SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION *(Second Echelon)*

3. BASE/AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT/ BATCH NUMBER	6. DATE SPECIMEN COLLECTED YYYY	MM	DD

A. LABORATORY CONDUCTING DRUG TESTING	
B. BATCH NUMBER	C. REPORT OF RESULT (DTG/Serial No.)
D. DRUGS TESTED	

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE	(2) DATE SIGNED	(3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 1998

Previous Edition may be used

Reset

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1)	SIGNATURE NAME	SIGNATURE NAME	
(2)	SIGNATURE NAME	SIGNATURE NAME	
(3)	SIGNATURE NAME	SIGNATURE NAME	
(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	

INSTRUCTIONS

BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex.,501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

Reset