


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 <i>(Second Echelon)</i> MSG JODI BROWN, RIARNG, DTC 2841 SOUTH COUNTY TRAIL, BLDG 330 EAST GREENWICH, RI 02818 401-433-9411	
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3. BASE and UNIT IDENTIFICATION ** NG42 	4. DATE SPECIMEN COLLECTED YYYY MM DD <input type="text"/> <input type="text"/> <input type="text"/>	C. LAB BATCH NUMBER	B. DAMAGE TO SHIPPING CONTAINER/ DISCREPANCY CODES
** Required information entry on front and back of form.	W6	5. UNIT DOCUMENT NUMBER ** <input type="text"/>	D. DRUGS TESTED

6. SPECIMEN NUMBER / SERVICE MEMBER'S ID NUMBER (CAC)	7. TEST BASIS	8. TEST INFO	9. ACCESSION NUMBER	10. DISC CODE
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				

11. CHAIN OF CUSTODY TRACKING		BASE AND UNIT IDENTIFICATION NG42		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		