



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO

BUMEDINST 6310.13
BUMED-M9
21 Feb 2014

BUMED INSTRUCTION 6310.13

From: Chief, Bureau of Medicine and Surgery

Subj: GUIDANCE FOR CONDUCTING BASELINE PRE-DEPLOYMENT
NEUROCOGNITIVE FUNCTIONAL ASSESSMENTS

Ref: (a) National Defense Authorization Act (NDAA) 2008, HR 4986, Sections 1618 and 1673
(b) DoDINST 6490.13 of June 4, 2013
(c) ASD (HA) Navy Neurocognitive Assessment Policy Waiver of 19 Sep 2012
(d) DoDINST 6490.03 of August 11, 2006

Encl: (1) Referral Algorithm Based upon Automated Neuropsychological Assessment Metrics Performance Report of Neurocognitive Testing Scores
(2) List of Automated Neuropsychological Assessment Metrics Testing Sites
(3) Uploading Automated Neuropsychological Assessment Metrics Data Using SAFE File Exchange

1. Purpose. To provide guidance regarding baseline pre-deployment neurocognitive functional assessments. NAVMED 6310/6, Automated Neuropsychological Assessment Metrics (ANAM) quarterly reporting is updated to reflect revised reporting requirements.

2. Cancellation. BUMEDNOTE 6310 of 15 Oct 2010.

3. Scope. This instruction applies to all Navy Medicine ANAM testing sites.

4. Background

a. References (a) through (c) provide guidance regarding neurocognitive assessment rationale, requirements for the Department of Defense (DoD) and specific information pertaining to the Navy. Traumatic brain injury (TBI), particularly mild TBI (mTBI) also known as a concussion, is an injury that may not always be externally obvious. Most individuals who sustain concussion fully recover with no lasting sequelae. However, immediately after head injury, somatic, psychological, and/or cognitive symptoms may be present. A small percentage of injured individuals may experience persistent post-concussive symptoms.

b. The ANAM is a computerized neurocognitive assessment battery designed to detect speed and accuracy of attention, memory, and thinking abilities in an individual. It is conducted prior to deployment as a baseline of cognitive functioning and may be used to identify and monitor changes in brain function post- injury/concussion through comparison of post-injury

ANAM to baseline test results. Data from the neurocognitive assessment issued in theater may aid in return-to-duty determination. Changes (declines) in an individual's performance from baseline to post-injury ANAM results may be reflective of potential cognitive impairments secondary to a deployment-related or other head-injury event. However, additional factors such as fatigue, mood state, and motivation may also contribute to performance changes. The ANAM does not diagnose a medical condition, but results may be used to help providers in identifying any cognitive deficits and appropriate areas for follow-up evaluation and/or treatment referral.

c. Reference (a) requires the Services to have a system in place for detection of cognitive impairment post-deployment and reference (b) requires the Services to conduct baseline pre-deployment neurocognitive assessment of Service members within 12 months preceding deployment. This instruction continues use of the ANAM as the interim DoD neurocognitive assessment tool for recording baseline (pre-deployment) neurocognitive performance.

d. In most instances, the ANAM baseline testing generates results that do not require medical evaluation. However, in some instances, further investigation of the results obtained from baseline testing is warranted. In this case, the Service member is referred to the appropriate medical provider for further assessment.

5. Guidance. A baseline pre-deployment neurocognitive functional assessment is required within 12 months preceding a deployment to a combat zone. A new administration of the ANAM is required if deployment is delayed, and the ANAM was completed more than 12 months prior to deployment. Consistent with other deployment health assessment requirements as noted in reference (d), those individuals anticipated to deploy in support of "shipboard operations that are not expected to involve operations ashore are exempt from completion of pre-deployment neurocognitive functional assessment." Specifically, individuals anticipated to deploy solely onboard Navy vessels (e.g., ship's company) are exempt from this requirement. If the individual or unit has the potential to deploy into a combat environment from a Navy vessel, ANAM testing is required.

6. Implementation Plan. ANAM equipment is provided to medical treatment facilities (MTFs) based on expected volume of deploying Service members bound for combat theater environments. Reserve Component members requiring ANAM testing utilize Navy ANAM facilities or testing sites established by the Army and Air Force. Navy Medicine Deployment Health Centers will serve as the primary site for baseline pre-deployment neurocognitive functional assessments. Mental health clinics will serve as the secondary site. Enclosure (2) provides a comprehensive list of test sites.

7. Data Management. All information technology activities established in support of baseline pre-deployment neurocognitive functional assessments will follow DoD and Navy Medicine data management policies.

a. Data Access. Users who are required to obtain, transfer, or interpret ANAM data in an official capacity will be authorized access to ANAM data via a request to: usarmy.jbsa.medcom.mbx.otsg-anam-operations@mail.mil. Users will be required to submit a current copy of their Health Insurance Portability and Accountability Act and Information Assurance training certificates in order to receive access.

b. Technical Support. Technical support is available through the Army Neurocognitive Assessment Branch from 0700 to 1500 Central Standard Time Monday to Friday. ANAM support can be obtained by calling the ANAM Neurocognitive Assessment Branch Help Desk at (210) 916-9242, or toll free at 1 (855) 630-7849, (Data Office and Technical Support) or via e-mail: usarmy.jbsa.medcom.mbx.otsg--anam-baselines@mail.mil.

8. Action

a. Bureau of Medicine and Surgery (BUMED) TBI Programs (BUMD-M96) will:

(1) Provide program guidance and support an effective Navy Neurocognitive Assessment Program across Navy Medicine via a BUMED Navy Neurocognitive Assessment point of contact (POC), collaboration with Navy Medicine regions, and the Army Neurocognitive Assessment Branch.

(2) Coordinate all Navy neurocognitive assessment activities to ensure strategic operations, communications (technical and otherwise), and appropriate infrastructure are in place to support the requirements for baseline neurocognitive functional assessments.

(3) Support Active and Reserve Component Service members in meeting the pre-deployment neurocognitive testing requirement prior to arrival at the Navy Mobilization Processing Site by coordinating with Commander, Naval Personnel Command and Commander, Navy Reserve Forces Command.

(4) Assist Navy Medicine regions and commands to resolve issues concerning training, testing, and the testing process.

(5) Coordinate ANAM proctor training; and communicate information concerning training opportunities to Navy Medicine regions and BUMED Office of Education and Training Command (BUMED-M7).

(6) Coordinate ANAM provider interpretation training; and communicate information concerning the training opportunities to Navy Medicine regions and BUMED-M7.

(7) Implement program improvements by reviewing and updating ANAM policies.

(8) Plan, program, and implement the ANAM data surveillance system for ANAM data obtained from Navy personnel. Surveillance requirements include, but are not limited to,

the number of Service members that require testing, the number of Service members tested, the number of ANAM testings that prompted a retest, and the number of ANAM testings that prompted a referral for evaluation by a primary care provider.

(9) Collate and analyze data/information from quarterly reports submitted from each of the ANAM testing sites to develop program improvements.

b. BUMED Office of the Command Information Officer (CIO) and Chief Information Management/Information Technology (BUMED-M6). In conjunction with Navy Medicine Information Systems Support Activity (NAVMISSA), will plan, program, and implement a system to ensure ANAM's compliance with DoD and Navy information technology, information assurance, and interoperability requirements.

c. Navy Medicine regions will:

(1) Assume the execution function of ANAM neurocognitive assessments at MTFs and other ANAM test sites in their region, and ensure compliance with applicable guidance.

(2) Appoint a regional ANAM POC to support regional ANAM operations.

(3) Monitor the completion and submission of, and provide quarterly reports to BUMED-M96 regarding training, and results of neurocognitive functional assessments no later than 15 days following the end of each quarter.

(4) Assist with dissemination of dates and times of training.

(5) Ensure ANAM proctors and providers complete ANAM training. All active duty and reserve Navy psychologists and neuropsychologists should complete baseline ANAM provider interpretation training within 12 months of entering the Navy. Completion of this training should be tracked by the Regional ANAM POC and documented in a quarterly compliance report provided to BUMED-M96 and the Navy psychology specialty leader no later than 15 days following the end of each quarter.

d. Navy Medicine ANAM Testing Sites will:

(1) Collaborate with line leaders to successfully execute ANAM pre-deployment testing.

(2) Identify adequate locations and environments to support ANAM equipment storage.

(3) Maintain a record of all Navy ANAM equipment and supplies to include: number and type of equipment at each site, warranty information, date of purchase, and purchase orders for equipment. Maintain lifecycle management responsibilities of applicable ANAM equipment. This record should be available for provision to the region and BUMED-M96.

(4) Identify ANAM proctors for each site. ANAM proctors will be required to complete baseline ANAM proctor training. Periodic re-training may be required as the program evolves. Sites will maintain at a minimum two trained proctors at all times. ANAM proctors must perform at least 10 administrations per quarter; those who do not meet this minimum will be required to administer enough practice ANAMs to satisfy this requirement.

(5) Identify ANAM providers, defined as a psychologist or neuropsychologist, at each site. Sites without these professionals shall establish Memoranda of Agreements with Commands that have ANAM providers to perform ANAM Performance Report (APR) interpretations, as requested by unit medical personnel, telephonically or via telemedicine. ANAM designated providers will be required to complete baseline ANAM provider interpretation training prior to assuming their role as an ANAM provider. Periodic retraining may be required as the program evolves.

(6) Appoint an ANAM POC who is responsible for compiling and providing quarterly reports using NAVMED 6310/6, Automated Neuropsychological Assessment (ANAM) Quarterly Reporting to the Regional ANAM POC no later than 5 days following the end of each quarter. This task is best completed by one of the ANAM proctors.

(7) Validate that ANAM proctors and providers complete baseline ANAM training.

(8) When it is anticipated that an ANAM proctor or provider will leave the position or change duty station, this information should be submitted to regions and BUMED-M96, and replacements should be identified no later than three months prior to the transition. BUMED-M96 will work with regional commands to ensure replacements have and/or are scheduled for necessary training.

(9) ANAM proctors will:

a. Deliver APRs with any alerts to the designated unit medical personnel and the Service member's unit medical representative within 24 hours.

b. Upload ANAM data to U. S. Army Aviation and Missile Research Development and Engineering Center Safe Access File Exchange: <https://safe.amrdec.army.mil/SAFE/> and send to the email address: usarmy.jbsa.medcom.mbx.otsg-anam-surveys@mail.mil within 24 hours after a testing session (whether individual or group). For specific instructions, refer to enclosure (3).

(10) ANAM providers. Interpret ANAMs designated by unit medical personnel as needing further interpretation within 48 hours of receipt. He/she will report back to a health care provider at the Service member's command and suggest appropriate next steps. If deemed necessary to speak with the Service member prior to rendering a decision concerning the results, then a teleconference or video teleconference with the Service member will occur using a phone line and private room, ensuring confidentiality and privacy.

21 Feb 2014

(11) Enclosure (1), the Referral Algorithm, provides guidelines for appropriate referrals, based upon the APR scores. In the event that an ANAM alert is generated, a Service member should be assessed by unit medical personnel and referred and treated, as appropriate. ANAM-based referrals must be entered into the Armed Forces Health Longitudinal Technology Application (AHLTA) and follow-up appointments should conform to TRICARE access standards. AHLTA notes should be written for the APR interpretation, visits, and consultations.

9. ANAM Information. Additional information regarding the ANAM can be obtained at: <http://www.armymedicine.army.mil/prr/anam.html>.

10. Point of Contact. BUMED TBI Programs (M96); e-mail at: BUMED-TBI@med.navy.mil.

11. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference SECNAV Manual 5210.1 of Jan 2012.

12. Reports. The reporting requirements in paragraphs 8; 9; 9(c)(3); 9(c)(5); 9(d)(5); 9(d)(6), and 10 are exempt from reports control per SECNAV M-5314.1 of December 2005, Part IV, Paragraph 7(j) and 7(p).

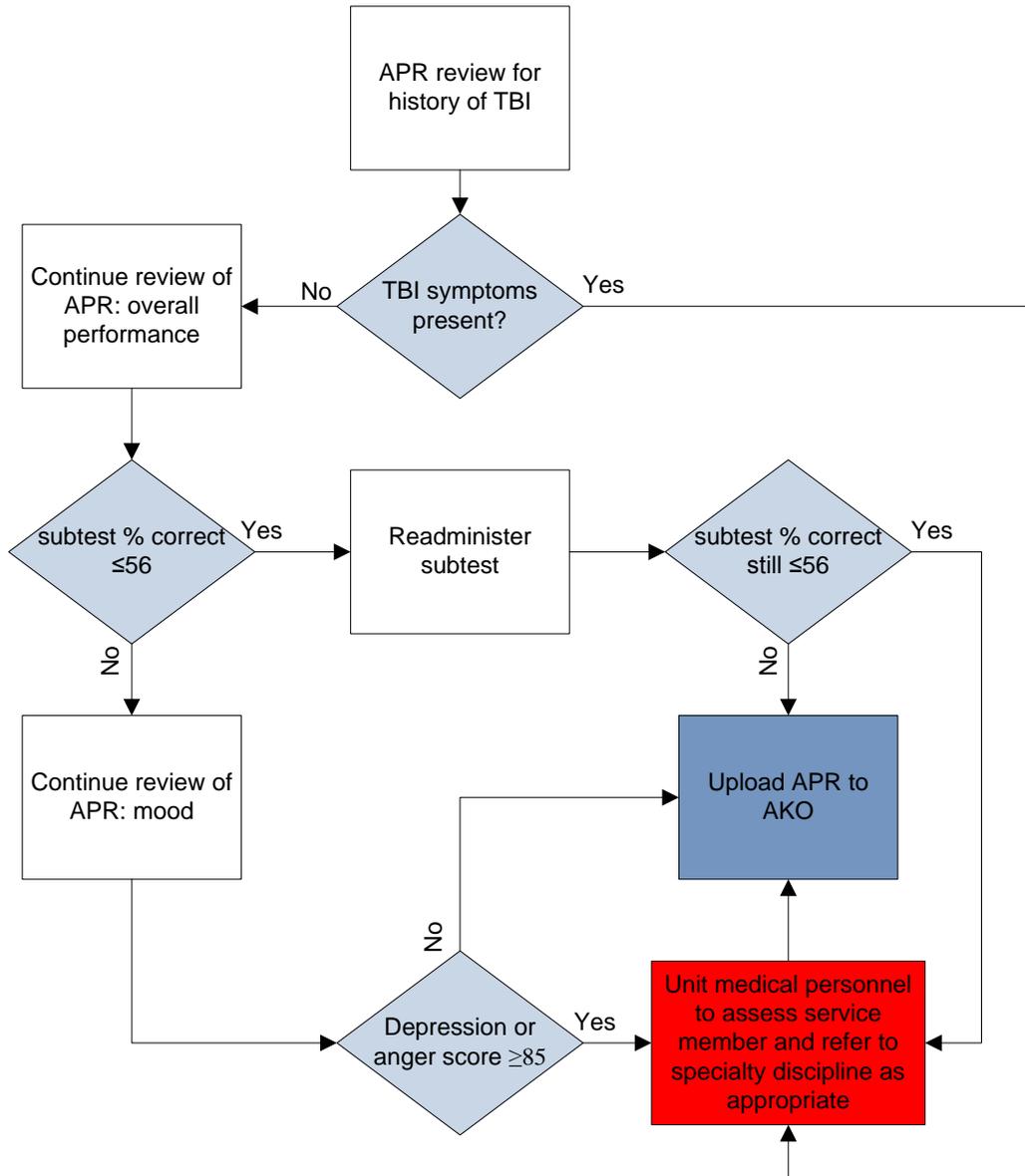
13. Form. NAVMED 6310/6 (Rev. 9-2010) Automated Neuropsychological Assessment Metrics (ANAM) Quarterly Reporting is available at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.



M. L. NATHAN

Distribution is electronic only, via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

Referral Algorithm Based upon Automated Neuropsychological Assessment Metrics Performance Report of Neurocognitive Testing Scores



Note:

1. For history of TBI with TBI symptoms present, service member should be evaluated by medical personnel to establish whether the symptoms are due to the TBI event, whether medical or other therapy is required, and whether deployment should be delayed or cancelled. Treatment should be given as needed. Referral to specialist care should be made if needed.

2. For depression or anger score ≥ 85 service member should be evaluated by medical personnel as to whether depression or anger management issues are present, and service member should then be treated and/or referred as needed.
3. For subtest score $< 56\%$ after re-test, service member should be evaluated by medical personnel for reasons for impaired test performance, including learning disability, and treatment/referral made as needed.

AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS TESTING SITES

BUMEDINST 6310.1
21 Feb 2014

State	Service	City	Facility	Street Address	Zip	Phone	Last Updated
California	N	29 Palms	R.E. Bush Naval Hospital	Bldg 1345, 1145 Sturgis Rd	92277	760-830-2656	11/19/2013
California	N	Lemoore	Naval Hospital Lemoore	937 Franklin Ave	93246	559-998-2529	4/2/2013
California	N	Port Hueneme	Naval Branch Health Clinic - Deployment Health Center	162 1st Street Bldg 1402	93043	805-982-6302	11/19/2013
California	N	San Diego	Naval Hospital Camp Pendleton	200 Mercy Circle, Camp Pendleton	92055	760-725-1288	11/19/2013
California	N	San Diego	Naval Medical Center San Diego	34800 Bob Wilson Dr	92134	619-532-7192/6049	4/2/2013
Connecticut	N	Groton	Naval Branch Health Clinic	1 Wahoo Dr	06349	860-694-2033	4/2/2013
Florida	N	Jacksonville	Naval Hospital Jacksonville	2080 Child St, Bldg 964 P.O. Box 8	32214	904-546-7099&7110	3/21/2013
Florida	N	Pensacola	Naval Hospital Pensacola	6000 W Hwy 98	32512	850-452-6326x4108	4/2/2013
Hawaii	N	Kaneohe	Branch Health Clinic, Kaneohe Bay	D St, Bldg 3089	96863	808-257-3365 x314	11/19/2013
Hawaii	N	Pearl Harbor	Naval Health Clinic, Hawaii	Makalapa Rd, Bldg 1407	96860	808-473-2444 x501	11/19/2013
Illinois	N	North Chicago	Federal Health Care Lovell, Great Lake	3001 Green Bay Rd	60064	224-610-7748	4/4/2013
Louisiana	N	Belle Chasse	Naval Air Station Joint Reserve Base Health Clinic; Belle Chasse, New Orleans	400 Russell Ave. Bldg 41	70143	504-678-7075	11/19/2013
Maryland	N	Annapolis	Naval Health Clinic Annapolis	250 Wood Rd, Bldg 275	21402	410-293-3208	4/2/2013
Maryland	Defense Health Agency	Bethesda	Walter Reed National Military Medical Center	8901 Wisconsin Ave. Bldg 8 FL 2 Room 2184	20889	301-319-5025	11/19/2013
Maryland	N	Patuxent River	Naval Health Clinic Patuxent River	47149 Buse Rd	20670	301-342-1418	4/5/2013
Mississippi	N	Gulfport	Naval Branch Health Clinic	5501 Marvin Shields Blvd	39501	703-399-4740	4/2/2013
N Carolina	N	Camp Lejeune	Naval Hospital Camp Lejeune	100 Brewster Blvd, Bldg 326	28547	703-850-1581	11/19/2013
N Carolina	N	Cherry Point	Naval Health Clinic Cherry Point	Mental Health Department, 4389 Beaufort Rd	28533	252-466-0500	4/2/2013
Rhode Island	N	Newport	Naval Health Clinic New England	43 Smith Rd	02840	401-841-6139	4/2/2013
S Carolina	N	Beaufort	Naval Hospital Beaufort	1 Pinckney Blvd	29902	843-228-3869	4/2/2013
S Carolina	N	Charleston	Naval Health Clinic Charleston	110 NNPTC Circle, Goose Creek	29445	843-794-6450	4/2/2013
Texas	N	Corpus Christi	Naval Health Clinic Corpus Christi	10651 E Street, Corpus Christi	78419	361-961-2351	4/2/2013
Virginia	N	Marine Corps Base Quantico	John Henry Balch (Mainside) Naval Health Clinic Quantico	3259 Catlin Ave, Quantico	22134	703-784-1594	4/2/2013
Virginia	N	Norfolk	Naval Station Norfolk	DHC, 1721 Admiral Taussig Blvd	23511	757-953-9042	4/2/2013
Virginia	N	Portsmouth	Naval Medical Center Portsmouth, Deployment Health Clinic	DHC, 620 John Paul Jones Cr, Bldg 3, 5th flr	23708	757-953-0515	11/19/2013
Virginia	N	Virginia Beach	Oceana Naval Air Station	MR Dept, 1035 Nider Blvd	23521	757-953-8275	4/4/2013
Washington	N	Bremerton	Naval Hospital Bremerton	1 Boone Rd	98312	360-475-4219	4/2/2013
Washington	N	Oak Harbor	Naval Hospital Oak Harbor	3475 N Saratoga St	98278	360-257-9635	4/2/2013
Washington	N	Tacoma	Camp Murray	194 MDG/SGPM, 109 Engineering Dr	98433	253-512-3271	4/2/2013
Bahrain	N	Bahrain	Naval Branch Health Clinic	PSC 451 Box 340 FPO AE	09834	318-439-4169/(011)973-1785-4169	4/2/2013
Greece	N	Souda Bay	Naval Branch Medical Clinic	PSC 814 Box 19 FPO AE	09865	314 266-1590	4/2/2013
Guam	N	Agana	Naval Hospital Guam	Bldg. 1 Farenholt Ave.	96910	671-344-9411	11/19/2013
Italy	N	Naples	US Naval Hospital Naples	PSC 827, Box 1000 FPO AE	09617	(011)(39) 081-811-6299	4/2/2013
Italy	N	Sigonella	US Naval Hospital Sigonella	PSC 836 Box 2670 FPO AE	09636	314 -624-6093/(011)(39) 095-86-	4/2/2013
Japan	N	Okinawa	III MEF Surgeons Office	Unit 35605 FPO AP	96606	090-6861-4449	4/2/2013
Japan	N	Sasebo	Behavioral Health Clinic Sasebo	PSC 476 Box 25 FPO AP	96322	315-252-2578/(011)81-956-50-2589	4/4/2013
Japan	N	Yokosuka	Naval Hospital Yokosuka	PSC 475 Box 1 FPO AP	96350	315-243-5171/(011)81-46-816-5171	4/2/2013
Spain	N	Rota	Naval Hospital Rota	PSC 819 Box 18 FPO, AE	09645	314-727-3165 (011)(34) 956-82-3407	4/2/2013

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

For certified ANAM Proctors only:

Go to the SAFE Exchange at: <https://safe.amrdec.army.mil/SAFE/>

At the SAFE Banner, click **Accept**

Then select **CAC Users**

The screenshot shows the AMRDEC SAFE Web Application interface. At the top, there is a navigation bar with "AMRDEC SAFE", "Home", and "Help". A security notice at the top states: "SAFE will be unavailable for two 15-minute intervals during the maintenance window of 0515 - 0815 CDT on Thursday 5/9 while router firmware is updated. We do not know exactly when our service provider will reboot the router. We apologize for any inconvenience." The main header features the "SAFE Safe Access File Exchange" logo and a "Click Here for Getting Started" button. Below the header, the page is titled "Welcome to the AMRDEC SAFE Web Application". There are two main sections: "CAC Users" and "Non-CAC Users". The "CAC Users" section has a "Click Here" button circled in red. Below this, a "How Does it Work?" section shows a three-step process: 1. Select Upload Method, 2. Sender Uploads Files, and 3. Recipients receive files. A "Message from webpage" dialog box is overlaid on the right side of the screen, containing a warning message about U.S. Government (USG) Information System (IS) usage. The dialog box has an "OK" button circled in red at the bottom right.

AMRDEC SAFE Home Help Security Notice Accessibility Notice ISalute Version 3.0.1

SAFE will be unavailable for two 15-minute intervals during the maintenance window of 0515 - 0815 CDT on Thursday 5/9 while router firmware is updated. We do not know exactly when our service provider will reboot the router. We apologize for any inconvenience.

SAFE is designed to provide AMRDEC and its customers an alternative way to send files other than email. SAFE supports file sizes up to 100 MB. [Click Here for Getting Started](#)

To begin using SAFE please click on one of the following links:

Welcome to the AMRDEC SAFE Web Application

CAC Users
This option is for CAC users with a computer configured for CAC use. When prompted for a certificate, select the one with "EMAIL" in the name.

Non-CAC Users
For users without a CAC OR if you do not have your CAC. Using this option will allow you to send files to recipients via email.

Click Here

Click

How Does it Work?

1 Select Upload Method
Department of Defense CAC users should choose the CAC option, and all others should choose the Non-CAC option. All non-CAC users will be required to verify their email address.

2 Sender Uploads Files
The sender fills out their information and then adds files and recipients to the package. Many security settings are available for transmitting the package to the recipients.

3 Recipients receive files
Recipients will receive files via email. Recipients will receive unique passwords for each recipient package, the recipient will use the password to access the files.

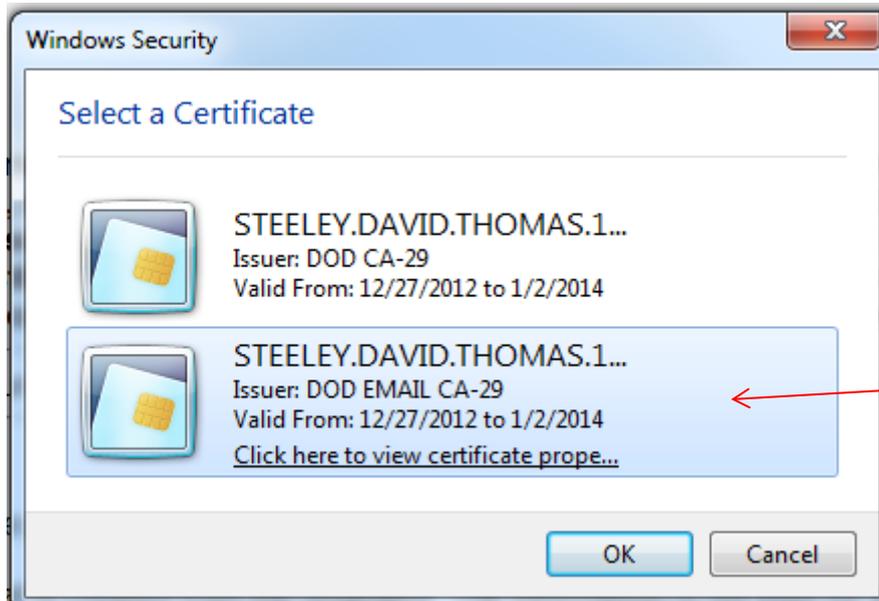
Message from webpage

WARNING!!! YOU ARE ACCESSING A U.S. GOVERNMENT (USG) INFORMATION SYSTEM (IS) THAT IS PROVIDED FOR USG-AUTHORIZED USE ONLY. By using this IS (which includes any device attached to this IS), you consent to the following conditions: The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations. At any time, the USG may inspect and seize data stored on this IS. Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose. This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy. Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential.

OK

Local intranet | Protected Mode: Off 75%

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE



Unless your browser is still open from a previous upload, a pop up window will appear asking you to select a certificate.

Select the DOD EMAIL certificate and click **OK**.

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

UNCLASSIFIED USE ONLY, TO INCLUDE PRIVACY DATA

Personal Information

Your Name: [HELP](#)

Your Email Address: [HELP](#)

Confirm Your Email Address: [HELP](#)

File Information

[HELP](#)

25 Maximum File Size (total size cannot exceed 2GB)

Files:

Deletion Date: [HELP](#)

[HELP](#)

Description of Files: [HELP](#)

Recipient Information

Provide an email address to give access to:

Manually Enter Email Address

Email Address: [HELP](#)

[HELP](#)

Recipients List: [HELP](#)

Email Setting

Encrypt email message when possible [HELP](#)

Notify me when file(s) are downloaded [HELP](#)

Require CAC for Pickup (all recipients will need to log in with a CAC to download file(s)) [HELP](#)

NONE FOUO

Other:

The main screen will display :
Personal Information, File
Information, and Recipient
Information and e-mail setting.

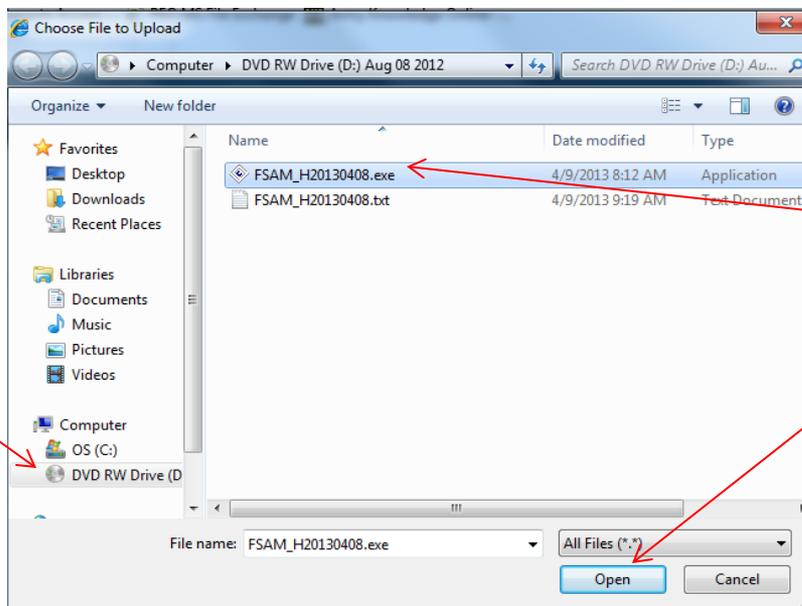
UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCESS FILE EXCHANGE

To add a file select browse



This pop-up screen will appear.

1. Select the D drive.
(or the location where the data file is saved)



2. Select the first file to upload.

3. Click **Open**.

4. Repeat for each file that needs to be uploaded

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

File Information

Browse... HELP

25 Maximum Files (total size cannot exceed 2GB)

File(s):

ALAG-20121219a.exe	<input checked="" type="checkbox"/>	Privacy Act Data	Delete	<small>HELP</small>
--------------------	-------------------------------------	------------------	--------	---------------------

Deletion Date: 05/22/2013 HELP

Max is 44 days from TODAY

Description of File(s): HELP

ALAG-20121219
 david.t.steeley_ctr@mail.mil
 1 folder, 45 files, 281,601 bytes

Place the file name, your e-mail address, and the properties for the file in the Description of File(s) field

Notes:

If you are using the Harvest Program you do not need to place the file properties in the description field. The properties are in the .txt file you will upload.

IMPORTANT: Everyone must place their e-mail address in the Description of File(s) field. If there is a problem with the file, this is the only way we can contact you.

Check the Privacy Act Data box.

All of the data that you transmit is encrypted with the Credant2go program and cannot be accessed without the correct password.

Checking this box notifies the recipient that the data they are about to download is protected by the Privacy Act and the recipient is responsible for its protection.

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

E-mail address: usarmy.jbsa.medcom.mbx.otsg-anam-surveys@mail.mil

Recipient Information

Provide an email address to give access to:

Manually Enter Email Address

Email Address:

Do not send SAFE packages to group email accounts.

Recipients List:

usarmy.jbsa.medcom.mbx.otsg--anam-baselines

Enter the above e-mail address in the Recipient information box.
Click **Add**

Note: This is a long e-mail address and there is a potential for error. It is suggested that you save this e-mail address to your address book or a text file so you can highlight the address, copy and paste it into the Email Address box.

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

Email Setting

Encrypt email message when possible [HELP](#)

Notify me when file(s) are downloaded [HELP](#)

Require CAC for Pick-up (all recipients will need to log in with a CAC to download file(s)) [HELP](#)

NONE FOUO

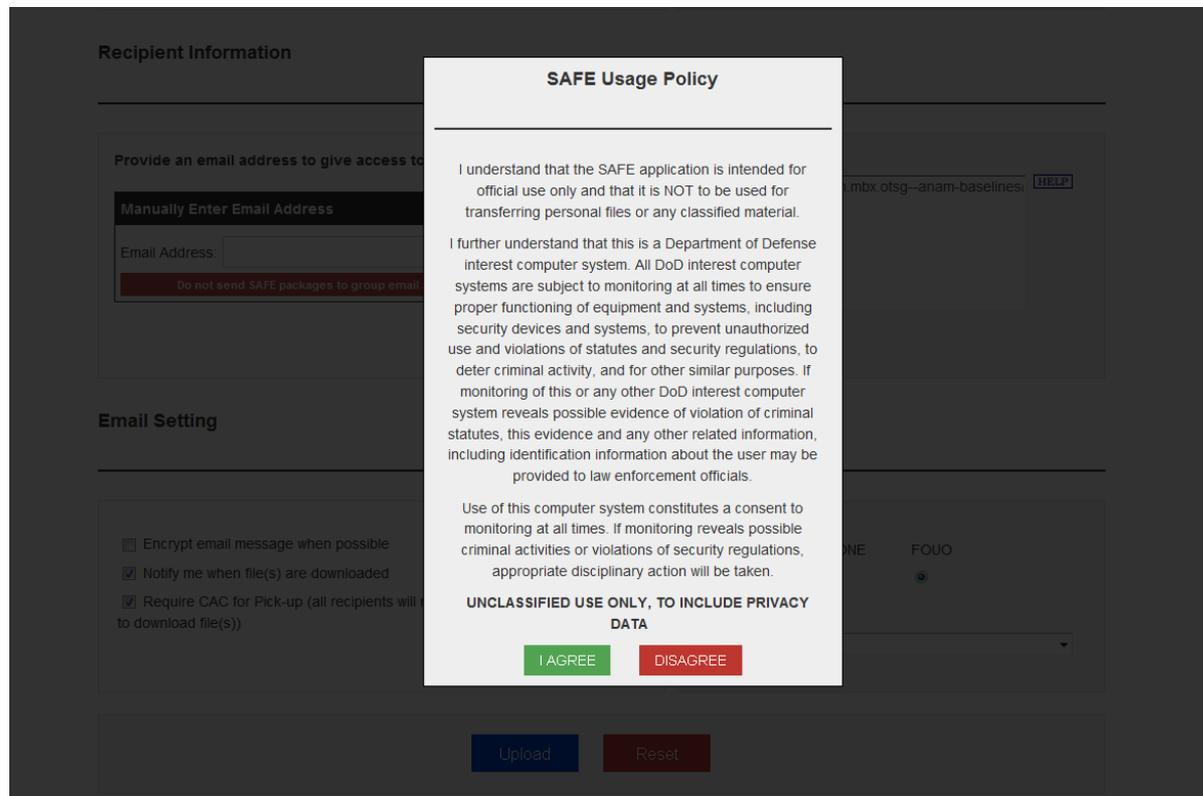
Other:

Select:

1. Encrypt email message when possible
2. Notify me when the file(s) are downloaded
3. Require CAC at Pick-up (all recipients will need to log in with a CAC to download file(s))
4. FOUO (For Official Use Only)
5. Select the Upload button

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

A popup banner will appear, select the Agree button



UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

A pop up screen will appear confirming that your file has been uploaded

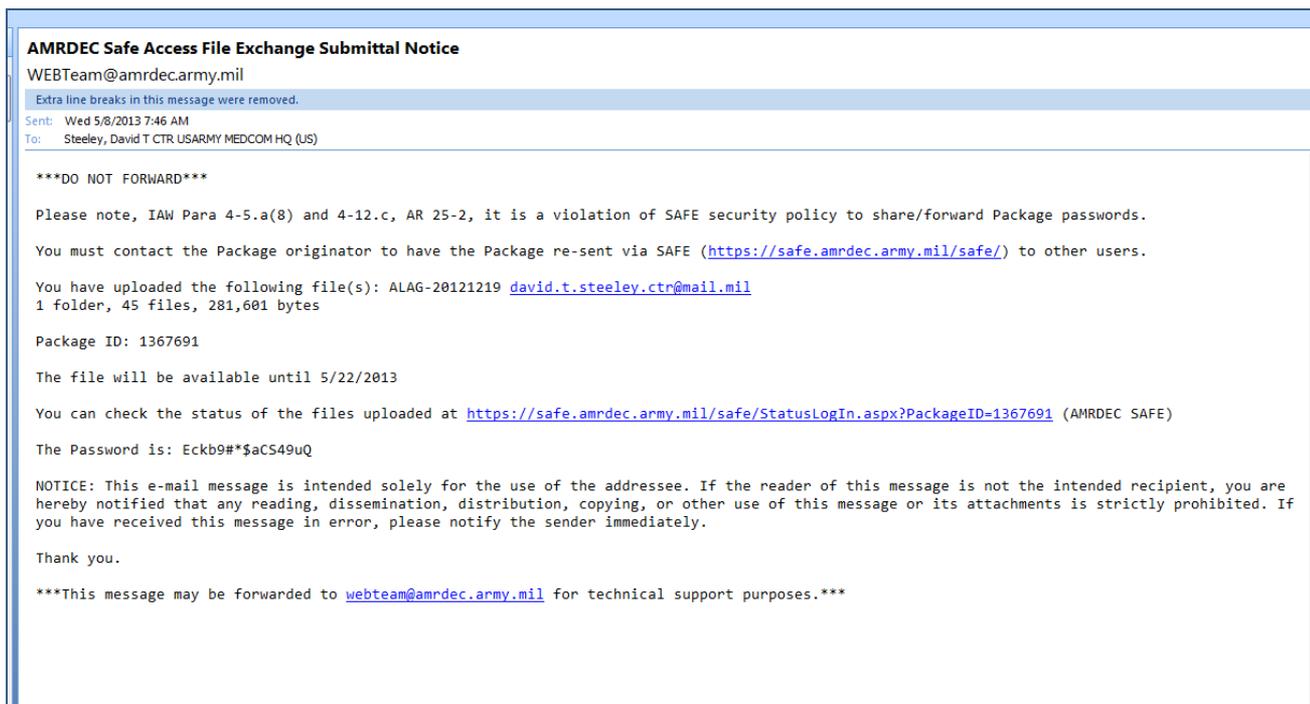
The screenshot shows the AMRDEC S.A.F.E. web interface. At the top, there is a navigation bar with the AMRDEC logo, 'S.A.F.E.', and links for 'Home' and 'Help'. On the right side of the navigation bar, there are links for 'Security Notice' and 'Accessibility Notice'. The main content area features a green confirmation message: 'The files were successfully uploaded. You will receive a confirmation email shortly.' Below this message, there is a section titled 'Information on The Uploaded File(s)'. This section contains a table with two columns: 'File Name' and 'File Size'. The table lists one file: 'ALAG-20121219a.exe' with a size of '712 KB'. Below the table, the text 'Total file size:712 KB' is displayed.

File Name	File Size
ALAG-20121219a.exe	712 KB

Total file size:712 KB

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

You will also receive a confirmation email that the file is uploaded.



AMRDEC Safe Access File Exchange Submittal Notice
WEBTeam@amrdec.army.mil

Extra line breaks in this message were removed.

Sent: Wed 5/8/2013 7:46 AM
To: Steeley, David T CTR USARMY MEDCOM HQ (US)

DO NOT FORWARD

Please note, IAW Para 4-5.a(8) and 4-12.c, AR 25-2, it is a violation of SAFE security policy to share/forward Package passwords. You must contact the Package originator to have the Package re-sent via SAFE (<https://safe.amrdec.army.mil/safe/>) to other users.

You have uploaded the following file(s): ALAG-20121219 david.t.steeley.ctr@mail.mil
1 folder, 45 files, 281,601 bytes

Package ID: 1367691

The file will be available until 5/22/2013

You can check the status of the files uploaded at <https://safe.amrdec.army.mil/safe/StatusLogIn.aspx?PackageID=1367691> (AMRDEC SAFE)

The Password is: Eckb9#*\$aCS49uQ

NOTICE: This e-mail message is intended solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately.

Thank you.

This message may be forwarded to webteam@amrdec.army.mil for technical support purposes.

UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

You will receive a confirmation email that the file has been downloaded.

If you do not receive this confirmation within 72 hours then the ANAM office did not receive the files. The most likely reason for this error is that the ANAM e-mail address was incorrect.

AMRDEC Safe Access File Exchange Pick Up

WEBTeam@amrdec.army.mil

Sent: Fri 5/10/2013 10:14 AM

To: Steeley, David T CTR USARMY MEDCOM HQ (US)

AMRDEC Safe Access File Exchange Pick-Up Notice

The file(s) you sent through SAFE (Package ID 1376372) were downloaded at 5/10/2013 10:14:00 AM by: usarmy.jbsa.medcom.mbx.otsg-anam-surveys@MAIL.MIL

File description: ALAG-20121219

david.t.steeley.ctr@mail.mil

1 folder, 45 files, 281,601 bytes