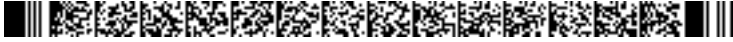


SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

(Read Instructions on last page before completing form.)

A. LABORATORY CONDUCTING DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION (Second Echelon) SFC TODD ROYER (DTC) LOUISIANA 6400 ST CLAUDE AVE NEW ORLEANS LA 70117	
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3. BASE and UNIT IDENTIFICATION ** NG20 	4. DATE SPECIMEN COLLECTED YYYY MM DD <input type="text"/> <input type="text"/> <input type="text"/>	C. LAB BATCH NUMBER	B. DAMAGE TO SHIPPING CONTAINER/ DISCREPANCY CODES
** Required information entry on front and back of form.	W1	5. UNIT DOCUMENT NUMBER ** <input type="text"/>	D. DRUGS TESTED

6. SPECIMEN NUMBER / SERVICE MEMBER'S ID NUMBER (CAC)	7. TEST BASIS	8. TEST INFO	9. ACCESSION NUMBER	10. DISC CODE
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				

11. CHAIN OF CUSTODY TRACKING		BASE AND UNIT IDENTIFICATION NG20		UNIT DOCUMENT NUMBER	
a. DATE (YYYYMMDD)	b. RELEASED BY		c. RECEIVED BY		d. PURPOSE OF TRANSFER
(1)	SIGNATURE NAME UPL		SIGNATURE NAME SECURED STORAGE		LOCKED IN SECURED STORAGE
(2)	SIGNATURE NAME SECURED STORAGE		SIGNATURE NAME UPL/ARG		REMOVED FROM SECURED STORAGE
(3)	SIGNATURE NAME UPL/ARG		SIGNATURE NAME		MAILED TO DTC
(4)	SIGNATURE NAME		SIGNATURE NAME		
(5)	SIGNATURE NAME		SIGNATURE NAME		
(6)	SIGNATURE NAME		SIGNATURE NAME		
(7)	SIGNATURE NAME		SIGNATURE NAME		
(8)	SIGNATURE NAME		SIGNATURE NAME		
(9)	SIGNATURE NAME		SIGNATURE NAME		
(10)	SIGNATURE NAME		SIGNATURE NAME		