

Correcting Errors

- Draw a single, horizontal line through incorrect portion.
- Enter correct data in SAME block.
- Date and Initial the correction.
- For lengthy correction, use certificate of correction MFR

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

A. LABORATORY CONDUCTING TESTING

1. SUBMITTING UNIT
HHC 2/16TH INF
APO AE 09121

2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)
POC: CPT James Hill
James.hill@us.army.mil
DSN 555-555-5555

3. BASE/AREA CODE
FC22

4. UNIT IDENTIFICATION CODE
W 2LAAA

5. DOCUMENT/BATCH NUMBER
0001

To correct an error with the SSN:

Method 1

1. Blacken out at least ½ inch of the barcode for that specimen
2. Line through the SSN
3. Initial & Date
4. Write in the correct SSN in the same block



7. SPECIMEN NUMBER
001

8. COMPLETE SSN
000-33-3003

9. TEST BASIS
IR

10. TEST INFO
A

11. PRESENTATION



002

000-22-1003

IR

A

*MLA
6/26/08*
000-21-1003



003

999-44-3002

IR

B



004

000-44-3010

IR

B



005

000-33-1006

IR

A



006

999-22-3002

IR

A

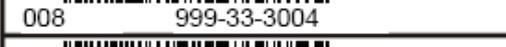


007

000-22-1008

IR

A



008

999-33-3004

IR

B

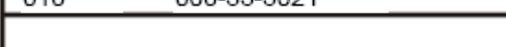


009

000-33-2001

IR

B



010

000-33-3021

IR

A

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

(3) CERTIFYING OFFICIAL (Printed Name and Title)

(1) SIGNATURE

(2) DATE SIGNED

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT HHC 2/16 TH INF APO AE 09121		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Hill James.hill@us.army.mil DSN 555-555-5555				A. LABORATORY CONDUCTING TESTING	
3. BASE/AREA CODE FC22	4. UNIT IDENTIFICATION CODE W 2LAAA	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED YYYY MM DD 20050421		B. BATCH NUMBER	C. REPORT OF RESULTS	
 <p align="center">Version 530L</p>						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
001	000-33-3003	IR	A				
002	 000-22-1003	IR	A				<i>VOID</i> <i>MLA</i> <i>6/26/08</i>
003	999-44-3002	IR	B				
004	000-44-3010	IR	B				
005	000-33-1006	IR	A				
006	999-22-3002	IR	A				
007	000-22-1008	IR	A				
008	999-33-3004	IR	B				
009	000-33-2001	IR	B				
010	000-33-3021	IR	A				
<i>011</i>	<i>000-21-1003</i>	<i>IR</i>	<i>A</i>				

To correct an error with the SSN:

Method 2

1. Blacken out at least ½ inch of the barcode for that specimen
2. Line through the entire line and mark "VOID"
3. Initial & Date
4. Write in the correct SSN on a new line (or new 2624 if necessary)

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.				(3) CERTIFYING OFFICIAL (Printed Name and Title)	
(1) SIGNATURE		(2) DATE SIGNED			

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT HHC 2/16 TH INF APO AE 09121		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Hill James.hill@us.army.mil DSN 555-555-5555				A. LABORATORY CONDUCTING TESTING	
3. BASE/AREA CODE FC22	4. UNIT IDENTIFICATION CODE W 2LAAA	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED YYYY MM DD 20050421		B. BATCH NUMBER	C. REPORT OF RESULTS	
 <p align="center">Version 530L</p>						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
001	000-33-3003	IR	A				
002	 999-22-1008	IR	A				<i>Not Tested</i> ^{MLA} 6/26/08
003	999-44-3002	IR	B				
004	000-44-3010	IR	B				
005	000-33-1006	IR	A				
006	999-22-3002	IR	A				
007	000-22-1008	IR	A				
008	999-33-3004	IR	B				
009	000-33-2001	IR	B				
010	000-33-3021	IR	A				

To annotate that a Soldier is not available to provide a sample

1. Blacken out at least 1/2 inch of the barcode for that specimen
2. Line through the entire line and mark "NOT TESTED"
3. Initial & Date (i.e. MLA 6/26/08)
4. Do not affix the label to the bottle

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.				(3) CERTIFYING OFFICIAL (Printed Name and Title)	
(1) SIGNATURE		(2) DATE SIGNED			

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT HHC 2/16 TH INF APO AE 09121		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Hill James.hill@us.army.mil DSN 555-555-5555		A. LABORATORY CONDUCTING TESTING	
3. BASE/AREA CODE FC22	4. UNIT IDENTIFICATION CODE W2LAT0 W2LAT0 MLA 6/26/08	5. DOCUMENT/BATCH NUMBER 0001	6. DATE SPECIMEN COLLECTED YYYY MM DD 20050421	B. BATCH NUMBER	C. REPORT OF RESULTS
7. SPECIMEN NUMBER				D. DRUGS TESTED	

8. COMPLETE SSN		9. TEST BASIS	10. TEST INFO	11. PRESCREEN		E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
001	000-33-3003	IR	A					
002	000-21-1003	IR	A					
003	999-44-3002	IR	B					
004	000-44-3010	IR	B					
005	000-33-1006	IR	A					
006	999-22-3002	IR	A					
007	000-22-1008	IR	A					
008	999-33-3004	IR	B					
009	000-33-2001	IR	B					
010	000-33-3021	IR	A					

To correct data in block 3 to 6

- 1. Blacken out at least 1/2 inch of the barcode for the form.**
- 2. Line through the incorrect data and write in correct data. (i.e. W2LAT0)**
- 3. Initial & Date. (i.e. MLA 6/26/08)**
- 4. If there is not enough room to write in correction, use a Certificate of Correction.**

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.		(3) CERTIFYING OFFICIAL (Printed Name and Title)	
(1) SIGNATURE	(2) DATE SIGNED		

Verify SSNs



Specimen Quantity



**Short Sample –
Destroy specimen
and collect a new one**

**Specimen Quantity
is sufficient**

Note: Bottles with 30ml line are now available in the supply system.
Old bottles with the first line at 45 ml are still in circulation and OK for urinalysis specimen collections.

Specimen Seal

Broken Seal



Specimen will not be tested

Previous Method



Specimen will be tested if Certificate of correction is attached to DD Form 2624

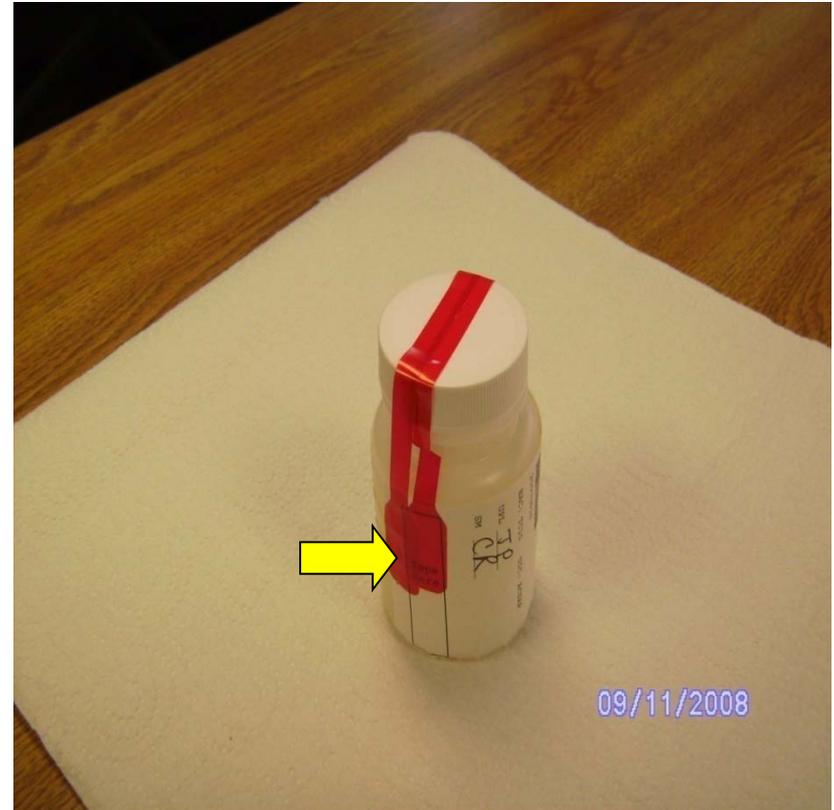
Updated, Preferred Method



Specimen will be tested if Certificate of correction is attached to DD Form 2624

- Place the second piece of tamper evident tape across the bottle cap, the tape will be **one continuous piece that touches the label on both ends** without obscuring any information, running across the top of the bottle
- Apply a second piece of tamper evident tape off-set from the first piece but clearly distinguishable as a second piece

Specimen Seal



Place the second piece of tamper evident tape across the bottle cap, the tape will be **one continuous piece that touches the label on both ends** without obscuring any information, running across the top of the bottle
Apply a second piece of tamper evident tape off-set from the first piece but clearly distinguishable as a second piece

➤ Use Certificate of Correction to explain errors such as a broken red seal (Tamper Evident Tape) or when the correction will not fit in the block of the DD 2624.

➤ Send ORIGINAL documents with each batch of specimens. Blue ink may be used to distinguish original from copied documents

➤ DONOT send Unit Ledger or Testing Register with the specimens.

CERTIFICATE OF CORRECTION

CERTIFICATE OF CORRECTION

UIC: W8B201

DATE: 26 Jul 07

Base Area Code: CT 10

Base Area Code

Date correction made

Check appropriate block

Start with specimen, form or box identification then state what you wrote or did that was incorrect or wrong.

What you wrote or did to correct the error - at times this will be the actual correction.

Who made the correction

Who witnessed or verified the correction

MEMORANDUM FOR TRIPLER ARMY MEDICAL CENTER

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. Reference: (X) Bottle Label () DD Form 2624 () Other

Batch #/Specimen # 09/05 Date Specimen Collected 20070726

As Reads: _____

Corrected to Read: _____

SIGNATURE: John H. Smith

TITLE: SFC - UPL

DATE: 26 Jul 07

VERIFIED BY: Harry Dooburg

TITLE: SSG - Witness

DATE: 26 Jul 07

Completing the Chain of Custody (DD 2624)

- The DD 2624 front and back are on one piece of paper or attached together. If they are on separated pages, write in the top margin of each page with **test date, and batch number**, or put each completed DD2624 (front and back) in its own unsealed envelope.
- Complete each DD 2624: **UPL signs the first Block 12b** as the first custodian; annotate Shipper's Name in Block 12c and **"Shipped to FTDTL"** in **Blocks 12d as the last entry**.
- Package the specimen boxes as required for shipment

A complete, intact Chain of Custody is imperative for the Commander to take action as required.

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	Message address of unit submitting urine samples			
(1) 070115	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE Building 2241	Placed into Temporary Storage	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.
	NAME Michael C. Biggerstaff	NAME Room 6		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.
(2)	SIGNATURE	SIGNATURE		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME	NAME		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.
(3)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME	NAME		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(6)	SIGNATURE	SIGNATURE		11	TEST INFORMATION	Military: A-E1-E4; D-E5-018; Civilian: C-TDP; A1-110; D-TDP Guard/Patrol; E-TDP PRP; F-TD; ARAFSE Staff; G-Other TDP; H-Other personnel	Leave Blank.	Entry required only if additional testing is requested: F=Full Panel; S=Storaid; O=Other drug; Provide clarification in attached message.
	NAME	NAME				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
(7)	SIGNATURE	SIGNATURE	12. CHAIN OF CUSTODY (LINE 1):					
	NAME	NAME	a. DATE - Date of collection/shipment.					
(8)	SIGNATURE	SIGNATURE	b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.					
	NAME	NAME	c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.					
(9)	SIGNATURE	SIGNATURE	d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.					
	NAME	NAME	NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).					
(10)	SIGNATURE	SIGNATURE	13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES					
	NAME	NAME						

Temporary Storage Entries on the DD 2624 At The Unit Prior To Shipment

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	Message address of unit submitting urine samples			
(1) 070115	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE Building 2241	Placed into Temporary Storage	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.
	NAME Michael C. Biggerstaff	NAME Room 6		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.
(2) 070116	SIGNATURE Building 2241	SIGNATURE <i>Michael C. Biggerstaff</i>	Removed from Temporary Storage	4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME Room 6	NAME Michael C. Biggerstaff		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.
(3)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME	NAME		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(5)	SIGNATURE	SIGNATURE		10	TEST BASIS	Leave Blank.	Entry required only if additional testing is required: F=Full Panel; S=Storaid; O=Other drug; Provide clarification in attached message.	
	NAME	NAME		11	SCREEN	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	
(6)	SIGNATURE	SIGNATURE		12. CHAIN OF CUSTODY (LINE 11).				
	NAME	NAME		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 occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - 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 signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).				
(7)	SIGNATURE	SIGNATURE		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
	NAME	NAME						
(8)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

Temporary Storage Entries Removing The Specimens From Temp Storage on the DD 2624 At The Unit Prior To Shipment

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.	1	Message address of unit submitting urine samples			
(1) 070115	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE Building 2241	Placed into Temporary Storage	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.
	NAME Michael C. Biggerstaff	NAME Room 6		3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Compare the first four characters of the full 10-character Base Identification Number
(2) 070116	SIGNATURE Building 2241	SIGNATURE <i>Michael C. Biggerstaff</i>	Removed from Temporary Storage	4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit	Do not use	
	NAME Room 6	NAME Michael C. Biggerstaff		5				
(3) 070116	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE USPS	Shipped to FTDTL	6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME Michael C. Biggerstaff	NAME		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(6)	SIGNATURE	SIGNATURE		TEST INFORMATION	Military: A-E1-E4; D-E5-018; Civilian/State: C-TDP; A1-110; D-TDP Guard/Police; E-TDP PRP; F-TD; ARAFSE Staff; G-Other TDP; H-Other nonmilitary	Leave Blank.	Entry required only if additional testing is required: F=Full Panel; S=Storable; O=Other drug; Provide clarification in attached message.	
	NAME	NAME		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		
(8)	SIGNATURE	SIGNATURE		12. CHAIN OF CUSTODY (LINE 1)).				
	NAME	NAME		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 occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.				
(9)	SIGNATURE	SIGNATURE		NOTE: If when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).				
	NAME	NAME		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

Example, properly annotate the mail/courier used.

Temporary Storage Entries Removing The Specimens From Temp Storage on the DD 2624 For Shipment To Tripler

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF
a.	b.	c.	d.	1	Message address of unit submitting urine samples		
(1) 070115	SIGNATURE <i>Michael C. Biggerstaff</i>	SIGNATURE Official mail	Shipped to Tripler By official mail	2	Message address of		
	NAME Michael C. Biggerstaff	NAME		3	Four characters of the full 10-character Bare Identification Number		
(2)	SIGNATURE	SIGNATURE		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.	Do not use
	NAME	NAME		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)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.	
	NAME	NAME		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(4)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.	
	NAME	NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.	
(6)	SIGNATURE	SIGNATURE		11	PRESCREEN	Leave Blank.	Entry required only if additional testing is requested: F=Full Panel; S=Storaind; O=Other drug; Provide clarification in attached message.
	NAME	NAME					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.
(7)	SIGNATURE	SIGNATURE		12. CHAIN OF CUSTODY (LINE 1).			
	NAME	NAME		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 occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.			
(8)	SIGNATURE	SIGNATURE		NOTE: If when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).			
	NAME	NAME		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES			
(9)	SIGNATURE	SIGNATURE					
	NAME	NAME					
(10)	SIGNATURE	SIGNATURE					
	NAME	NAME					

Example, properly annotate the mail/courier used.

Entries On The DD 2624 For Shipping With No Temporary Storage At The Unit

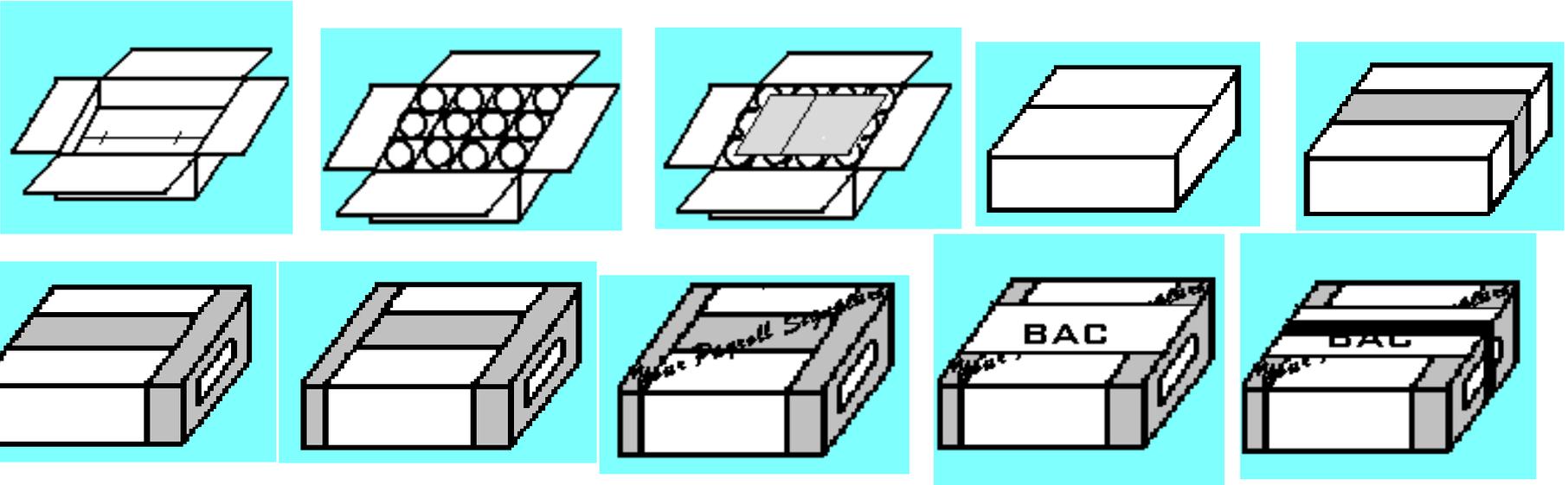
Proper Packaging and Shipping

Prepare for Shipment to FTDTL

- Make suspense copies of DD Forms 2624 and Certificates of Corrections for your files
- The UPL **encloses the ORIGINAL DD Form 2624 & copies of any Certificates of Correction for each batch** in a plain, white, **unsealed** business envelope. Your base area code (BAC) will be written in large letters on the outside of the envelope.
- Affix the envelope to the outside of the specimen container.
- **DO NOT include the Unit Ledger** (any name sent with specimens will invalidate all specimens)

Ship all specimens to:
TRIPLER ARMY MEDICAL CENTER
FORENSIC TOXICOLOGY DRUG LAB
1 JARRETT WHITE ROAD BLDG 40
TRIPLER AMC, HAWII 96859-5000

Packaging



- Do not use 100 mile an hour tape (Duct Tape)
- Do not combine more than 10 collection (specimen) boxes into a larger (shipping) box
- Make sure to enclose with each batch of specimens the **original DD Form 2624 & any Certificates of Correction for each batch** in an **unsealed** business envelope with your base area code (BAC) written in large letters on the outside of the envelope.

Specimen Box Ready for Packaging



Add Absorbent Pad



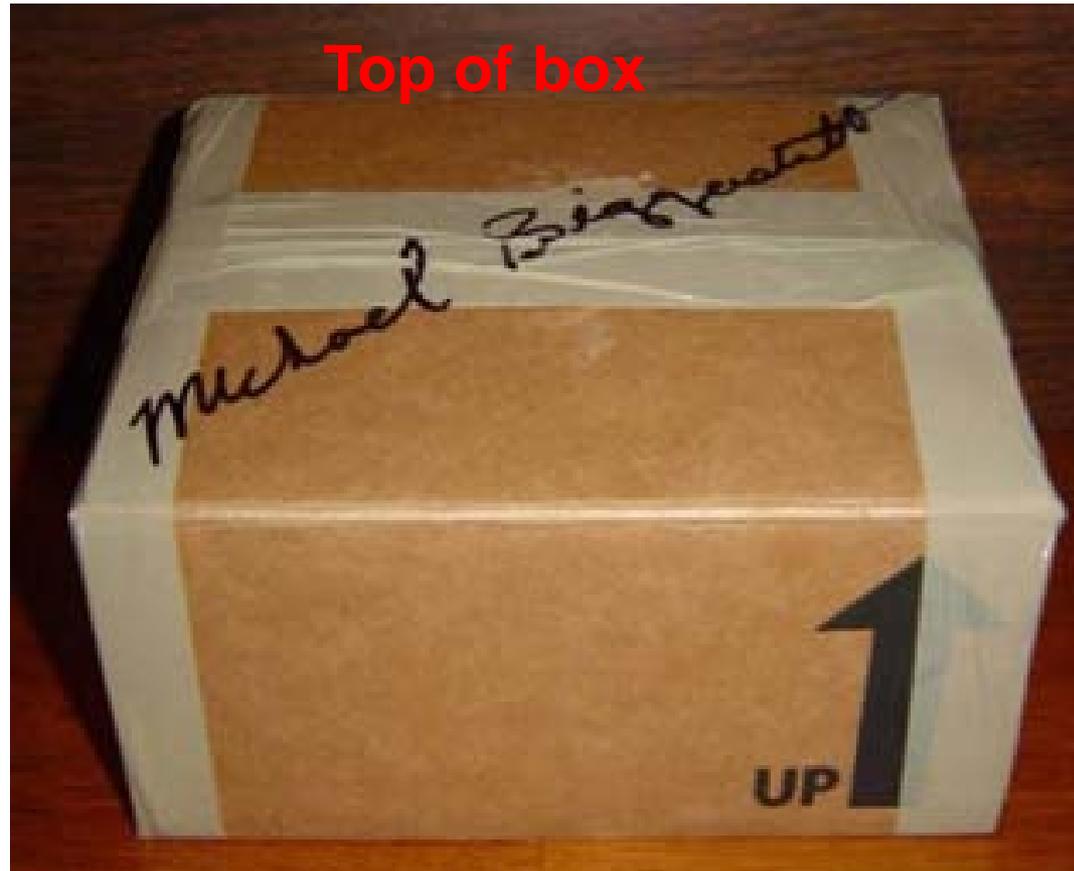
Tape Box Cover Closed in the Center



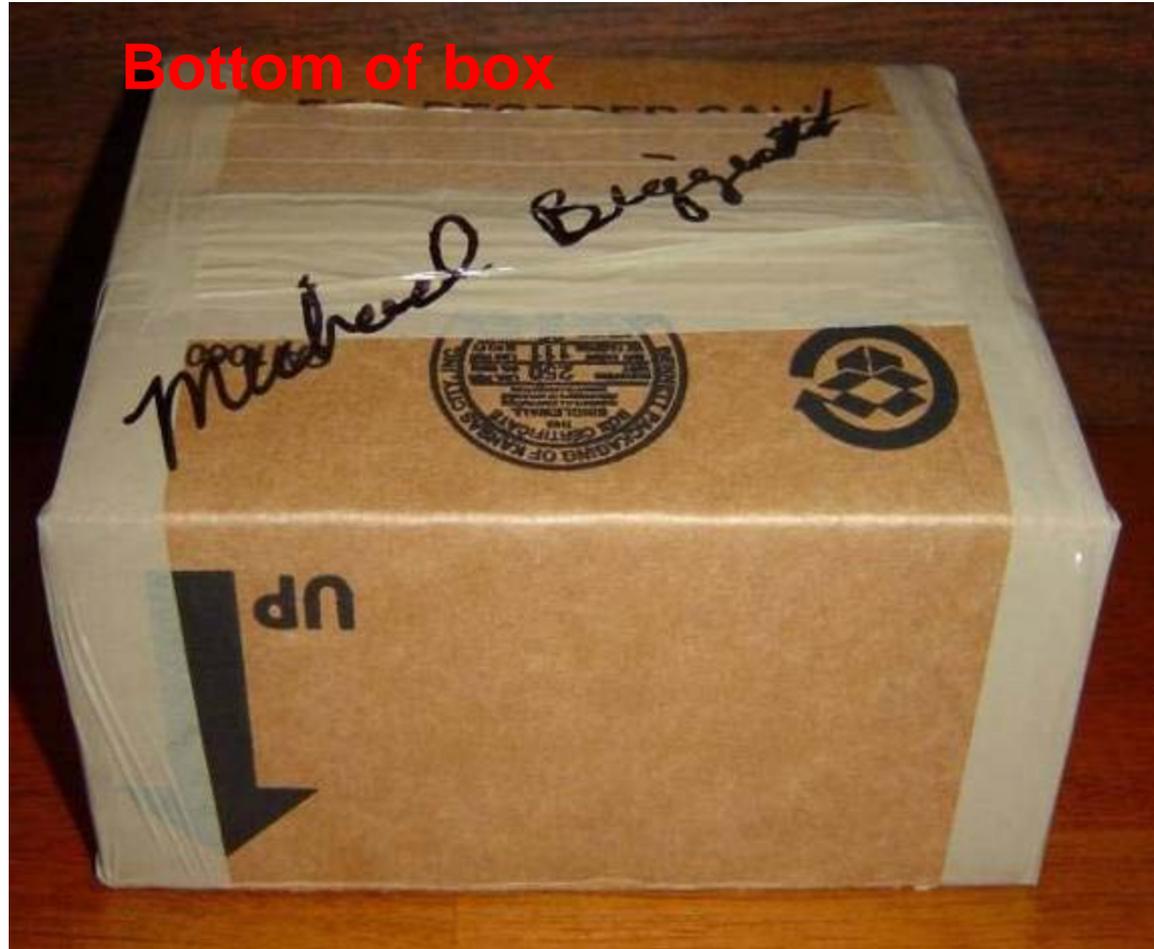
Tape Box Both Ends Covering All Edges



Sign Across Top of Box From Corner to Corner

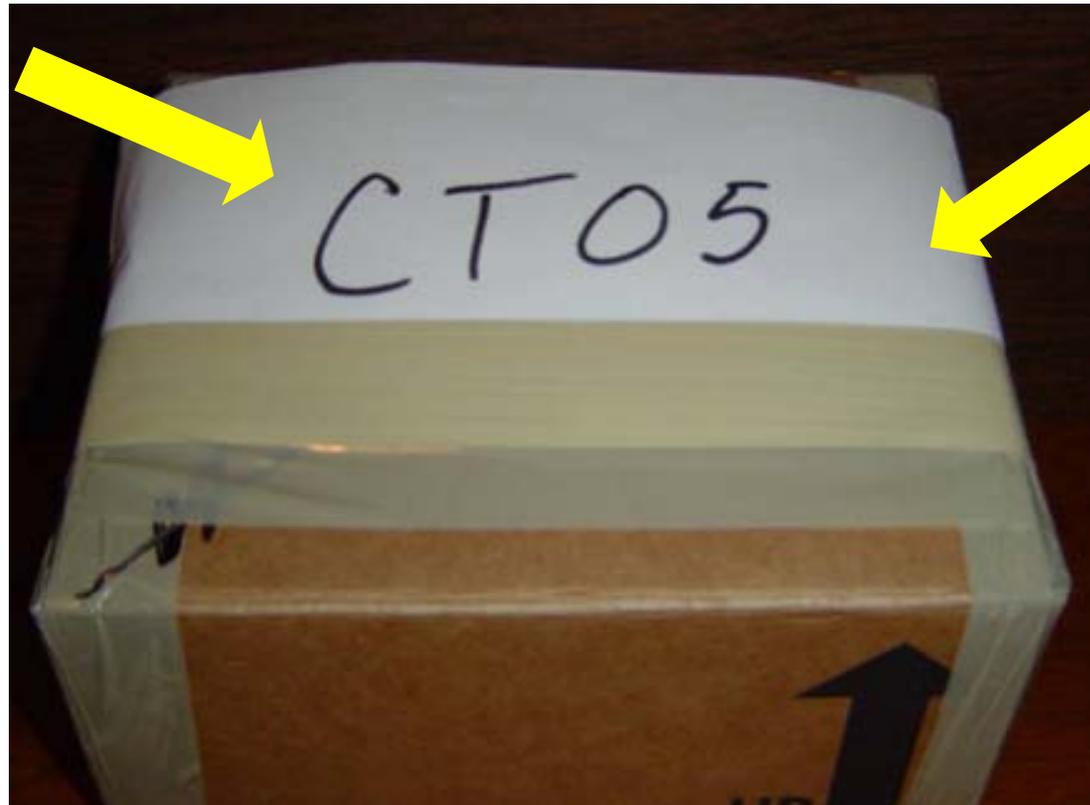


Sign Across Bottom of Box From Corner to Corner



Tape DD Form 2624 Envelope on Top of Box With Base Area Code

Base Area Code must be written on Box



DD Form 2624 (front & back) is inside unsealed envelope

Place Box inside Leak Proof Bag

