

Drug Test Preparation Checklist

BEFORE

Groundwork

- ___ Assist the CO in selecting UPCs and observers.
- ___ Train UPCs and observers.
- ___ Maintain adequate supplies on hand (enough to test each member twice).

Preparing for Testing

- ___ Schedule testing through consultation with CO.
- ___ Identify/reserve testing site.
- ___ Arrange for a sufficient number of trained UPCs and observers.
- ___ Use DTP/DTP Lite to create list of Marines to be tested and print paperwork (bottle labels, urinalysis registers, and custody documents).
- ___ Prepare materials for the testing session.

DURING

Conducting Testing

- ___ Brief UPCs and observers.
- ___ Notify Marines.
- ___ Bring paperwork and supplies.
- ___ Secure testing area.
- ___ Collect urine samples.

AFTER

Submitting Specimens

- ___ Prepare and ship bottles.
- ___ Maintain security and establish chain of custody.
- ___ Oversee UPCs and observers.

Results

- ___ View test results and discrepancy codes.
- ___ Obtain command determinations for any positive test results.
- ___ Maintain secure confidential records of tests and results.

What you should know about Drug Testing

1. The purpose of drug testing.
2. The policy requirements for drug testing.
3. The roles and responsibilities of SACOs, COs, UPCs, observers, DDRCs and MOs in regards to drug testing.
4. The appropriate use of premise codes.
5. The basics of the drug testing laboratory procedures.
6. All of the steps of urinalysis, including before, during and after the collection of urine.
7. How to choose, appoint and train UPCs and observers.
8. Proper completion of drug testing paperwork and documentation of urine samples' chain of custody.

Example 5-1: Sample IR Test Order



UNITED STATES MARINE CORPS
YOUR UNIT ADDRESS
CITY, STATE ZIP CODE

IN REPLY REFER TO:
Code/Serial #
Date

From: Commanding Officer, Your Unit
To: Substance Abuse Control Officer

Subj: RANDOM URINALYSIS

Ref: (a) MCO 5300.17
(b) List relevant base orders, if applicable

1. Per the reference, you are hereby authorized to conduct random urinalyses of 3% of the Your Unit, on the following dates in MONTH Year:

Day of the week	#	Month
Day of the week	#	Month
Day of the week	#	Month
Day of the week	#	Month
Day of the week	#	Month
Day of the week	#	Month

2. Other testing may be ordered on an as needed basis.

3. These, and all urinalysis testing dates, will be treated as confidential information, to be released only to designated personnel, and no sooner than 24 hours prior to the conduct of the test.

Signature
CO'S RANK & NAME

Example 5-2: Urinalysis Consent Letter



UNITED STATES MARINE CORPS
YOUR UNIT ADDRESS
CITY, STATE ZIP CODE

IN REPLY REFER TO:
Code/Serial #
Date

From: Substance Abuse Control Officer
To: RANK LNAME, FNAME MI. YXX XX 0000/0000/USMC

Subj: URINALYSIS CONSENT

Ref: (a) MCO 5300.17

1. I, _____, have been requested to provide a urine sample. I have been advised that:
 - a. I am suspected of having unlawfully used drugs;
 - b. I may decline to consent to provide a sample of my urine for testing;
 - c. If a sample is provided, any evidence of drug use resulting from urinalysis testing may be used against me in a Court-Martial.
2. By signing, I consent to providing a sample of my urine. This consent is given freely and voluntarily by me, and without any promises or threats having been made to me or pressure or coercion of any kind having been used against me.

PRINT NAME

SIGNATURE

PRINT NAME

WITNESS

DATE

Example 5-3: Sample PO Testing Order



UNITED STATES MARINE CORPS
YOUR UNIT ADDRESS
CITY, STATE ZIP CODE

IN REPLY REFER TO:
Code/Serial #
Date

From: Commanding Officer, Your Unit
To: RANK LNAME, FNAME MI. XXX ZX 0000/0000/USMC

Subj: ORDER TO PROVIDE A URINE SPECIMEN FOR PROBABLE CAUSE
TESTING

Ref: Military Rules of Evidence 315, MCM (2002 Edition)

1. You are hereby ordered to provide a urine specimen for drug testing purposes. In accordance with the reference, I have authorized my representative to seize your urine. Said authorization is based upon my determination that probable cause exists to believe that your urine will contain evidence of illegal drug use. Compliance with this order requires that you:

a. Report to the Substance Abuse Counseling Office in building #, at time on date for a urinalysis test.

b. Surrender your ID card upon arrival at the testing location and remain at the testing location until you have provided your urine specimen, your ID has been returned to you, and you have been given permission to leave.

c. Be observed urinating directly into the bottle, or other receptacle provided to you, for collecting a urine specimen.

d. While avoiding contaminating the specimen, fill the bottle, or other receptacle provided to you, with a minimum of 30 milliliters of your urine (or more if so directed).

2. Failure to comply with this order in any way may result in disciplinary action against you under the Uniform Code of Military Justice (UCMJ). You will acknowledge that you have read this order and understand it by signing below.

Signature
Commanding Officer

Date

From: RANK LNAME, FNAME MI. XXX XX 0000/0000/USMC
To: Commanding Officer, Your Unit

Subj: ORDER TO PROVIDE A URINE SPECIMEN FOR PROBABLE CAUSE
TESTING

1. I have read and understand this order. I further understand that failure to comply with this order in any way may result in disciplinary action under UCMJ.

Date: _____ Time: _____

Printed Name: _____

Signature: _____

Example 5-4: Sample CO Test Order



UNITED STATES MARINE CORPS
YOUR UNIT ADDRESS
CITY, STATE ZIP CODE

IN REPLY REFER TO:
Code/Serial #
Date

From: Commanding Officer, Your Unit
To: RANK LNAME, FNAME MI. XXX XX 0000/0000/USMC
Subj: COMMAND ORDER TO PROVIDE A URINE SPECIMEN
Ref: MCO 5300.17

1. You have been directed and are hereby ordered to provide a urine specimen for drug testing purposes. Compliance with this order requires that you:
 - a. Report to the SACO office in building #, at time on date for a urinalysis test.
 - b. Surrender your ID card upon arrival at the testing location and remain at the testing location until you have provided your urine specimen, your ID has been returned to you, and you have been given permission to leave.
 - c. Be observed urinating directly into the bottle, or other receptacle provided to you, for collecting a urine specimen.
 - d. While avoiding contaminating the specimen, fill the bottle, or other receptacle provided to you, with a minimum of 30 milliliters of your urine (or more if so directed).
2. Failure to comply with this order in any way may result in disciplinary action against you under the Uniform Code of Military Justice (UCMJ). You will acknowledge that you have read this order and understand it by signing below.

Signature
CO'S RANK & NAME

Date

From: RANK LNAME, FNAME MI. XXX XX 0000/0000/USMC
To: Commanding Officer, Your Unit

Subj: ORDER TO PROVIDE A URINE SPECIMEN

1. I have read and understand this order. I further understand that failure to comply with this order in any way may result in disciplinary action under UCMJ.

Date: _____ Time: _____

Printed Name: _____

Signature: _____

Example 5-5: Sample Appointment Letter for UPCs and Observers



UNITED STATES MARINE CORPS
YOUR UNIT ADDRESS
CITY, STATE ZIP CODE

IN REPLY REFER TO:
Code/Serial #
Date

From: Commanding Officer
To: All NCOs AND SNCOs

Subj: APPOINTMENT AS URINALYSIS PROGRAM COORDINATOR AND
OBSERVERS FOR URINALYSIS TESTING

Ref: (a) MCO 5300.17
(b) List relevant base order or regulations, if applicable

1. Per the references, all unit NCOs and SNCOs are hereby appointed as urinalysis program coordinators and observers for any testing I may direct.
2. You will be guided in the performance of your duties per the references.
3. Prior to performance of these duties, the unit SACO will brief you on the responsibilities of the task you will be performing.

Signature
CO'S RANK & NAME

Example 5-6: Urinalysis Program Coordinator Duties

(YOUR UNIT)

5300
SACO
(DATE)

From: _____
To: _____

Subj: URINALYSIS PROGRAM COORDINATOR'S DUTIES

Ref: MCO 5300.17

1. Per the reference, you are hereby authorized to perform the task of urinalysis program coordinator (UPC). You will be guided in your duties by ref (a) and the following guidelines:

- a. Coordinators will be responsible for setting up and maintaining positive control over the urinalysis area.
- b. Coordinators must keep a constant surveillance of all personnel who are selected for the urine sample collection.
- c. Coordinators will ask for the Marines ID. Card. Compare the I.D. card picture with the face of the Marine.
- d. Verify the social security number on the urinalysis label, urinalysis test register, and DD Form 2624 to the ID card.
- e. Issue the Marine an empty urine sample bottle making sure that the Observer is present and has visual contact with the bottle.
- f. If a Marine fails to give a sample after being escorted to the head, the Observer will escort the individual back to the Coordinator. The Marine will return the sample bottle to the coordinator and wait in the designated area until able to produce a sample.
- g. When the Marine returns with a sample, ask the Marine "IS THIS YOUR URINE" once the Marine positively acknowledges the urine sample, instruct the Marine to place the bottle on the table in front of the coordinator keeping a hand on top of the bottle. The coordinator will then touch the side of the bottle to verify that the sample is warm. The observer will monitor this action. If the sample is not warm, the Marine will be detained and the SACO and SgtdMaj will be alerted.
- h. Coordinator will initial the label where it says UPC _____ in block letters:
- i. Allow the Marine to verify the information on the label, urinalysis test register, and DD Form 2624, and have the Marine with a black ballpoint ink pen initial the label where it says SM _____ in block letters: [example MET].
- j. The Marine will place the label on his/her own urine sample.
- k. The Marine with a black ballpoint ink pen will initial the center of the red tamper proof seal in block letters: [example MET].
- l. Have the Marine take his/her red tamper proof seal from the pad and affix the red tamper proof seal over the lid of the bottle, ensuring the seal is place over the "TAPE HERE" on both sides of the bottle label, while ensuring the red tamper proof seal does not cover the bar code on the bottle label.
- m. Coordinators will ensure one last time that all information is correct, and that there are no blank spaces left on the label.
- n. Place the bottle in the original cardboard container in its assigned space.
- o. After collecting all samples, sign DD Form 2624 over to the Unit SACO for "Hand Transfer/Storage" or for mailing the samples to the appropriate screening laboratory.
- p. Remember, every bottle of urine holds a service member's career, so treat it accordingly.

2. I, _____, have read and understand the duties as Urinalysis Program Coordinator. I understand that my performance as a coordinator may require me to testify and be scrutinized in a military court of law. I understand that failure to perform my duties, in detailed accordance with the guidelines will constitute dereliction of duty, and may be punishable under the UCMJ.

Coordinator Signature

DATE

SACO Signature

DATE

Example 5-7: Urinalysis Observer Duties

(YOUR UNIT)

5300
SACO
(DATE)

From: _____
To: _____

Subj: URINALYSIS OBSERVER'S DUTIES

Ref: (a) MCO 5300.17

1. Per the reference, you are hereby authorized to perform the task of Urinalysis Observer. You will be guided in your duties by ref (a) and the following guidelines:

- a. Observers should be completely familiar with all duties of the Urinalysis Coordinator.
- b. Observers are the second set of eyes, and may catch something that is overlooked by the Urinalysis Coordinator.
- c. Observers will be responsible for maintaining constant surveillance of all personnel who are selected for the urine sample collection.
- d. Observers will maintain constant control of all Marines in the area.
- e. Observers will allow only one (1) Marine to approach the Coordinator table at a time.
- f. Observers will never lose sight of the sample bottle from the moment the member assumes control of the sample bottle from the Coordinator, until the moment they return the sample bottle to the Coordinator and sign all documentation.
- g. Observers will never touch the bottle at any time.
- h. Observers will ensure all Marines remove their blouses or "half-mast" their flight suits/ coveralls prior to receiving a sample bottle and visually check for any tampering devices.
- i. Observers will escort Marines one at a time to the head area.
- j. Observers will maintain constant eye contact with the groin area and the bottle to ensure that the sample given isn't contaminated in any way and is from that SNM.
- k. If a Marine drops a bottle in the urinal, the observer will instruct the Marine to pick up the bottle. If urination had begun and the sample was spilled, the Observer will escort him back to the Coordinator so the Marine can return the sample bottle and wait in a controlled area until he can produce a sample. If urination had not begun, the observer will return the Marine to the coordinator for a new bottle.
- l. Observers will direct Marines to fill bottles at least 2/3 full.
- m. Female observers must observe the member transferring urine from wide-mouth bottle into the standard sample bottle.
- n. Once the Marine has filled the bottle, the Observer will escort the individual back to the Coordinator. After the Marine signs the ledger, the Observer will sign next to the Marine's signature certifying that sample was given by that Marine.
- o. If a Marine fails to give a sample after being escorted to the head, the Observer will escort the individual back to the Coordinator so that the Marine can return the sample bottle and wait in a controlled area until able to produce a sample. The coordinator will maintain custody of the Marine's I.D. Card until the sample has been provided.

2. I, _____, have read and understand the duties as Urinalysis Observer. I understand that my performance as an observer may require me to testify and be scrutinized in a military court of law. I understand that my failure to perform my duties, in detailed accordance with the guidelines listed above will constitute dereliction of duty, and may be punishable under the UCMJ.

Observer Signature

DATE

Coordinator Signature

DATE

Example 5-8: Urinalysis Collection Materials

The items below should be obtained through the supply system to ensure they comply with domestic and international mail carrier regulations.

Shipping Boxes

<u>Stock Number</u>	<u>U/I</u>	<u>Size</u>	<u>Number of Bottles</u>
6640-00-165-5778	10	8" x 3.5" x 6"	12
(*) 8115-00-290-5494	25	8" x 5" x 4.5"	9
(*) 8115-00-290-3365	25	8" x 4" x 4"	6

(*) containers do not include bottles or separators

Mailing Pouches

<u>Stock Number</u>	<u>Item</u>	<u>Size</u>	<u>Used for</u>
6530-01-304-9762	mailing pouch	10.5" x 15"	12 bottle box mailer

Absorbent pads for secondary container bags or mailing pouches

<u>Stock Number</u>	<u>Item</u>	<u>Size</u>	<u>Used for</u>
6530-01-304-9754	pouch, liquid absorbent	5" x 5"	single bottle or mailer

Other

<u>Stock Number</u>	<u>Item</u>
6530-00-837-7472	female specimen cup

Tamper resistant tape is recommended.

Vendor:

Time Medical Labeling System
 144 Tower Drive
 Burr Ridge, IL 60521
 (800) 323-4840 or CA only (800) 382-3371

<u>Product Number</u>	<u>Item</u>	<u>Contract Number</u>
TRL-2N	pad (500 strips per pad)	GS-14F-01500

The National Stock Numbers (NSNs) for collection materials may change; update information accordingly.

Example 5-9a: Personnel to be Tested (notification copy)

Marine Corps Drug Testing Program
Testing Subjects
Notification Copy

Global
08/19/2013

Organization	Name	Premise	SSN	Rank	Gender
Global / S4	Mckinstry, Brad J.	IU	294-86-0535	SGT	M
	Wallerich, John R.	IU	324-90-6159	SGT	M
Global / S6	Roller, Orval D.	IU	304-96-8394	SGT	M

Example 5-9b: Personnel to be Tested (work copy)

Drug Testing Program

Testing Subjects

Working Copy

Global

08/19/2013

Pool Name	Name	Prem	SSN	Rank	Due Back	Rationale
Global / S4	Mckinstry, Brad J.	IU	294-66-0535	SGT	_____	_____
Global / S6	Roller, Orval D.	IU	304-96-8394	SGT	_____	_____
Global / S4	Wallerich, John R.	IU	324-90-6159	SGT	_____	_____

Example 5-10: Testing register

New Database / Global
 08/19/2013 3:4:53 PM
 IU

Date of Collection T/M/D/Y	Batch And Specimen # Batch: Spec:	Tested Members Rank, Printed Name, SSN Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
08/19/2013	0001 001 Batch: Spec:	SGT McKinsty, Brad J. 294-86-0535	IU		
08/19/2013	0001 002 Batch: Spec:	SGT Roller, Orval D. 304-86-8394	IU		
08/19/2013	0001 003 Batch: Spec:	SGT Wallerich, John R. 324-90-6159	IU		

Example 5-11a: DD 2624 (front)

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING		LABORATORY CONDUCTING TESTING					
1. SUBMITTING UNIT				2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)			
3. BASE AREA CODE		4. UNIT IDENTIFICATION CODE		5. DOCUMENT/BATCH NUMBER		6. DATE SPECIMEN COLLECTED	
		M 1243		0001		20130819	
7. SPECIMEN NUMBER		8. COMPLETE SSN		9. TEST BASIS		10. TEST INFO	
				IU			
001		294-86-0535					
002		304-96-8394		IU			
003		324-90-6159		IU			
11. CERTIFICATION				12. DATE SIGNED			
<p>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.</p>							
13. SIGNATURE				14. DATE SIGNED			



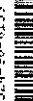




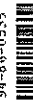
Example 5-11b: DD 2624 (back)

12. CHAIN OF CUSTODY		THRU PURPOSE OF CHANGE/ REMARKS d.	INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASED BY b.		LAW RECEIVED BY c.	BLOCK SUBMITTING UNIT	USA Message address of test submitting unit - samples	USMIC	USAF
(1)	SIGNATURE	SIGNATURE	1 ADDITIONAL INFORMATION (SECOND ECHO)	Do not use	Message address of second echelon submitting unit reports administratively	Optional. May be used to identify the base POC.	
130819	NAME	NAME	2 BASE/ LABOR CODE	Service coop area	Leave blank. For future use	Four character Base Identification Code (IE, F, I, 23). Compress the last four characters of the Base Identification Number (BIN).	
(2)	SIGNATURE	SIGNATURE	3 UNIT IDENTIFICATION CODE	Unit Identification Code (UIC) or RUC (if unit)	Leave blank. For future use	Do not use	
(3)	SIGNATURE	SIGNATURE	4 DOCUMENT BATCH NUMBER	Do not use	Enter the locally assigned batch number for the samples. The first three characters shall be assigned a separate number by the submitting unit.	3-digit batch number common to all speci- mens. The last three characters (IE, 501) Compress the middle part of the full 10-character BIN assigned to each specimen.	
(4)	SIGNATURE	SIGNATURE	5 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 separate unit number (e.g., 101) discrepancy (if LUT BIN)	Enter 3-digit separate unit number (e.g., 101) discrepancy (if LUT BIN)	
(5)	SIGNATURE	SIGNATURE	6 SPECIMEN NUMBER	Use number pre-printed on form	Full SSN of person from whom sample obtained	Enter 3-digit separate unit number (e.g., 101) discrepancy (if LUT BIN)	
(6)	SIGNATURE	SIGNATURE	7 COMPLETE SSN	Full SSN of person from whom sample obtained	Indicate the testing process to conduct the collection	Enter 3-digit separate unit number (e.g., 101) discrepancy (if LUT BIN)	
(7)	SIGNATURE	SIGNATURE	8 TEST INFORMATION	Leave blank.	Enter required only if additional testing is requested	Enter required only if additional testing is requested	
(8)	SIGNATURE	SIGNATURE	9 PRESCREEN	Leave blank. If found positive, indicate P for positive or N for negative for drugs pre-screened. Leave blank if not screened prior to submission to lab.	Leave blank.	Provide indication in attached message	
(9)	SIGNATURE	SIGNATURE	12. CHAIN OF CUSTODY (LINE 1)				Not used
(10)	SIGNATURE	SIGNATURE	13. DAMAGE TO SHIPPING CONTAINER / DISCREPANCIES				Not used

DD Form 2624, FEB 1993 (Back)

DD Form 2624, FEB 1993 (Back)

Example 5-12: Bottle Labels

Tape Here	 IU 0001 003  324-90-6159  20130819	MCC: 1A5 RUC: 1243 UFC _____ SH _____	Tape Here
Tape Here	 IU 0001 002  304-96-8384  20130819	MCC: 1A5 RUC: 1243 UFC _____ SH _____	Tape Here
Tape Here	 IU 0001 001  294-86-0555  20130819	MCC: 1A5 RUC: 1243 UFC _____ SH _____	Tape Here

Example 5-13: Urinalysis Brief Sheet

Urinalysis Program Coordinator/observer responsibilities are set forth in MCO 5300.17 and are reemphasized below to ensure every urinalysis is handled with great care and positive control.

The observer will:

1. Take positive control of the Marines and only observe one Marine at a time.
2. Ensure that the bottle is in plain view at all times and escort the individual to the collection site.
3. The observer must position himself/herself to watch the urine leave the body and enter the collection bottle.
4. Observe the individual tighten the lid on the bottle.
5. Escort the individual to the coordinator ensuring that the bottle is in plain view at all times.
6. Print and sign on the Unit Ledger after the individual you observed signs giving custody to the coordinator.

The UPC will:

1. Take the I.D. card and match it against the paper work to verify the name, rank and SSN of the individual.
2. Issue the bottle and have the individual check to make sure there is nothing inside the bottle. Do not allow them to blow or put anything inside the bottle.
3. When the individual and observer return have only one person at the table at a time.
4. Ensure that there is at least 30 ml of sample in the bottle.
5. Make sure the individual checks his/her name and SSN on the ledger and label. Then sign the ledger and put time the sample was collected above the date on ledger.
6. Have the individual put the label and red tape on the bottle.
7. Have the individual print his/her initials on the label and the red tamper proof tape.
8. Ensure that they match and then initial the label and place the bottle in the correct box.
9. Have the observer sign the ledger by the individual's name.
10. Return the ID card to the individual.
11. At no time let the filled bottles out of your possession until the bottles are turned over to the SACO.

UPC Rank/name (print) Signature Date

Observer Rank/name (print) Signature Date

Observer Rank/name (print) Signature Date

Observer Rank/name (print) Signature Date

Batch # _____ to _____

Example 5-14: Request for Additional Testing



UNITED STATES MARINE CORPS
YOUR UNIT ADDRESS
CITY, STATE ZIP CODE

IN REPLY REFER TO:
5300
SACO
Date

From: Commanding Officer, Your Unit
To: Naval Drug Screening Lab San Diego

Subj: REQUEST URINALYSIS SAMPLE BE TESTED FOR ALL PANELS AND
REQUEST FURTHER TESTING FOR (for example STEROIDS, BATH SALTS,
INHALANTS, ETC. list which one)

Ref: MCO 5300.17

1. Short explanation of why the Marine's sample needs further testing. (EXAMPLE: Subject member suspected of using inhalants due to six empty paint cans and a brown bag with paint residue in his/her room wall locker during an inspection).

2. TESTING INFORMATION:

- SSN- (XXI-XX-Last 4)
- BATCH NUMBER-
- SPECIMEN NUMBER-
- PREMISE CODE (VO/CO/FO)
- DATE OF URINALYSIS-
- UNIT RUC NUMBER-

Point of Contact is (your rank and name), (phone number)

Signature
Commanding Officer

Example 5-15: MRO and Command Review



UNITED STATES MARINE CORPS
YOUR UNIT ADDRESS
CITY, STATE ZIP CODE

IN REPLY REFER TO:
5300
MROC
Date

From: Medical Review Officer Coordinator
To: Commanding Officer

Via: Medical Review Officer

Subj: VERIFICATION OF POSITIVE URINE DRUG TESTING

Ref: (a) MCO 5300.17

1. Request the medical records on the following individual be reviewed for evidence of prescribed drugs that could cause a positive test result(s):

SSN: <insert SSN>
COLLECT DATE: <insert date>
UNIT RUC#: <insert RUC#>
DRUG(s): <insert drug(s)>

2. Please indicate if the positive result(s) is due to legal prescription and if the prescription is current.

From: Medical Review Officer

On _____ (Date) I reviewed:

_____ The CHCS database medication profile for the Marine listed above.

_____ The medical/dental records for the Marine listed above.

_____ Other records (please list: _____) pertaining to the Marine listed above.

And found:

There *is no* indication of a prescription medication prescribed that could cause a positive test result(s).

There *is* an indication of prescription medication prescribed that could cause a positive test result(s).

MRO's Signature stamp with signature

From: Commanding Officer

Regarding the Marine listed above, it was determined from the evidence that could cause a positive test result(s) that:

There *is no* wrongful use.

There *is* wrongful use.

Signature
Commanding Officer

Example 5-16: Discrepancy Codes

CODE	DESCRIPTION	
BA	Bottle / container unauthorized	TESTED
BC	Bottle leaked in shipment, quantity not sufficient to test	FATAL
BD	Bottle - broken seal	TESTED
BE	Bottle - no seal	TESTED
BF	Bottle - two seals, no explanation	TESTED
BU	Bottle empty	FATAL
BY	Bottle discrepancy - NOT TESTED	FATAL
BZ	Bottle discrepancy - TESTED	TESTED
FA	Form-UIC or base/area code discrepant*/differs from bottle	TESTED
FH	Form-date specimen collected discrepant*/differs from bottle	TESTED
FL	Form not received	TESTED
FM	Form received separately from bottle	TESTED
FN	Form chain of custody entries (Blocks 12a-d) discrepant*	TESTED
FP	Form did not list specimen, bottle received	TESTED
FR	Form on two pieces of paper - no linking identifiers	TESTED
FT	Form - SSN discrepant*	TESTED
GG	Form listed specimen, no bottle received	FATAL
GP	Form or other document shows service member's name/signature	TESTED
GR	Form marked void for received specimen	TESTED
GY	Form discrepancy - NOT TESTED	FATAL
GZ	Form discrepancy - TESTED	TESTED
LA	Label missing/blank	TESTED
LD	Label over label	TESTED
LF	Label - collection date discrepant*	TESTED
LJ	Label - member initials discrepant*	TESTED
LL	Label - collector or observer's initials discrepant*	TESTED
LN	Label - SSN does not match form	TESTED
LQ	Label has service member's name/signature	TESTED
LX	Label - SSN discrepant*	TESTED
LY	Label discrepancy - NOT TESTED	FATAL
LZ	Label discrepancy - TESTED	TESTED
OY	Laboratory technical discrepancy - NOT TESTED	FATAL
OZ	Laboratory technical discrepancy - TESTED	TESTED
PA	Package - no seal	TESTED
PB	Package - broken seal	TESTED
PD	Package missing signature/date	TESTED
PY	Package discrepancy - NOT TESTED	FATAL
PZ	Package discrepancy - TESTED	TESTED
SA	Specimen appears to be adulterated - NOT TESTED	FATAL
SB	Specimen appears to be adulterated - TESTED	TESTED
SC	Specimen quantity not sufficient to test	FATAL
SE	Specimen volume < 30 mL	TESTED
SY	Specimen discrepancy - NOT TESTED	FATAL
SZ	Specimen discrepancy - TESTED	TESTED

