

SUBMISSION OF URINE SPECIMENS AND RELATED DISCREPANCIES



Navy Drug Screening Laboratory
Jacksonville



Pre-Packaging Tips

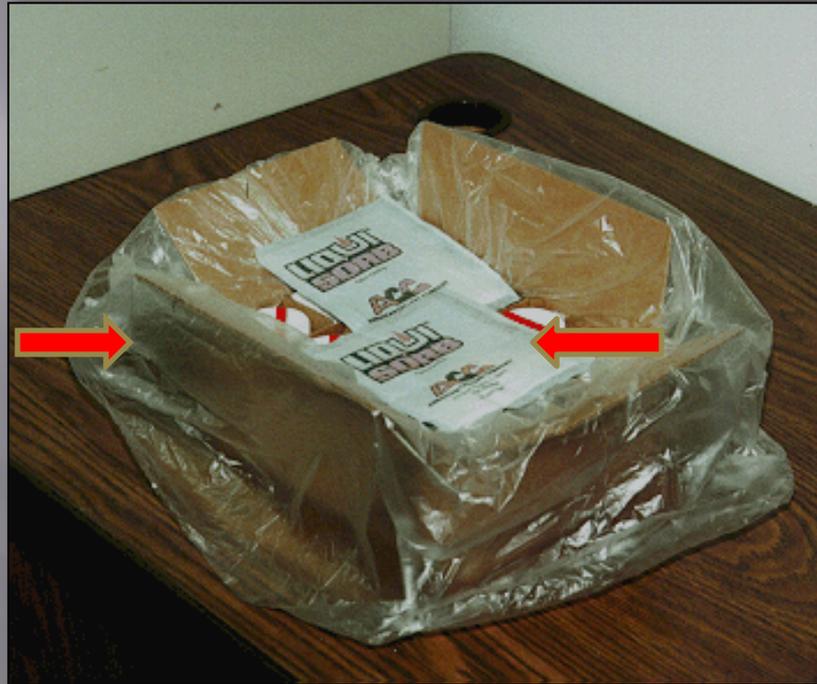
We recommend the UPCs double check all of their paperwork before sealing the box and submitting the specimens for testing.

Key things to look for are:

- Does all information on the bottle label match the DD Form 2624?
- Is the correct Command name listed in Block 1?
- Does the UIC/RUC match the Command listed in Block 1?
- Are the specimens listed on the DD Form 2624 either present or voided on the form?
- Are any changes to the SSN(s) on the DD Form 2624 and specimen bottle label(s) dated and initialed?
- Is the batch number in Block 5 present and does it match the batch number on the bottle labels?
- Is a chain of custody documented on the back of the DD Form 2624?
- Does the collection date on the bottle match the DD Form 2624 collection date?



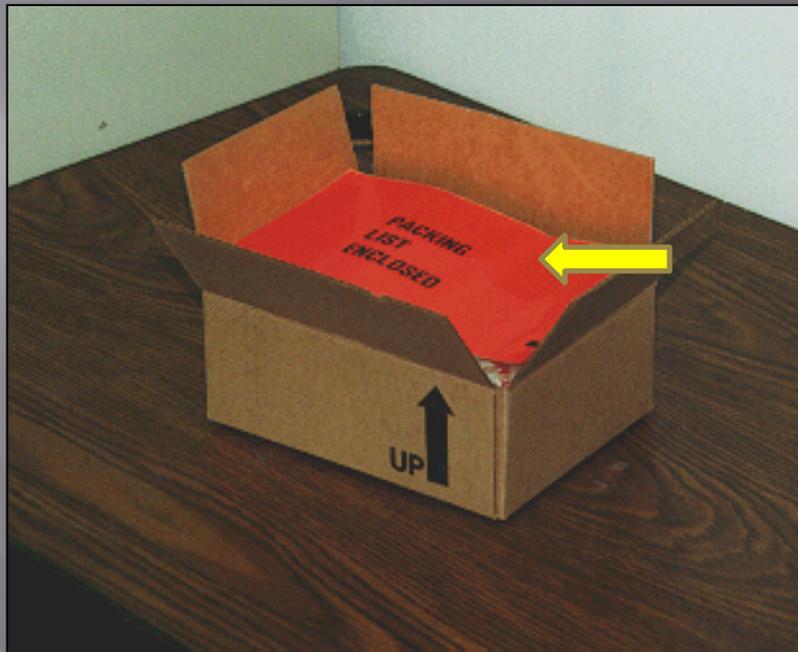
Packaging (I)



- ❑ Place seal bag and dividers in the box prior to filling the box with the specimen bottles
- ❑ Place absorbent materials on top



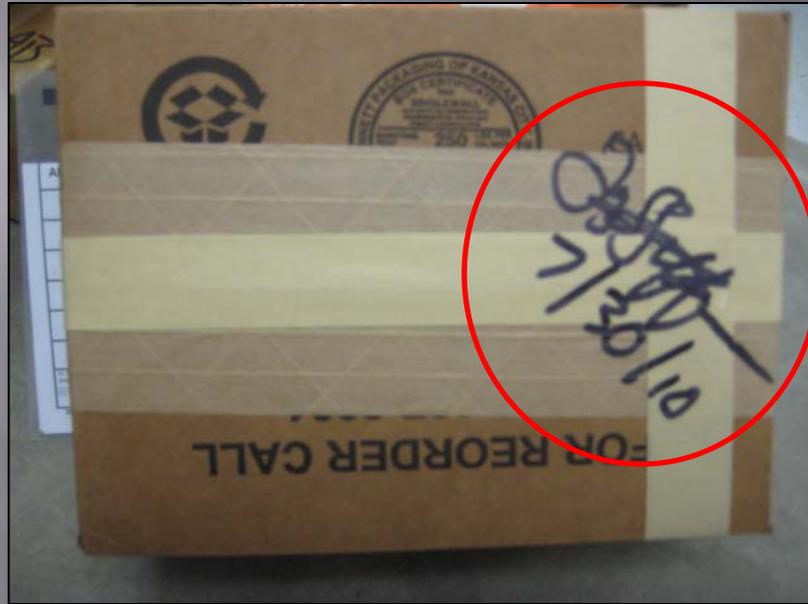
Packaging (II)



- ❑ Enclose a copy of the DD Form 2624 in the waterproof mailer and insert the mailer in the shipping container
- ❑ Each specimen bottle listed in the DD Form 2624 must be in the box (or properly voided on the DD Form 2624) and vice versa (see “GG” discrepancy code for further explanation)



Packaging (III)



- Seal all sides, edges and flaps of the box with adhesive paper tape
- Sign and date across the top and bottom of each box



Packaging (IV)



- ❑ Insert the original DD Form 2624 in a sealed envelope and affix the envelope to the shipping container (preferably on top or bottom)



Packaging (V)



- ❑ Place box in a secondary, waterproof container - mailing pouch.
- ❑ Address shipping label to the appropriate NDSL
- ❑ Mark on the address side with the following statement: **“CLINICAL SPECIMEN - URINE SAMPLE”**



Packaging Tips



- Please do not individually wrap the specimen bottles or tape / wrap the specimen bottle lids.
- Wrapping /taping does not help with leakage and can cause problems with legibility of the label.



Common Discrepancies (I)

- ❑ **FN** = Form Chain of Custody entries discrepant (incorrect, incomplete, illegible, not original or not forensically corrected)
- ❑ The most commonly-applied discrepancy code for specimens received by NDSL Jacksonville
- ❑ The purpose of chain of custody documentation is to accurately document who or what had custody of the specimens, on which date and for what purpose



Common Discrepancies (II)

12. CHAIN OF CUSTODY		LAN	PURPOSE OF CHANGE / REMARKS	BLOCK	UNIT	Message address of unit submitting urine samples
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.		1 SUBMITTING UNIT		
(1) 090701	SIGNATURE NAME ETC LEWIS USS FLORIDA BLUE	SIGNATURE NAME SECURED STORAGE	(1)	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.
(2) 090702	SIGNATURE NAME ETC LEWIS USS FLORIDA BLUE	SIGNATURE NAME FLEET POSTAL SERVICE	Transfer for Shipment to Fleet Post Office.	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 (BIDN).
(3) JUL 06 2009	SIGNATURE NAME U.S. MAIL	SIGNATURE NAME ACCESSIONING STORAGE	TEMPORARY SECURED STORAGE	4 UNIT IDENTIFICATION CODE	Do not use.	Unit Identification Code (UIC or RUC) of unit Do not use.
(4) JUL 07 2009	SIGNATURE NAME ACCESSIONING STORAGE	SIGNATURE NAME Olipendo	OPENED AND INSPECTED BOX/BOTTLE SEALS INTACT CONTINUED ON BOTTLE CHAIN OF CUSTODY DOCUMENT	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.
(5)	SIGNATURE NAME	SIGNATURE NAME		6 DATE SPECIMEN COLLECTED	Enter the four-digit-year, two-digit-month, and two-digit-day that samples were collected by submitting unit.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(6)	SIGNATURE NAME	SIGNATURE NAME		7 SPECIMEN NUMBER	Use number pre-printed on form	Full SSN of person from whom sample obtained.
(7)	SIGNATURE NAME	SIGNATURE NAME		8 COMPLETE SSN	Indicate the testing premise to conduct the collection.	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
				9 TEST BASIS	Leave blank.	Not used.
				10 TEST INFORMATION	Leave blank.	
				11 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.	

- ❑ (1) Missing purpose of change (e.g., “overnight storage”)
- ❑ (2) 12(2)b should read “SECURED STORAGE” and the RECEIVED BY block should read “ETC LEWIS, USS FLORIDA BLUE” with signature
- ❑ (3) Entries on this line should be “ETC LEWIS, USS FLORIDA BLUE” to “FLEET POSTAL SERVICE” for “Transfer for Shipment”



Proper Documentation of Chain of Custody (I)

Chain of Custody Examples:

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229 Same date samples collected	Signature E.g., UPC Printed Name	Postal Service	Release to Postal Service for Shipment to Lab

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229	Signature Person #1 Printed Name	Signature Person #2 Printed Name	Transfer Custody
081229	Signature Person #2 Printed Name	Postal Service	Release to Postal Service for Shipment to Lab

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229	Signature Person #1 Printed Name	Storage	Temporary Secured Storage
090106	Storage	Signature Person #2 Printed Name	Retrieve from Storage
090106	Signature Person #2 Printed Name	Postal Service	Release to Postal Service for Shipment to Lab



Proper Documentation of Chain of Custody (II)

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	USN/MC	USAF
				1 SUBMITTING UNIT	Message address of unit submitting urine samples		
(1) 25NOV2002	SIGNATURE <i>BM2 Smith</i> NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service	2 ADDITIONAL SERVICE INFORMATION (SECOND ECHOLON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
(2)	SIGNATURE	SIGNATURE					Four-character Base Identification Code (IC)

EXAMPLE 1: Samples mailed to lab by BM2 Smith immediately after collection, with no intermediate transfer of custody.

(4)	SIGNATURE NAME	SIGNATURE NAME		5 DOCUMENT/BATCH NUMBER	Do not use	samples, or portion thereof, shall be assigned a separate number by the submitting unit.	in the shipment (ex. 301). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
(5)	SIGNATURE NAME	SIGNATURE NAME		6 DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
(6)	SIGNATURE NAME	SIGNATURE 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).
(7)	SIGNATURE NAME	SIGNATURE NAME		8 COMPLETE SSN	Full SSN of person from whom sample obtained.		
(8)	SIGNATURE NAME	SIGNATURE NAME		9 TEST BASIS	Indicate the testing premises to conduct the collection.		
(9)	SIGNATURE NAME	SIGNATURE NAME		10 TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; G = ADACC Staff; H = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
(10)	SIGNATURE NAME	SIGNATURE NAME		11 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
(11)	SIGNATURE NAME	SIGNATURE NAME		12. CHAIN OF CUSTODY (LINE (1)).			
(12)	SIGNATURE NAME	SIGNATURE 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/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.			
(13)	SIGNATURE NAME	SIGNATURE NAME		NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment to block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).			
(14)	SIGNATURE NAME	SIGNATURE NAME		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES			

DD Form 2624, FEB 1998 (Back)



Proper Documentation of Chain of Custody (III)

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	USN/MC	USAF
				1 SUBMITTING UNIT	Message address of unit submitting urine samples		
(1) 25NOV2002	SIGNATURE <i>BM2 Smith</i> NAME BM2 Smith	SIGNATURE NAME	Hand Carry to NAVDRUGLAB	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.
(2)	SIGNATURE	SIGNATURE					Four-character Base

EXAMPLE 2: Samples hand carried to lab by BM2 Smith immediately after collection, with no intermediate transfer of custody.

	NAME	NAME						
(4)	SIGNATURE	SIGNATURE		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.
	NAME	NAME		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
(5)	SIGNATURE	SIGNATURE		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
	NAME	NAME		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
				9	TEST BASIS	Indicate the testing premises to conduct the collection.		
(6)	SIGNATURE	SIGNATURE		10	TEST INFORMATION	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.	
	NAME	NAME						
(7)	SIGNATURE	SIGNATURE		11	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	
	NAME	NAME						
(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/REMARKS - 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 signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in 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						

DD Form 2624, FEB 1998 (Back)



Proper Documentation of Chain of Custody (IV)

“Z-chain”
Example:

12. CHAIN OF CUSTODY				INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	USN/MC	USAF
(1) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE SN Jones NAME SN Jones	Transfer custody/Prepare for shipment	1 SUBMITTING UNIT	Message address of unit submitting urine samples		
(2) 25NOV2002	SIGNATURE SN Jones NAME SN Jones	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service	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.
(3)	SIGNATURE	SIGNATURE		3 BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex. F123). Comprise the first four characters of the full 10-character Base Identification Number (BIDN).
				4 UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		
<p>EXAMPLE 3: Samples mailed to lab by SN Jones with transfer of custody from BM2 Smith to SN Jones.</p>							
(5)	SIGNATURE NAME	SIGNATURE NAME		7 SPECIMEN NUMBER	Use number pre-printed on form to identify bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(6)	SIGNATURE NAME	SIGNATURE NAME		8 COMPLETE BSN	Full BSN of person from whom sample obtained.		
(7)	SIGNATURE NAME	SIGNATURE NAME		9 TEST BASIS	Indicate the testing premise to conduct the collection.		
(8)	SIGNATURE NAME	SIGNATURE NAME		10 TEST INFORMATION	Military: A = ET - E4; B = ES - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP ADAPCP Signl; G = other TDP; H = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
(9)	SIGNATURE NAME	SIGNATURE NAME		11 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
(10)	SIGNATURE NAME	SIGNATURE NAME		<p>12. CHAIN OF CUSTODY (LINE (1)).</p> <p>a. DATE - Date of collection/shipment</p> <p>b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.</p> <p>c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.</p> <p>d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.</p> <p>NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).</p>			
13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES							

DD Form 2624, FEB 1998 (Back)



Proper Documentation of Chain of Custody (V)

“Z-chain”
Example:

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	USN/MC	USAF
(1) 25NOV2002	SIGNATURE <i>BM2 Smith</i> NAME BM2 Smith	SIGNATURE NAME Locker #1	Temporary secured storage	1 SUBMITTING UNIT	Message address of unit submitting urine samples		
(2) 27NOV2002	SIGNATURE NAME Locker #1	SIGNATURE <i>BM2 Smith</i> NAME BM2 Smith	Retrieve from 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.
(3) 27NOV2002	SIGNATURE <i>BM2 Smith</i> NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service	3 BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex., F123). Comprise the first four characters of the full 10-character Base Identification Number (BDN).
(4)	SIGNATURE	SIGNATURE		4 UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
				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 submitter.	3-digit batch number common to all specimens in the shipment (Ex. 201). Comprise the middle part of the full 10-character BDN assigned to each specimen.
<p>EXAMPLE 4: Samples mailed to lab by BM2 Smith after storage in locker #1 by BM2 Smith.</p>							
(6)	SIGNATURE NAME	SIGNATURE NAME		10 TEST INFORMATION	A = E1 - E4; B = E5 - O10; Civilian only; C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP G = TDP Staff; H = other TDP; N = other nonmilitary	Leave blank	Additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
(7)	SIGNATURE NAME	SIGNATURE NAME		11 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
<p>12. CHAIN OF CUSTODY (LINE 11).</p> <p>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/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.</p> <p>NOTE: If when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).</p>							
(8)	SIGNATURE NAME	SIGNATURE NAME		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES			
(9)	SIGNATURE NAME	SIGNATURE NAME					
(10)	SIGNATURE NAME	SIGNATURE NAME					

DD Form 2624, FEB 1998 (Back)



Proper Documentation of Chain of Custody (VI)

“Z-chain”
Example:

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	USN/MC	USAF
(1)	SIGNATURE 25NOV2002 <i>SN Jones</i> NAME SN Jones	SIGNATURE <i>BM2 Smith</i> NAME BM2 Smith	Transfer custody	1	SUBMITTING UNIT Message address of unit submitting urine samples		
(2)	SIGNATURE 25NOV2002 <i>BM2 Smith</i> NAME BM2 Smith	SIGNATURE Locker #1	Temporary secured 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.
(3)	SIGNATURE 27NOV2002 Locker #1	SIGNATURE <i>BM2 Smith</i> NAME BM2 Smith	Retrieve from storage	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 (BIDN).
(4)	SIGNATURE 27NOV2002 <i>BM2 Smith</i> NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service (OR Hand-carry to NAVDRUGLAB)	4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.	Do not use
(5)	SIGNATURE	SIGNATURE		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., 001). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
				6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.	
				7	SPECIMEN NUMBER	Use number pre-printed on form to identify bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
				8	COMPLETE SIGNATURE	Full BDN of person from whom sample obtained	
<p>EXAMPLE 5: Samples mailed (or hand carried) to lab by BM2 Smith after transfer of custody from SN Jones to BM2 Smith, and storage in locker #1 by BM2 Smith.</p>							
	NAME	NAME					negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.
(8)	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/REMARKS - 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 the number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).			
(9)	SIGNATURE	SIGNATURE		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES			
	NAME	NAME					
(10)	SIGNATURE	SIGNATURE					
	NAME	NAME					

DD Form 2624, FEB 1998 (Back)



Proper Forensic Correction

002	999-00-0909	OO
003	101-11-0990	OO
004	001-19-0999 ⁶⁶⁵ 001-19-0909 ₁₂₋₁₇₋₀₂	OO

AND NO OTHERS -----

SSNs are fictitious

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT
USS NEVERSAIL

2. ADDITIONAL SERVICE INFORMATION (SECOND ECH
COMDESRON ONE HUNDRED NORFOLKVA

3. BASE/AREA CODE
XXXX

4. UNIT IDENTIFICATION CODE
12111

5. DOCUMENT / BATCH NUMBER
0003

6. DATE SPEC
YYYY
2002 /

7. SPECIMEN NUMBER
001

8. COMPLETE SSN
010-00-9009

9. TEST BASIS
OO

10. TEST INFO

11. PRESCREEN

E. DISC CODE

002

999-00-0909

OO

003

101-11-0990

OO

004

~~001-19-0999~~ ⁶⁶⁵ ~~001-19-0909~~ ₁₂₋₁₇₋₀₂

OO

AND NO OTHERS -----



EXAMPLE 6: Example of a properly performed forensic correction for the SSN of specimen #004. The original SSN is still readable (has only a single line through it), and the correction is initialed and dated.

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



Common Discrepancies (III)

- ❑ **GP** = Form or other document shows Service Member's name / signature
- ❑ The second most commonly-applied discrepancy code for specimens received by NDSL Jacksonville
- ❑ Do not submit any documents that show Service Member's name or signature (*i.e.*, Drug Testing Program Testing Register)



Common Discrepancies (IV)

- ❑ **PD** = Package missing signature / date
- ❑ The third most commonly-applied discrepancy code for specimens received by NDSL Jacksonville





Common Discrepancies (V)

- ❑ **FR** = Form on two pieces of paper-no linking identifiers
- ❑ The fourth most commonly-applied discrepancy code for specimens received by NDSL Jacksonville
- ❑ Print the front and back of DD Form 2624 on one piece of paper
- ❑ If you must print the DD Form 2624 on two pieces of paper, annotate the local batch number, your initials, and the date on top of the second page of the DD Form 2624



Common Discrepancies (VI)

- ❑ **GG** = Form listed specimen, no bottle received
- ❑ The fifth most commonly-applied discrepancy code for specimens received by NDSL Jacksonville
- ❑ If a specimen is listed on the DD Form 2624 but for some reason was not collected, forensically line out the sample
- ❑ Draw a line through the barcode for the incorrect information and initial and date



Common Discrepancies (VII)

- The UPC must also account for each and every specimen bottle listed on the DD Form 2624
- If a specimen is listed on the DD Form 2624 but is not collected, the UPC must forensically void the specimen entry on the DD Form 2624
- Additionally, we ask that the UPC try to place as many specimens on one DD Form 2624 as possible
- We sometimes receive 12 specimen bottles collected on the same day with 12 different DD Forms 2624 in one box – this requires additional processing time and may delay results reporting!!



Helpful Resources

- ❑ Navy Drug Screening Laboratory Jacksonville:
<http://www.med.navy.mil/sites/jaxdruglab/Pages/default.aspx>
- ❑ Navy Alcohol and Drug Abuse Prevention (NADAP):
<http://www.npc.navy.mil/CommandSupport/NADAP>
- ❑ Urinalysis Program Coordinator's (UPC) Handbook
- ❑ OPNAVINST 5350.4D & SECNAVINST 5300.28D
- ❑ NAVADMIN 108/10 of 25 Mar 10