

# Unit Drug Testing Register

1. Unit/Commander/Email:		2. UPL Printed Name/Email:			3. Date Specimen Collected		4. Unit ID Code		
					Year: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>		<input type="text" value="W"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
					Month: <input type="text"/> <input type="text"/>		5. Base Area Code (BAC)		
					Day: <input type="text"/> <input type="text"/>		<b>P106</b>		
6. Batch and Specimen #	7. SERVICE MEMBER'S ID NUMBER (CAC)	8. Test Basis	9. Rank	10. Soldier's Printed Name Soldier's Signature	11. Observer's Printed Name Observer's Signature	12. Comments/Remarks			
1	<input type="text"/>								
2	<input type="text"/>								
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