IMHW-HRS UNIT: _____

MEMORANDUM FOR Commander, Forensic Toxicology Drug Testing Laboratory (FTDTL), 1 Jarrett White Road, Bldg 40, ATTN: MCHK-FT, Tripler AMC, Hawaii 96859-5000

SUBJECT: Certificate of Correction

1. This memorandum is to certify the following correction(s) were made as indicated below for urine specimen(s) enclosed with this shipment for testing.

2. Reference: AR 600-85, Army Substance Abuse Program and Commander's Guide and Unit Prevention Leader (UPL) Urinalysis Collection Handbook.

[ ] DD Form 2624 [ ] Bottle Label [ ] Tamper Evident Tape

Unit Document Number: _____ Date Specimen Collected: **20**_____ _____ _____
YY **MM** **DD**

3. **Read As**: [ ] **DODID** Incorrect/Illegible; [ ] **DODID** Overwrite; [ ] Base Area Code Incorrect; [ ] Date Incorrect; [ ] Unit ID Code Incorrect; [ ] Tamper Evident Tape (Double, Torn) **Explain**; [ ] Block 7, Test Basis (**AO, CO, IO, IR, IU, MO, PO, RO, VO**); [ ] UPL's Initials; [ ] Soldier's initials

4. **Corrected To Read As**:

[ ] **DODID** Corrected	[ ] **DODID** Overwrite	[ ] Base Area Code	[ ] Date	[ ] Unit ID Code
( ) Form	( ) Form	( ) Form	( ) Form	( ) Form
( ) Label	( ) Label	( ) Label	( ) Label	( ) Label

[ ] Block 7, Test Basis (**AO, CO, IO, IR, IU, MO, PO, RO, VO**)
[ ] UPL's Initial, [ ] Soldier's Initials (Explain on Explanation/Remarks)

Specimen Number

(1) _____ - _____ -_____ (5) _____ - _____ -_____ (9) _____ - _____ -_____

(2) _____ - _____ -_____ (6) _____ - _____ -_____ (10) _____ - _____ -_____

(3) _____ - _____ -_____ (7) _____ - _____ -_____ (11) _____ - _____ -_____

(4) _____ - _____ -_____ (8) _____ - _____ -_____ (12) _____ - _____ -_____

Explanation/Remarks: _____

_____

_____

_____

Signature: _____	Signature: _____	Verifier's Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____
Date: _____	Date: _____	Date: _____
Observer	**UPL**	**ASAP Staff**

Rev 25 Oct 18