

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

(Read Instructions on last page before completing form.)

A. LABORATORY CONDUCTING DRUG TESTING

Forensic Toxicology Drug Testing Laboratory
 Tripler Army Medical Center
 1 Jarrett White Road, Bldg 40
 Honolulu, HI 96859

1. SUBMITTING UNIT		2. ADDITIONAL SERVICE INFORMATION <i>(Second Echelon)</i> Army Substance Abuse Program - Drug Testing Section Bldg 556, 344 Heard Avenue Schofield Barracks, HI 96857 Cml: 808-655-6048/0682 DSN: 315-455-6048/0682		B. DAMAGE TO SHIPPING CONTAINER/ DISCREPANCY CODES
3. BASE AND UNIT IDENTIFICATION** P106 W _____		4. DATE SPECIMEN COLLECTED Y Y Y Y M M D D 2 0 _____	C. LAB BATCH NUMBER	
Required information entry on front and back of form.		5. UNIT DOCUMENT NUMBER _____	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)													
001													
(2)													
002													
(3)													
003													
(4)													
004													
(5)													
005													
(6)													
006													
(7)													
007													
(8)													
008													
(9)													
009													
(10)													
010													
(11)													
011													
(12)													
012													

11. CHAIN OF CUSTODY TRACKING		BASE AND UNIT IDENTIFICATION P106 W _ _ _ _ _	UNIT DOCUMENT NUMBER _ _ _
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	