelp@ftdtldata.amedd.army.mil.
Step 2: Identify the Correct Roster File to Use

The Work Area of the Identify Roster File screen has three components:

- The File Location Box
- The Directory Pane
- The Document List

Perform these steps to complete the Identify Roster File screen:

- Locate the Unit Roster file in the Document List
- Click on the file name.

If you do not see the file on the list, search through the Directory Pane to locate it.

- Click “Next” to import the file into DTP Lite and view the Format Roster screen.
**Step 3: Format the Roster**

The **Format Roster** screen shows all of the raw roster data for your Unit. You must identify which data should be imported into DTP Lite. Name, DOD ID, Gender, and Rank are required.

Familiarize yourself with these elements of the Format Roster File screen:

- **File Type**
  If your roster was formatted in something other than MS Excel, you must click on the File Type list to select the correct file type.

- **Temporary Column Headings**
  The columns all have the same temporary heading “Do Not Import”. You must change these headings as described below to complete this screen.

- **Original Roster File Column Headings**
  The first row under the DTP Lite column headings shows the original roster file column headings. See instructions below for the Ignore Header checkbox.

- **Soldier Data**
  You should see the following types of Soldier data in the columns: Name, DOD ID, Gender, Rank, and Organization.

- **Ignore Header checkbox**
  If your original roster file has column headings, such as Name and DOD ID, you must click this checkbox so that the headings don’t appear in your selection. Do not remove the column headings if Soldier data appears in the first row.

Perform these steps to identify which data to import into DTP Lite and complete the **Format Roster** screen:

- Click on the temporary “Do Not Import” heading over the first column on the left. The Column Header drop-down list appears.

- Select the name of the column heading that matches the data in the column, starting with the first column on the left.

  If both the first and last name are in the same column in your original roster file, select Last Name for the column heading name. DTP Lite only requires the Last Name entry.

- Continue to match the column heading to the data for each of the remaining columns until the Name, DOD ID, Gender and Rank columns are each labeled. When you have finished, if the Next button is not active, you have left out a required data field. Check the error message in the lower left corner to see what’s missing.

- If you want to include the Organization information, click on the column heading and select Organization. This field is optional.

  If you choose to import the Organization data, the program will print out one separate form for each different organization. If you want to exclude organization from your printout, leave the default “Do Not Import” heading.

- Determine whether it is necessary to click the “Ignore Header” checkbox.

- Click “Next” to continue to the **Choose Testing Parameters** screen.
Step 4: Choose Testing Parameters

The Choose Testing Parameters screen shows all of the formatted roster data for your Unit and contains the entire test parameters that you need to input. The roster data appears in the list on the left. The testing parameters appear on the right.

Perform the following steps to complete the Choose Testing Parameters screen:

- Click on the “Location Code” list and select the location code for your Unit’s current location.

- Click on the “Testing Premise” list and select the appropriate testing premise (Test Basis Code). The default testing premise is Random Testing (IR).

- For Random Selection (IR) tests only, choose a Selection Method.

  - If you select Probability, DTP will select approximately the percentage of the Unit in the Testing Probability field. The actual number of participants will automatically adjust from test to test.

  - If you select Total Number, DTP will select the number of Soldiers that you specify in the Testing Count field. This is the recommended selection method.

- For IR tests only, enter the desired number in the Testing Count or Testing Probability field. The default number for both methods is 10. Either clear the field and enter a new value, or continue to accept the default entry. Be careful not to accidentally add a “0” to the default 10.

- For IR and IU tests only, click Finish to continue. A Confirm dialog box appears.

  - Click No to modify the parameters or click Yes to continue to the Print Products screen.

- Click Next if you selected a testing premise other than IR or IU to continue to the Select Members for Testing screen.
Step 5: Select Members for Testing (Only for Tests Other Than IR and IU)

When you select a testing premise other than Random Testing (IR) or Inspection Unit (IU) and click Next in step four, the Select Members for Testing screen appears.

Familiarize yourself with the Select Members for Testing screen. The full list of Soldiers in your Unit appears on the left. The Soldiers you select to be tested appear on the right. The controls for selecting or deselecting Soldiers are in the center of the screen.

Perform the following steps to select a particular individual for testing:

- Click on the Soldier’s name on the “Available” list on the left.
- Click the upper red single arrow in the center.

The selected Soldier’s name appears in the Selected list on the right. Repeat this process to select additional individual Soldiers.

Another way to select multiple individual Soldiers is to press and hold the Ctrl key on the keyboard after selecting the first name, click the remaining names, and then click the upper red single arrow to complete the selection.

Perform the following steps to remove a particular individual from the testing selection:

- Click on the Soldier’s name on the Selected list on the right.
- Click on the lower red single arrow in the center.

The deselected Soldier’s name disappears from the list on the right.

Perform the following step to select all of the members of your Unit for a Unit Sweep:

- Click on the upper red double arrow in the center.

The names of all Soldiers in the roster file appear in the “Selected” list on the right.

Perform the following steps to remove all members from a selection

- Click on the lower red double arrow in the center.

Perform the following steps to complete the Select Members for Testing screen:

- Click Finish. A confirm dialog box appears.

- Click Yes in the dialog box when you are ready to create your test sample.
Step 6: Input Data on the Print Products Screen

The Print Products screen shows the list of Soldiers selected for testing and contains all of the print settings for your testing documentation. A list of Soldiers selected for testing appears on the left. The testing data and items to print appear on the right.

Perform the following steps to complete the Print Products screen:

- Click in the “BAC” box and carefully enter your Base Area Code. If you don’t know your BAC, contact your local ASAP Office, BACM while deployed, or HQDA ARD ASAP. It is critical that you enter the correct BAC.

- Click in the “UIC” box and carefully enter your Unit Identification Code. The “W” is already entered for you. If you don’t know your UIC, consult your unit leaders for the correct UIC.

- Click on the DD Form 2624 Block 1 box and carefully enter the Unit designation, complete address, and phone number for the Unit conducting the collection. You can only enter three lines of information and only a portion of your actual entries will be visible.

- Click on the DD Form 2624 Block 2 box and carefully enter the contact information for your installation ASAP Office (Army Units in garrison), state DT (NG Units in garrison), RSC ADCO (USAR Units in garrison), or Commander’s official email and DSN (all deployed Units). You can only enter three lines of information and only a portion of your actual entries will be visible.

- Click on the Collection Date to open a calendar. Select the date that the test will occur. The default setting is the current date, but you can change it to print your documents a day or two ahead of time.

- Click in the “Starting Batch” box if you wish to change the batch number. Batch numbers start at 0001 for each day. The program will automatically calculate the batch numbers if your sample is larger than twelve.

- If you select personnel for one test, and then select personnel for an additional test later in the same day, be sure to change the batch number before printing products for the second test.
If you want to print separate sets of documents for males and females, click in the Group By Gender checkbox.

This is not required, but having separate lists for men and women can make it easier to stay organized and run testing efficiently, especially when conducting a Unit Sweep or testing a large number of Soldiers. With two lists, it’s easier to locate names as Soldiers check in.

Click the check boxes under Available Printouts to select required products for print.

Required products to print are:
- Testing Register
- DD Form 2624
- DD Form 2624 (Back Side)
- Bottle Labels

Click the check boxes under Available Printouts to select optional products to print, if desired.

Optional products to print are:
- Personnel to Be Tested (Notification Copy)
- Personnel to Be Tested (Working Copy)

Click on the “Print” button and view the Print Preview screen.
Step 7: Preview and Print Documentation

When the Print Preview screen first opens, it shows the first document that will be printed.

- Typically, the first document will be the Testing Register.

Complete the following steps to preview and print documentation from the Print Preview screen:

- Click the Printer icon in the upper left corner of the screen to open the Print Dialog box.
- Verify that the correct printer name is selected. If it is not correct, click the name box to open a drop-down list and select the correct printer.
- Click “OK” to send the document to the printer.
- Be sure that you treat any printed papers as FOUO. Shred them or use a burn bag to dispose of them.
- Click “Close” at the top of the screen.
- The Print Preview screen will then show the next document to be printed.
- Repeat Print Preview screen steps above to print all documents. Typically, the remaining documents will print in this order:
  - DD Form 2624
  - DD Form 2624 (Back Side)

When printing the DD Form 2624, it is imperative that you print both sides of the form on one sheet of paper, with the top in the same position on both sides.

- Bottle Labels

Before printing bottle labels, a Starting Label Position dialog box asks you for a location at which to print the first label. The default location is “1”. Keep in mind that there are 10 labels on a sheet. Change the default position if you are starting with a partially used sheet. Enter the starting page position desired and click “OK” to print the labels.

- Click “Close” on the Print Preview screen when all products have printed properly.
- Click “Close” on the Print Products screen. A Confirm dialog box appears.
- Click “Yes” to close DTP Lite or “No” to return to the Print Products screen.

REMEMBER: If you close the program, all information you have entered to this point will be lost and you will not be able to print any other forms.
DTP Lite Troubleshooting

While using DTP Lite, you may encounter screen or error messages that are not covered in the operating instructions. This troubleshooting guide will help you overcome these errors and allow you to continue to use DTP Lite to generate testing documents.

<table>
<thead>
<tr>
<th>Problem Identify Roster File Screen</th>
<th>Likely Cause</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP Lite does not display a Unit alpha roster file upon startup.</td>
<td>The Unit alpha roster file is not in the same folder as the DTP Lite program.</td>
<td>Navigate to the DTP Lite directory using the left pane of Windows Explorer.</td>
</tr>
<tr>
<td>You cannot locate a Unit alpha roster file to use.</td>
<td>The alpha roster file is not on the computer.</td>
<td>Contact the Unit personnel section to obtain an electronic copy of the Unit alpha roster.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem Format Roster File Screen</th>
<th>Likely Cause</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>An error message or unrecognizable text appears instead of Soldier data.</td>
<td>You have selected an incorrect file type in the “File Type” list.</td>
<td>Choose other file types in the “File Type” list until Soldier data appears in the columns in the center of the screen. MS Excel and CSV are the most common Roster File types.</td>
</tr>
<tr>
<td>The Next button is unavailable after entering the required information.</td>
<td>You have entered only part of the required information.</td>
<td>Make sure you have correctly identified column headings for Last Name, DOD ID, Gender, and Rank.</td>
</tr>
<tr>
<td>The Last Name and First Name appear in the same column of the Roster.</td>
<td>Both first and last names are in a single column in the original Roster spreadsheet.</td>
<td>The individual’s last name probably appears with a comma preceding the first name in the original Roster file. Label the column as Last Name using the drop-down menu.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem Choose Testing Parameters Screen</th>
<th>Likely Cause</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>An entry in the Roster Data lists a Soldier named “Name” with an DOD ID of “DOD ID”.</td>
<td>Original roster file headings were not removed on the Format Roster screen.</td>
<td>Click “Previous” to return to the Format Roster screen. Check the first line in Soldier data to see if heading information appears instead of an actual name, DOD ID, etc. Click the “Ignore Header” check box, then click “Next” to continue.</td>
</tr>
<tr>
<td>Soldier data appears in incorrect columns (for example, ranks where DOD ID should be).</td>
<td>Incorrect column labels were applied on the Format Roster screen.</td>
<td>Click “Previous” to return to the Format Roster screen. Change column headings to match the type of information in the Soldier data area. Click “Next” to continue.</td>
</tr>
<tr>
<td>The “Next” or “Finish” button is unavailable after identifying the required information in the Choose Testing Parameters screen.</td>
<td>A Location Code has not been entered.</td>
<td>Click the arrow next to the “Location Code” field to access the drop-down menu. Select the appropriate Location Code.</td>
</tr>
<tr>
<td>DTP Lite terminates despite user input to continue.</td>
<td>This is a malfunction in the program that cannot be fixed with user interaction.</td>
<td>Restart the program and input information for the test again.</td>
</tr>
</tbody>
</table>
## Print Products Screen

<table>
<thead>
<tr>
<th>Issue</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessary materials (Testing Register, Bottle Labels, DD Form 2626) do not show up on the Print Preview screen.</td>
<td>You did not select these products on the Print Products screen. Close the Print Preview screen. Cancel printing. Select the documents that you need from the Print Products screen.</td>
</tr>
<tr>
<td>The Base Area Code (BAC) and Unit Identification Code (UIC) (Block 3), and/or Block 1 or 2 of the DD Form 2624 are blank on the printed form.</td>
<td>You did not input information for these fields on the Print Products screen. Close the Print Preview screen. Cancel printing. Make sure you have entered the BAC and UIC in Block 3, Unit information Block 1 and ASAP Office or Commander’s information (if deployed) in Block 2 information on the Print Products screen.</td>
</tr>
</tbody>
</table>
Summary

The Observer briefing should occur prior to the Commander briefing. The UPL performs a verbal briefing, then ensures that each Observer reads and signs the Memorandum for Observers.

The UPL verbally briefs the Observers on the collection process and demonstrates how to perform direct observation of both males and females. Follow the Observer briefing script in the UPL handbook.

The purpose of the Observer briefing is to educate Observers on the crucial role they play during urinalysis collection, the reasons they were selected to serve as an Observer, and the UCMJ actions that they could face if they don’t follow protocol.

Letter of the Law

Observers must acknowledge that they understand their duties and must comply with them fully. Failing to do so could subject them to the following UCMJ articles:

- **ARTICLE 92**: Knowingly failing to obey a lawful general order or regulation by not maintaining direct line of sight of the urine into the bottle.
- **ARTICLE 107**: Making a false official statement by signing the Testing Register and the DD Form 2624, acknowledging the urination process was directly observed and no tampering occurred.
- **ARTICLE 134**: False swearing by authenticating that no substitution or tampering of the urine sample occurred.

Required Materials for Briefing

- Observer Briefing script
- Testing station and latrine or video/photographs for demonstrating Observer duties
- Memorandum for Observers—one copy for each Observer

Observer Briefing Procedure

1. Assemble all Observers in the testing area.
2. Read the Observer briefing script aloud.
3. Respond to questions.
4. Perform a demonstration of all Observer duties.
5. Hand each Observer a copy of the Memorandum for Observers.
6. Instruct each Observer to read and sign the memorandum.
7. Respond to questions.
8. Collect all signed copies of the Memorandum for Observers before collection begins.

Verbal Briefing (Must Read Aloud to Soldiers)

Observers should participate in the Observer Briefing before every drug test. During this briefing, you will learn about your specific duties—including risks, hazards, and legal implications—and you must sign the Observer Memorandum.

You are here to perform a critical portion of the procedures for urine collection as part of the Drug Testing Program. This duty is not attractive, but is one that comes with enormous responsibility. The best Observers turn the sensitive, unwanted and humiliating task of providing a urine specimen into a professional procedure that ensures the integrity of the specimen and helps the donor to be at ease with the process.

This brief training covers the specifics of how to properly observe Soldiers providing a urine sample, and includes explicit terminology for male and female anatomy and bodily functions.

You must meet these requirements to serve as an Observer:
MEMORANDUM FOR OBSERVER(S):

SUBJECT: Responsibilities of Observer(s) During Military Drug Testing Collection Procedure

General:
1. Observers are a critical link in the process of collecting urine specimens to be tested for substance abuse. Instances have occurred in the past where observers did not follow proper collection procedures and positive drug tests were not usable in legal and/or administrative actions. In order to prevent similar occurrences in the future, the observer will read and sign this Memorandum for Observer(s).

2. The testing procedures do not violate a Soldier’s Fourth or Fifth Amendment rights, nor does the observation procedure violate the right to privacy. A refusal to produce a specimen is a violation of a direct order and may result in the soldier being processed for separation.

3. The results of tests may be used in legal proceedings and consequently the urine sample may be considered as evidence. A valid chain of custody is mandatory for a successful prosecution. As an observer, you may be asked to provide testimony at legal or administrative proceedings. You may be subject to UCMJ or administrative action if it is discovered that the specimen was altered in any way while it was under your control. Actions may include, but are not limited to the following:
   a. Article 92: Knowingly failing to obey a lawful general order or regulation by not maintaining direct line of sight of the urine into the bottle.
   b. Article 107: Making a false official statement in signing the UPL’s urinalysis ledger acknowledging the urination process was directly observed and no tampering occurred.
   c. Article 134: False swearing by authenticating that no substitution or tampering of the urine sample occurred.

Criteria for Observers:
1. Be an Officer or NCO in the rank of E-5 or above.
2. Be of the same gender as the Soldier being tested based on DEERS gender marker.
3. Possess sufficient maturity and integrity to preserve the dignity of the Soldier being observed.
4. Not be currently enrolled within the SUDCC or currently be under investigation for any substance abuse related offenses.

Responsibilities: As outlined in AR 600-85, an observer must follow protocol during urinalysis collection procedures.

Once assigned to a specific Soldier:
1. The observer(s) control the urine collection process once the Soldier leaves the UPL’s desk and during the collection of the specimen in the latrine.
2. Maintain visual contact with the bottle and the wide-mouth cup at all times.
3. Ensure the Soldier washes his/her hands with water only before the collection begins.
4. Ensure that the specimen provided is not contaminated or altered.
5. Directly observes the Soldier (one Soldier at a time per observer) voiding urine into the specimen bottle or wide-mouth cup.
6. Ensure direct observation of urine flow from the Soldier’s body into the bottle or wide-mouth cup.
7. Ensure the Soldier provides at a minimum of 30mls of urine; however, 45mls is preferred.
8. Ensure the Soldier tightens the specimen bottle cap and the bottle is dried.
9. Ensure the bottle is not reopened after the cap is tightened.
10. Ensure the Soldier washes and dries hands (Soldier can use soap).
11. Escort the Soldier back to the UPL station/table with the bottle in full view.
12. In full view of the Soldier and the UPL, ensures the specimen bottle cap is tight prior to the UPL placing tamper evident tape over the top of the bottle. The specimen bottle will remain on the table while the UPL is holding the specimen bottle.
13. Observe the UPL placing tamper-evident tape over the top of the bottle, and across the label.
14. Observe the UPL place the specimen in the collection box.
15. The observer will print and sign name on the testing register in front of the UPL and the Soldier verifying the collection process and direct observation was conducted.
16. Your Signature on the testing register, verifies you have completed steps 1-15.
Summary

All briefings occur before urinalysis collection begins. The Commander briefing occurs after the Observer briefing, but before the UPL Unit briefing.

The purpose of the Commander briefing is to review with Soldiers the reason for urinalysis testing, the drugs for which the lab tests, and the consequences facing Soldiers who fail to comply. This constitutes a legal order for the Soldiers to provide a specimen of their urine.

Intentional failure to provide a specimen absent a verified medical condition is a violation of a lawful order and may subject the Soldier to punishment under the UCMJ or other adverse action.

Letter of the Law

If a Soldier does not provide a urine sample, or if he or she submits a sample that is found to be adulterated, they may be subject to the following UCMJ articles:

★ ARTICLE 92: Willfully disobeying a lawful order of his or her superior Commander by not providing a urine sample as directed.
★ ARTICLE 107: Making a false official statement by signing the Testing Register, acknowledging the submission of a sample as only urine.

Verbal Briefing (Must Read Aloud to Soldiers)

Commander's Briefing

Today our Unit will be drug tested for illegal substance use. The primary purpose of this test is to ensure our unit’s military fitness and that we are maintaining proper standards of readiness.

Individuals in this unit have been selected on a random basis for drug testing or unit inspection (sweep). There is no probable cause or reasonable suspicion that anyone in the unit is using or abusing drugs or a controlled substance.

Everyone selected will be tested. Anyone not present will be rescheduled for testing at a later date.

Every specimen collected will be tested for Marijuana (THC), Cocaine, Amphetamines (which include methamphetamines, MDMA (ecstasy), and MDA), heroin, opiates (which include, morphine and codeine), synthetic opioids (Oxycodone/ oxymorphone known commonly as OxyCotin and Hydrocodone/hydromorphone), selected benzodiazepines and synthetic cannabinoids, known commonly as Spice.

Testing procedures outlined in AR 600-85 will be followed. All Soldiers must be aware that all verbal orders connected with the testing are lawful and are to be followed as such.

A refusal to comply with orders relating to this test subjects the Soldier to punitive or administrative actions under AR 600-85, AR 135-18, AR 135-178, and AR 635-10.

DOES ANYONE HAVE ANY QUESTIONS?

The UPL will now provide you with details about the drug testing procedures that will be used today.

Does Anyone Have Any Questions?
Summary

All briefings occur before urinalysis collection begins. The Unit briefing occurs immediately after the Commander briefing.

The purpose of the UPL Unit brief is to review the procedures for the test and to inform Soldiers who the Observers will be.

During testing procedures, Soldiers are responsible to do the following:
- Verify personal information on all the urinalysis documentation.
- Provide a urine specimen in line of sight of the Observer.
- Maintain ownership of their own specimen bottle from check-in to check-out.

Notes

If a Soldier to be tested arrives after the Commander and UPL briefings, the UPL or Holding area NCO/Officer/officer will brief the Soldier.

There are no valid excuses for not participating in urinalysis testing. When a Soldier tries to use an excuse you have never heard before, use good judgment.

Letter of the Law

The UPL must execute urinalysis testing procedures properly every time or may face disciplinary action according to the following UCMJ articles:
- ARTICLE 92: Being derelict in the performance of one’s duties in allowing a non-urine or adulterated sample to be submitted for testing.
- ARTICLE 134: Wrongful interference with an adverse administrative proceeding.

See reverse for UPL Unit briefing text.

- Small Biohazard non-ziploc bags (4 in X 6 in, 6 in X 6 in, not larger than 6 in X 10 in) which might contain absorbent pads—To serve as secondary container for individual specimen and absorb any leakage from the specimen bottle.

- Absorbent pads—To absorb the entire volume of leakage from a single specimen bottle (approx. 100 ml).

Note: Large Absorbent Pads (300-500 ml capacity) must be used for packing a batch of specimens when single specimen bags as secondary containers are not available.

Commander Baker says:

Cover each point in this briefing carefully and take time to answer all questions Soldiers have before beginning to test.
Verbal Briefing (Must Read Aloud to Soldiers)

UPL’s UNIT BRIEF

You have five major responsibilities during the collection procedure:

1. Confirm identification with ID card
2. Provide more than 30ml of specimen. (45ml is preferred)
3. Initial the specimen bottle label verifying your personal data is correct
4. Keep specimen bottle in full sight until sealed with tamper evident tape and placed in collection box.
5. Sign your payroll signature on the testing register to verify that the urine specimen provided was yours, that the observer verified the tightness of your specimen bottle cap your initialed label was placed on your specimen bottle; and that your specimen bottle was sealed with tamper-evident tape and initialed by the UPL and then placed into the collection box.

Your urine specimen will be provided in the provided specimen bottle (or a wide mouth collection cup then is transferred to the specimen bottle).

Each bottle will have a label affixed to it with today’s date that identifies you by your DoD ID# after you return from the latrine.

Collection of the specimen will be conducted using direct observation in full view of an observer. Do not go to the UPL station until you feel you are ready to provide at least 30ml or more (approximately ½ bottle) of urine.

If you are unable to provide a specimen or an adequate quantity of urine, you will be held in the holding area until you are able to provide a specimen. You will be provided an adequate amount of water (8 ounces of water every 30 minutes but not to exceed a total volume of 40 ounces in three hours) to help facilitate the collection process. You will not be released from duty today until you have provided a proper specimen.

Your tasks include:

You will provide your military ID card. If you do not have your military ID card or other photo identification, the commander will be called to verify your identification.

Remove excess outer garments such as uniform or PT jackets

Wash your hands with water only (no soap) prior to providing a specimen.

Provide a urine specimen under direct observation, cap the bottle tightly, and ensure the bottle is dried.

You will initial the bottle label upon returning from the latrine after you have verified your DoD ID#, full name, and date on the Testing Register; verify DoD ID# on DD Form 2624; and verify the date and your DoD ID# on the bottle label.

Sign your payroll signature on the testing register verifying that the urine specimen provided was yours, that the observer verified the tightness of your specimen bottle cap your initialed label was placed on your specimen bottle; and that your specimen bottle was sealed with tamper-evident tape and initialed by the UPL and then placed into the collection box.

Note: I do not need to know if you are taking or have taken prescription medications. If your specimen result comes back from the laboratory as positive for a drug that could have been a result of prescription medication, a medical doctor will review the result before any other actions are taken. The doctor will review your medical record, any prescriptions from outside providers, and possibly interview you, prior to making a medical determination of valid prescription use or illegal use. If the doctor determines the drug positive was a result of valid prescription medication, then no actions will be taken against you.

Are there any questions? Any questions about the collection procedure will be directed towards your observer or myself.
Specimen Packing

Preparation

1. Complete Chain of Custody documentation as required.
2. Make suspense copies of DD Forms 2624 and Certificates of Correction for your files.
3. Enclose the original DD Form 2624 and original Certificates of Correction in a plain, white, unsealed business envelope.

Packing Steps

1. Package each bottle in a secondary container consisted of an absorbent pad (100 mL) in a small bag constructed with adhesive closure. Place specimens in the proper slots in the specimen box.
2. Seal all open sides, edges and flaps of the collection box with mailing tape.
3. Sign your payroll signature from corner to corner across the tape on the top and bottom of the collection box.
4. Write your Base Area Code in large letters on the outside of the white business envelope.
5. Secure the business envelope to the outside of the collection box with mailing tape. Continue immediately with specimen shipment.

Key Points To Remember:

1. Complete chain of custody documentation by filling out the DD Form 2624 to indicate specimen removal from storage.
2. Do not use Scotch tape or duct tape when sealing the collection box.
3. Consult the UPL Handbook if you don’t remember all of the packing steps.

Commander Baker says: Do not allow the postal clerk to touch the collection box or specimens during an inspection.

Specimen Shipment Procedures on Page 256-258

Materials for Packaging

- Absorbent Pads for each single specimen bottle (approx. 100 mL).
- Mailing Tape
- White Business Envelope
- Marker (Black), or Ink Pen (Blue or Black)
- Small Biohazard non-ziploc bags (4 in X 6 in, 6 in X 6 in, not larger than 6 in X 10 in) which might contain absorbent pads—To serve as secondary container for individual specimen and absorb any leakage from the specimen bottle.

Notes

- Allow an official postal clerk to perform a visual inspection, if required (deployed areas only).
- Only sealed packages should be released to the mail handler for mailing.
- Do not use 100 mile an hour tape (duct tape) or Scotch tape.
- Do not include Testing Registers.
- Do not seal flap of the business envelope containing the DD Form 2624.
- Do not write your initials or take other shortcuts when signing the outside of the sealed collection box.
REGULATIONS FOR MAILING "EXEMPT HUMAN SPECIMENS"

US DOT 49CFR 173.134(b)(11) [Ch. I (10–1–11 Edition)]
§173.134 Class 6, Division 6.2—Definitions and exceptions... (b) Exceptions. The following are not subject to the requirements of this sub-chapter as Division 6.2 materials: ... (11) A human or animal sample (including, but not limited to, secreta, excreta, blood and its components, tissue and tissue fluids, and body parts) being transported for routine testing not related to the diagnosis of an infectious disease, such as for drug/alcohol testing, cholesterol testing, blood glucose level testing, prostate specific antibody testing, testing to monitor kidney or liver function, or pregnancy testing, or for tests for diagnosis of non-infectious diseases, such as cancer biopsies, and for which there is a low probability the sample is infectious.

Shippers and carriers should be aware ICAO has adopted minimal standards applicable to the transportation of human or animal specimens for which there is minimal likelihood that pathogens are present. Such specimens are not subject to ICAO requirements when they are transported in a packaging designed to prevent any leakage and marked with the words “Exempt human specimen” or “Exempt animal specimen,” as applicable. This is a mandatory ICAO requirement; however, we are not adopting it in this final rule. Such samples are not transported in a quantity or form that poses an unreasonable risk to health and safety. Thus, for purposes of the HMR, such specimens are not considered hazardous materials and are not subject to any requirements. Note that use of the “Exempt human specimen” or “Exempt animal specimen” marks by a shipper indicates that the relevant packages do not contain a hazardous material. Therefore, packages bearing these marks may be accepted by air carriers making a business decision to not accept hazardous materials. Conversely, packages bearing the Proper Shipping Names “Infectious Substance, affecting humans” or “Infectious Substance, affecting animals” or “Biological Substance, Category B” must be rejected by air carriers making a business decision to not accept hazardous materials.

USPS Publication 52 - Hazardous, Restricted, and Perishable Mail, February 2015 <http://pe.usps.com/text/pub52/pub52c3_023.htm#ep925037>
346 Toxic Substances and Infectious Substances (Hazard Class 6) 346.12 Division 6.2, Infectious Substances
d. Exempt human or animal specimen means a human or animal sample (including, but not limited to, secreta, excreta, blood and its components, tissue and tissue fluids, and body parts) transported for routine testing not related to the diagnosis of an infectious disease. Typically, exempt human specimens are specimens for which there is a low probability that the sample is infectious, such as specimens for drug or alcohol testing; cholesterol testing; blood glucose level testing; prostate-specific antigens (PSA) testing; testing to monitor heart, kidney, or liver function; pregnancy testing; and testing for diagnosis of non-infectious diseases such as cancer biopsies. Exempt human or animal specimens are not subject to regulation as hazardous materials but must be packaged according to 346.326.

346.326 Exempt Human or Animal Specimens
Note: See Packaging Instruction 6H in Appendix C.
Exempt human or animal specimens as defined in 346.12d are not subject to regulation as hazardous materials but when presented for mailing must be triple-packaged in leakproof (for liquids) or siftproof (for solids) primary receptacles. Sufficient cushioning and absorbent materials must surround each primary receptacle containing liquid. Secondary containers for liquids must be leakproof. Secondary containers for solids must be siftproof. The primary and secondary packaging must be enclosed in a rigid outer shipping container. A single primary receptacle must not contain more than 500 ml of a liquid specimen or 500 grams of a solid specimen. Two or more primary receptacles whose combined volume does not exceed 500 ml (for liquids) or 500 grams (for solids) may be enclosed in a single secondary container. The secondary container cannot serve as the outer shipping container. The secondary container must be marked with the international biohazard symbol shown in Exhibit 346.321. The secondary container must be securely and snugly enclosed in a fiberboard box or container of equivalent strength that serves as the outer shipping container. A shipping paper is not required. The outer shipping container must be addressed on the address side with the words “Exempt human specimen” or “Exempt animal specimen,” as appropriate. In addition, at least one surface of the outer packaging must have a minimum dimension of 3.9 inches by 3.9 inches (100 mm by 100 mm). Exempt human and animal specimens are mailable as Priority Mail Express, Priority Mail, First-Class Mail, First-Class Package Service, Parcel Select, or Standard Post.

International Air Transport Association (IATA) 56th EDITION, 1 JANUARY 2015
3.6.2.2.3.8 Patient specimens for which there is minimal likelihood that pathogens are present are not subject to other provisions of these Regulations provided: (a) The specimen must be packed in a packaging which will prevent any leakage and which is marked with the words “Exempt human specimen” or “Exempt animal specimen,” as appropriate; (b) The packaging must consist of three components: 1. a leak-proof primary receptacle(s); 2. a leak-proof secondary packaging; and 3. an outer packaging of adequate strength for its capacity, mass and intended use, and with at least one surface having minimum dimensions of 100 mm × 100 mm;...
Specimen Shipment

Chain of Custody

The person who ships specimens to the FTDTL makes the final entry on the back of the DD Form 2624 to complete chain of custody immediately before shipment. In deployed areas, the UPL completes the chain of custody form.

When ready to ship specimens to the FTDTL, complete the following sections of the DD Form 2624 as noted:

Ensure to fill in BAC, UIC, and Document Number blocks at the top of the back side of the DD Form 2624

1. Enter the current date in block 11a.
2. Print your name and sign your payroll signature in block 11b.
3. Enter method of mail transport (for example, USPS) in block 11c.
4. Enter purpose of change (for example, “Specimens shipped to FTDTL by USPS”) in block 11d.

Materials for Shipment

To ship specimens to the FTDTL, you will need the following supplies:

- Photocopier
- Leak-proof bag
- Outer shipping box
- Label
- Mailing tape
- Black marker
- Other materials as mandated by local carrier

Approved Carriers

Use one of these transportation modes to ship specimens to the FTDTL:

1. Registered mail
2. US Postal Service by First Class Mail
3. Hand-carried by surface transportation
4. Military aircraft transportation system
5. US flag commercial air freight air express and air freight provider
6. As a last resort, if none of the above is available, ship by foreign flag air carrier.

Shipment Procedure

1. Complete chain of custody documentation as required, photocopy the DD Form 2624 and return it to the white business envelope attached to the outside of the specimen collection box.
   - Do not seal the envelope
   - Do not tuck the flap inside the envelope
2. Place the collection box inside the leak-proof bag.
3. Place the bagged specimen collection box in an outer shipping box according to carrier requirements and local policy. There are no specific taping instructions for the larger box.
4. Write the appropriate FTDTL mailing address on the shipping box.
5. Handwrite or affix a label that says "Exempt Human Specimen" near (not on) the mailing address label to comply with international and domestic shipping regulations and instructions (IATA, ICAO, UN 3373, US DOT 49CFR 173.134(b)(11), USPS Pub52, FEDEX, UPS, DHL)
6. Hand the shipping box directly to a staff member of the carrier at the point of shipment.

Key Points to Remember

1. Be sure to place all of the collection boxes into leak proof bags.
2. It is imperative that you adhere to the Chain of Custody when shipping.

During CONOPS deployments, the primary mail procedure is the Official Mail; other mail procedures may exist to support specific theater thru APO/ FPO. Contact your command HQ, rear detachment, home installation ASAP Office or HQDA ARD ASAP for assistance. Except USPS, other carriers, i.e. FEDEX, may not ship items to or from APO/FPO.

Commander Baker says:
Always ensure you accurately complete Chain of Custody documentation before shipment.
Each FTDTL is capable to perform drug testing on any DOD specimen but generally designated to work on specimens for the specific service or from specific regions of the world. Please consult your local ASAP Office for your designated laboratory and correct Base Area Code (BAC, Org. Code) for result reporting. When deployed, contact your deployed BAC Manager (BACM) or HQDA ARD ASAP for instruction.

All specimens being tested for drugs on the Drug Demand Reduction Program (DDRP) panel, regardless of test basis (IR, IU, IO, CO, PO, etc.), will be send to the designated FTDTL for testing.

Steroid testing (a special test, only for PO) specimens must be shipped to Ft. Meade FTDTL. Contact local ASAP Office and HQDA ARD ASAP before collecting and shipping of specimen.

Special drug test (only for PO) specimens must be shipped to the Division of Forensic Toxicology of Armed Forces Medical Examiner System (AFMES) at Dover AFB, Delaware. Contact local ASAP Office and HQDA ARD ASAP before collecting and shipping of specimen.

At the time of this update:
* Active Army DDRP specimens are divided between Ft. Meade Lab, Tripler Lab, JAX NDSL, and AFDTL.
* Reserve Army DDRP specimens are tested at Great Lakes (Navy) Lab.
* Army National Guard DDRP specimens are tested at the designated Army, Navy, or Air Force Labs. Consult the State DTC for guidance.

NOTE: Always confirm with your supporting ASAP Office for the correct servicing laboratory (FTDTL) and BAC. When deployed, contact your BACM or HQDA ARD ASAP for instruction.

<table>
<thead>
<tr>
<th>Army</th>
<th>Navy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commander</strong>&lt;br&gt;Forensic Toxicology Drug Testing Laboratory&lt;br&gt;Attn: Processing Section&lt;br&gt;2490 Wilson Street&lt;br&gt;Fort Meade, MD 20755-5235&lt;br&gt;Phone (301) 677-7085 DSN 312-622-7085</td>
<td><strong>Commanding Officer</strong>&lt;br&gt;Navy Drug Screening Laboratory 2500&lt;br&gt;Rodgers St., Bldg. 5501&lt;br&gt;Great Lakes, IL 60088-2952&lt;br&gt;Phone (847) 688-2045 DSN 312-792-2045</td>
</tr>
<tr>
<td><strong>Tripler AMC FTDTL</strong>&lt;br&gt;Attn: MCHK-FT&lt;br&gt;1 Jarrett White Road, BLDG 40&lt;br&gt;Tripler AMC, HI 96859-5000&lt;br&gt;Phone (808) 433-5176 DSN 315-433-5176</td>
<td><strong>Jacksonville Navy Drug Screening Laboratory</strong>&lt;br&gt;(Regular Mail)&lt;br&gt;Commanding Officer&lt;br&gt;NDSL Jacksonville&lt;br&gt;PO Box 113,&lt;br&gt;NAS Jacksonville, FL 32212-0113&lt;br&gt;Phone (904) 542-7755 DSN 312-942-7755</td>
</tr>
</tbody>
</table>
| **Air Force**<br>HQ AFDTL<br>2480 Ladd Street BLDG 3750<br>Joint Base San Antonio Lackland, TX 78236-5310<br>Phone (210) 292-3311/3312/3313 DSN 312-554-3311 | **Other Carriers**
| **Armed Forces** |  |
| Division of Forensic Toxicology<br>Armed Forces Medical Examiner System<br>Bldg. 115 Purple Heart Drive<br>Dover AFB, DE 19902<br>Phone: (302) 346-8724 (DSN: 312-366-8724)<br>Fax: (302) 346-8822<br>Weekend deliveries are not accepted | * Send specimens for routine DDRP Panel testing to the designated FTDTL. (See page 109 for list of drugs and cutoff levels) |
| * Send all Army steroid testing specimens to Ft. Meade Lab. |
| * Send all other special drug testing specimens to the Armed Forces Medical Examiner System (AFMES). |
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<table>
<thead>
<tr>
<th>ACRS Record Categories (effective since 6 Jan 2012)</th>
<th>Retention/Disposition</th>
<th>Documents to maintain</th>
</tr>
</thead>
<tbody>
<tr>
<td>(600-85e1 is obsolete - RRS-A) MANDATORY FOR ALL UNITS</td>
<td>-Retention Period – 3 fiscal years</td>
<td>- Copies of DD Form 2624, MRO reports &amp; Testing Registers with positive results</td>
</tr>
<tr>
<td>600A - Active Duty Personnel - Alcohol and Drug Abuse Testing Report Files - Positive Results</td>
<td>-Disposition – Keep in CFA until no longer needed for conducting business, then destroy record when the record is 3 years old. (Authority: N1-AU-97-19)</td>
<td>- Results of alcohol testing (positive)</td>
</tr>
<tr>
<td>600B - Civilian Personnel - Alcohol and Drug Abuse Testing Report Files - Positive Results</td>
<td>-Privacy Act: A0600-85DAPE</td>
<td>- Certificate of Correction on specimens with a positive result</td>
</tr>
<tr>
<td>(600-85e2 is obsolete - RRS-A) MANDATORY FOR ALL UNITS</td>
<td>-Retention Period – 1 fiscal year</td>
<td>- Special test request memoranda with positive results</td>
</tr>
<tr>
<td>600A - Active Duty Personnel - Alcohol and Drug Abuse Testing Report Files - Negative Results</td>
<td>-Disposition – Keep in CFA until no longer needed for conducting business, then destroy record when the record is 1 year old. (Authority: N1-AU-97-19)</td>
<td>- related documents pertaining to urinalysis testing</td>
</tr>
<tr>
<td>600B - Civilian Personnel - Alcohol and Drug Abuse Testing Report Files - Negative Results</td>
<td>-Privacy Act: A0600-85DAPE</td>
<td>NOTE: Excludes the drug testing records for personnel certified in the PRP as prescribed in nuclear and chemical policy and procedures (900 series)</td>
</tr>
<tr>
<td>(600-85a2 is obsolete - RRS-A) MANDATORY FOR ALL UNITS</td>
<td>-Retention Period – 5 fiscal years</td>
<td>- Copies of DD Form 2624, MRO reports &amp; Testing Registers with negative results</td>
</tr>
<tr>
<td>600A - Active Duty Personnel - Alcohol and Drug Abuse Management Files - Other Offices and TOE Units</td>
<td>-Disposition – Keep in CFA until record is 5 years old, then destroy. (Authority: N1-AU-97-19)</td>
<td>- Results of alcohol testing (negative)</td>
</tr>
<tr>
<td>600B - Civilian Personnel - Alcohol and Drug Abuse Testing Report Files - Other Offices and TOE Units</td>
<td>No PA status but PII protection is required.</td>
<td>- Special test request memoranda with negative results</td>
</tr>
<tr>
<td>(600-85b3 is obsolete - RRS-A)</td>
<td>-Retention Period – 0-6 fiscal years</td>
<td>- related documents pertaining to urinalysis testing</td>
</tr>
<tr>
<td>600A - Active Duty Personnel - Alcohol and Drug Abuse Statistics - Other Offices and TOE Units</td>
<td>-Disposition – Keep in CFA until no longer needed for conducting business, but not longer than 6 years, then destroy. (Authority: N1-AU-80-43)</td>
<td>NOTE: Excludes the drug testing records for personnel certified in the PRP as prescribed in nuclear and chemical policy and procedures (900 series)</td>
</tr>
<tr>
<td>600B - Civilian Personnel - Alcohol and Drug Abuse Statistics - Other Offices and TOE Units</td>
<td>No PA status but PII protection is required.</td>
<td>Information reflecting implementation and status of the Alcohol and Drug Abuse Program. Included are reports, lessons learned, and other information relating to prevention, identification treatment, rehabilitation, evaluation, and research and development.</td>
</tr>
<tr>
<td>(600-85d1 is obsolete - RRS-A)</td>
<td>-Retention Period – 5 calendar years</td>
<td>- Unit SOPS</td>
</tr>
<tr>
<td>600A - Active Duty Personnel - Substance Abuse Records (Adults)</td>
<td>-Disposition – Keep in CFA until event occurs and then until no longer needed for conducting business, then destroy the record 5 years after the event. (Authority: N1-330-01-2).</td>
<td>- Copies of inspection reports</td>
</tr>
<tr>
<td>600B - Civilian Personnel - Substance Abuse Records (Adults)</td>
<td>No PA status but PII protection is required.</td>
<td>- Appointment orders</td>
</tr>
<tr>
<td>(600-85d2 is obsolete - RRS-A)</td>
<td>-Retention Period – End of calendar year when the minor child reaches 23 years old</td>
<td>- UPL CTP training event and certification records</td>
</tr>
<tr>
<td>600A - Active Duty Personnel - Substance Abuse records (Minors)</td>
<td>-Disposition – Keep in CFA until event occurs and then until no longer needed for conducting business, then destroy. (Authority: N1-330-01-2)</td>
<td>Information reflecting statistics related to the Alcohol and Drug Abuse Program. Included are compilations and related information.</td>
</tr>
<tr>
<td>600B - Civilian Personnel - Substance Abuse records (Minors)</td>
<td>-Privacy Act: A0600-85DAPE</td>
<td>- Any statistics maintained or provided to the command from the ASAP.</td>
</tr>
<tr>
<td>(600-85f is obsolete - RRS-A)</td>
<td>-Retention: Event ; 5 calendar years</td>
<td>- Risk Reduction Statistics, if the Risk Reduction Program is utilized at your installation.</td>
</tr>
<tr>
<td>600A - ADAPCP clinical certification</td>
<td>-Privacy Act: A0600-85DAPE</td>
<td>Information relating to rehabilitation of participants in the Alcohol and Drug Abuse Prevention and Control Program. Included are results of biochemical urine analysis and other tests, individualized treatment plans, observations of patient behavior, progress during treatment, documentation by physician and other clinical personnel, and discharge disposition</td>
</tr>
<tr>
<td>600A - Active Duty Personnel - Alcohol and Drug Abuse Prevention and Control Program - Risk Reduction Program</td>
<td></td>
<td>Information relating to rehabilitation of participants in the Alcohol and Drug Abuse Prevention and Control Program. Included are results of biochemical urine analysis and other tests, individualized treatment plans, observations of patient behavior, progress during treatment, documentation by physician and other clinical personnel, and discharge disposition</td>
</tr>
</tbody>
</table>

**Label** must include **Record Number, Record Title, Fiscal/Calendar Year Record Cutoff (COFF), Privacy Act Status, Disposition**

**Instruction** (Note: The length of retention period is the required number of years plus one day).

**Examples:**

| 600A - Active Duty Personnel - Alcohol and Drug Abuse Testing Report Files - Positive Results (15) |
| 600B - Civilian Personnel - Alcohol and Drug Abuse Testing Report Files - Positive Results |
| 600A - Active Duty Personnel - Alcohol and Drug Abuse Management Files - Other Offices and TOE Units |
| 600B - Civilian Personnel - Alcohol and Drug Abuse Management Files - Other Offices and TOE Units |

**Quick Tab 600A - Active Duty Personnel - Positive Results** (15)

**Acronyms:** NLN (no longer needed), NTE (not to exceed)
## Urinalysis Testing Process

<table>
<thead>
<tr>
<th>PRE-COLLECTION</th>
<th>COLLECTION</th>
<th>POST-COLLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMANDER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>★ Order Test</td>
<td></td>
<td>★ Remain Available</td>
</tr>
<tr>
<td>★ Select Soldiers ⚠️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>★ Notify Soldiers ⚠️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>★ Brief Unit ⚠️</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UPL</strong></td>
<td></td>
<td>★ Quality Control</td>
</tr>
<tr>
<td>★ Obtain Supplies</td>
<td>★ Check-In</td>
<td>★ Testing Area Breakdown</td>
</tr>
<tr>
<td>★ Testing Area Setup</td>
<td>★ Check-Out</td>
<td>★ Packaging ⚠️</td>
</tr>
<tr>
<td>★ Brief Observers and Unit ⚠️</td>
<td>★ Maintain Chain of Custody and Line of Sight</td>
<td>★ Shipping ⚠️</td>
</tr>
<tr>
<td><strong>OBSERVER</strong></td>
<td></td>
<td>★ Urine Collection</td>
</tr>
<tr>
<td>★ Attend Observers Briefing</td>
<td>★ Maintain Line of Sight</td>
<td>★ Quality Control</td>
</tr>
<tr>
<td>★ Sign Memorandum for Observers</td>
<td>★ Secondary review</td>
<td>★ Testing Area Breakdown</td>
</tr>
<tr>
<td>★ Sign Unit Ledger</td>
<td>★ Sign Unit Ledger</td>
<td>★ Packaging ⚠️</td>
</tr>
<tr>
<td><strong>SOLDIER</strong></td>
<td></td>
<td>★ Verify Information</td>
</tr>
<tr>
<td>★ Attend Briefings</td>
<td>★ Physical Collection</td>
<td>★ Shipping ⚠️</td>
</tr>
<tr>
<td>• Commander Briefing</td>
<td>★ Initial Specimen Label</td>
<td>★ Maintain Line of Sight</td>
</tr>
<tr>
<td>• UPL Unit Briefing</td>
<td>★ Sign Unit Ledger</td>
<td>★ Maintain Chain of Custody and Line of Sight</td>
</tr>
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<td>★ Attend Observers Briefing</td>
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<tr>
<td>★ Maintain Line of Sight</td>
<td>★ Verify Information</td>
<td>★ Physical Collection</td>
</tr>
</tbody>
</table>

### LEGEND

- These tasks may be delegated to the UPL.
- A job aid is available for this process.
Urinalysis Testing Process

PRE-COLLECTION PHASE

**COMMANDER**
- Order Test
- Type of Test Determined
- Select Soldiers
- Manual DTP Software (Preferred)
- Designate Holding area NCO/Officer and Observers
- Notify Soldiers

**UPL**
- Obtain Testing Supplies
- Select Soldiers if Delegated, Preferably with DTP Software
- Setup Testing Station Latrine Holding Area

**OBSERVER**
- Brief Observers
- Brief Soldiers Unit Brief (and Commander Brief if Delegated)
- Report to Testing Area
- Attend Briefing and Sign Memorandum

**SOLDIER**
- Attend Briefings
- Report to Testing Area

**LEGEND**
- These tasks may be delegated to the UPL.
- Symbol indicates step

**ASSUMPTIONS:**
- Testing supplies are available
- The Soldier has military ID card
- No edits to documentation are needed
Urinalysis Testing Process

**COLLECTION PHASE**

**CHECK-IN**

**COMMANDER**

- Be Accessible

**UPL**

- Put on Gloves
- Request Soldier ID
- Instruct Soldier to Remove Outer Garments
- Verify Information
- Bottle-ID Swap
- Hand Bottle to Soldier
- Instruct Soldier and Observer to Move to Latrine

**ASSUMPTIONS:**

- Using DTP software

**LEGEND**

- Symbol indicates simultaneous task
- Symbol indicates step

**SOLDIER**

- Remove Outer Garments

**ASSUMPTIONS:**

- Using DTP software

**ASSUMPTIONS:**

- Using DTP software
COLLECTION PHASE
URINE COLLECTION

COMMANDER

Be Accessible

UPL

Continue to Check-In and Check-Out Soldiers

OBSERVER

Maintain Line of Sight with the Specimen Bottle

Direct Soldier (Donor) in All Actions Below

SOLDIER—MALE AND FEMALE

Wash Hands with Water Only
Uncap Bottle
Provide Sample in Specimen Bottle
Recap Specimen Bottle. Wipe bottle dry
Wash Hands with Soap and Water
Exit Latrine

Rinse and Dispose of Collection Cup

SOLDIER—MALE/FEMALE OPTIONAL PROCESS

Provide Sample in urine wide-mouth Collection Cup
Pour Sample into Specimen Bottle
Dispose of any Sample Remaining in Collection Cup

LEGEND

Symbol indicates simultaneous task
Symbol indicates step
COLLECTION PHASE
CHECK-OUT

COM-MANDER

- Be Accessible

UPL

- Chain of Custody Begins
- Verify Cap is Tight
- Verify Specimen Amount and Integrity
- Guide observer to do 2nd review
- Put Label on Bottle
- Apply Tamper-Evident Tape
- Initial Bottle Label
- Bottle Label-ID Swap
- Return ID
- Release Soldier
- All Specimens Collected?
  - Yes: QC Begins
  - No: Return to Check-In

SOLDIER

- Hand Specimen Bottle to UPL
- Verify Information Initial Bottle Label
- Maintain Line of Sight with Specimen Bottle
- Sign the Unit Ledger
- Return to Duty
- Maintain Line of Sight with Specimen Bottle

LEGEND:
- Symbol indicates simultaneous task
- Symbol indicates step
- Symbol indicates note
- Symbol indicates decision
- Symbol indicates process
Urinalysis Testing Process

POST-COLLECTION PHASE
QUALITY CONTROL

BREAKDOWN

Maintain Chain of Custody

Verify Information Matches on Urinalysis Documents
Ensure Information Complete on Urinalysis Documents
Ensure Specimen Bottles Sealed with Tamper-Evident Tape
Ensure Specimen Bottles Correctly Placed in Collection box

Breakdown
- Station
- Latrine
- Holding Area

Maintain Line of Sight

Disinfect Testing Station

Return Supplies

LEGEND:
Symbol indicates simultaneous task
Symbol indicates step
UNIT PREVENTION LEADER
Handbook

Army Substance Abuse Program

Version 3.1