

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

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING <i>(Read Instructions on last page before completing form.)</i>				A. LABORATORY CONDUCTING DRUG TESTING	
1. SUBMITTING UNIT		2. ADDITIONAL SERVICE INFORMATION <i>(Second Echelon)</i> Army Substance Abuse Program Bldg 2091 Kolekole Avenue Cml 808-655-0682/6048 DSN 315-455-0682/6048 Schofield Barracks, HI 96857		Forensic Toxicology Drug Testing Laboratory Tripler Army Medical Center 1 Jarrett White Road, Bldg 40 Honolulu, HI 96859	
3. BASE AND UNIT IDENTIFICATION**		4. DATE SPECIMEN COLLECTED Y Y Y Y M M D D	C. LAB BATCH NUMBER	B. DAMAGE TO SHIPPING CONTAINER/ DISCREPANCY CODES	
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">P106</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">W</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div>	5. UNIT DOCUMENT NUMBER**		
**Required information entry on front and back of form.		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div>	6. SPECIMEN NUMBER/SERVICE MEMBER'S ID NUMBER (CAC)	7. TEST BASIS	8. TEST INFO
9. ACCESSION NUMBER		10. DISC CODE			
(1) <input type="text"/>		(1) <input type="text"/>		(1) <input type="text"/>	
001 <input type="text"/>		001 <input type="text"/>		001 <input type="text"/>	
(2) <input type="text"/>		(2) <input type="text"/>		(2) <input type="text"/>	
002 <input type="text"/>		002 <input type="text"/>		002 <input type="text"/>	
(3) <input type="text"/>		(3) <input type="text"/>		(3) <input type="text"/>	
003 <input type="text"/>		003 <input type="text"/>		003 <input type="text"/>	
(4) <input type="text"/>		(4) <input type="text"/>		(4) <input type="text"/>	
004 <input type="text"/>		004 <input type="text"/>		004 <input type="text"/>	
(5) <input type="text"/>		(5) <input type="text"/>		(5) <input type="text"/>	
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(6) <input type="text"/>		(6) <input type="text"/>		(6) <input type="text"/>	
006 <input type="text"/>		006 <input type="text"/>		006 <input type="text"/>	
(7) <input type="text"/>		(7) <input type="text"/>		(7) <input type="text"/>	
007 <input type="text"/>		007 <input type="text"/>		007 <input type="text"/>	
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008 <input type="text"/>		008 <input type="text"/>		008 <input type="text"/>	
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009 <input type="text"/>		009 <input type="text"/>		009 <input type="text"/>	
(10) <input type="text"/>		(10) <input type="text"/>		(10) <input type="text"/>	
010 <input type="text"/>		010 <input type="text"/>		010 <input type="text"/>	
(11) <input type="text"/>		(11) <input type="text"/>		(11) <input type="text"/>	
011 <input type="text"/>		011 <input type="text"/>		011 <input type="text"/>	
(12) <input type="text"/>		(12) <input type="text"/>		(12) <input type="text"/>	
012 <input type="text"/>		012 <input type="text"/>		012 <input type="text"/>	

11. CHAIN OF CUSTODY TRACKING		BASE AND UNIT IDENTIFICATION					UNIT DOCUMENT NUMBER		
		P106	W	<input type="checkbox"/>					
a. DATE (YYYYMMDD)	b. RELEASED BY	c. RECEIVED BY				d. PURPOSE OF TRANSFER			
(1)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(2)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(3)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(4)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(5)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(6)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(7)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(8)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(9)	SIGNATURE	SIGNATURE							
	NAME	NAME							
(10)	SIGNATURE	SIGNATURE							
	NAME	NAME							