5355

Ser (yours)

Date

From: Commander/Commanding Officer/Officer in Charge, (your command’s name and city)

To: Commanding Officer, Navy Drug Screening Laboratory, Jacksonville or Great Lakes

Subj: DRUG TESTING RESULTS-RELATED REQUEST

Ref: (a) OPNAVINST 5350.4E, Drug and Alcohol Abuse Prevention and Control, 28 Mar 22

Encl: (1) If needed, prescription history with supporting documents; please no PII (name, DOB, phone,

 address, gender, rank, all parts of the SSN))

1. Per reference (a), we request NDSL Jacksonville provide the following: (please mark selection(s))

\_\_\_\_\_ Summary Report (summary of testing results recommended for administrative boards)

\_\_\_\_\_ Full Documentation Package (summary of testing results inclusive of instrumentation

 documentation; suitable for court-martial)

\_\_\_\_\_ A laboratory Expert Witness to support a court-martial / administrative board / hearing (select one)

 Date/time of proceeding:

\_\_\_\_\_ The original specimen bottle / photo of bottle label (select one)

\_\_\_\_\_ Technical Review (please provide all relevant medical/prescription records as enclosures)

\_\_\_\_\_ Technical Statement regarding specific questions about a result (please include the question(s) and

 any relevant information as enclosures)

\_\_\_\_\_ Other/Explain:

2. Sample information:

UIC/BAC: #####/#### Collection Date: YYYYMMDD DOD ID: ##########

 Batch: #### LAN: J##########

Results: Drug(s) Specimen ID: ### Form: J########

3. Point of contact name, commercial/DSN number including extension if applicable, and email address. All responses will be provided electronically by email unless otherwise requested. Please provide mailing address if different from letterhead. Provide a physical address (street, building number, etc) if requesting response via Federal Express (this includes ships and operational squadrons).

Signature

CO/OIC NAME