

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

(Read Instructions on last page before completing form.)

A. LABORATORY CONDUCTING DRUG TESTING

1. SUBMITTING UNIT

2. ADDITIONAL SERVICE INFORMATION *(Second Echelon)*

3. BASE AND UNIT IDENTIFICATION**

4. DATE SPECIMEN COLLECTED

YYYY MM DD

| | | |
|--|--|--|
| | | |
|--|--|--|

C. LAB BATCH NUMBER

**B. DAMAGE TO SHIPPING CONTAINER/
DISCREPANCY CODES**

5. UNIT DOCUMENT NUMBER**

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D. DRUGS TESTED

**Required information entry on front and back of form.

6. SPECIMEN NUMBER/SERVICEMEMBER'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 | UNIT DOCUMENT NUMBER |
|-------------------------------|-----------------------|------------------------------|------------------------|
| a. DATE (YYYYMMDD) | b. RELEASED BY | c. RECEIVED BY | d. PURPOSE OF TRANSFER |
| (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 FOR COMPLETING DD FORM 2624

FRONT PAGE

| BLOCK | ARMY | NAVY/USMC | USAF |
|-------|--|---|--|
| 1 | SUBMITTING UNIT | Message address of unit submitting urine samples | |
| 2 | ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) | NOT APPLICABLE | Message address of second echelon commander to whom submitting unit reports. OPTIONAL - May be used to identify the base POC. |
| 3 | BASE AND UNIT IDENTIFICATION CODE | Service Code Area/Unit Identification Code (UIC or RUC) of unit submitting urine sample. Four-character Base ID Code (Ex.,F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN). | |
| 4 | DATE SPECIMEN COLLECTED | Year - Month - Day format. | |
| 5 | UNIT 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 | SPECIMEN NUMBER/ SERVICE MEMBER ID (CAC) | Use the pre-printed barcode number identical to the barcode applied to the member's specimen bottle/ Service Member ID number (barcode) on the DoD Common Access Card (CAC). | |
| 7 | TEST BASIS | Enter the 2-letter test premise code under which collection is being conducted. | |
| 8 | TEST INFORMATION | Entry required only if additional testing is required: (S = Steroids; O = Other drugs). Provide justification/drug specification by an attached memorandum accompanying the DD Form 2624 submission. | |

BACK PAGE

11. CHAIN OF CUSTODY TRACKING

- 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 TRANSFER/REMARKS - Specify reason for transfer between accountable individuals, temporary secure storage, removal from secure storage, or delivery/shipment to testing laboratory.

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