

CHAPTER THREE

LABELS AND FORMS

SECTION 1. Specimen Bottle Labels

a. The yellow gum labels for the specimen bottle should be partially completed prior to the actual collection. Activities/commands may develop a computer program to preprint the labels or use a rubber stamp made specifically for this label. Preprinting labels should cut down administrative time during the actual collection.

b. The labels must be yellow (preferably light for readability) so that the NDSL can easily recognize civilian specimens. The labels must include the specimen number, date, SSN, and space for initials of the individual and the DPC or CSC. These items are among those specifically detailed in the Permanent Record Book in the section below. Attachment 2 to this Appendix shows a sample bottle label and a bottle, labeled and sealed with tamper-proof tape.

SECTION 2. Permanent Record Book

a. This permanently bound record book or binder must be maintained by the DPC, or his/her designee. If the permanent record book is maintained by the designee, it must be available to the DPC upon request. This book contains identifying data on each specimen collected and recorded in the sequence of the collection. Because more than one collection may be ongoing at the same time, activities/commands may be required to maintain more than one permanent book.

b. Attachment 3 is a copy of the required format developed by DHHS that must be used to assure uniformity and consistency of collection. It was designed so that it can be copied into a stock 10 1/2" x 8" notebook (see Attachment 1). The following is a step-by-step guide to completing the book; Attachment 4 contains sample entries:

- DATE/TIME OF COLLECTION - Enter the date (month, day, year) and time (use 24-hour clock) the individual reports to the collection site for processing.
- TESTED PERSON'S NAME - Enter the individual's name (last name, first name, middle initial, if any).

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TESTED PERSON'S SSN

- Enter the individual's SSN.

SPECIMEN NUMBER

- Use any type of numbering system as long as each specimen collected by the activity/command can be identified individually regardless of when the collection occurred. For example, the first specimen collected by the activity/command could be number 1 and all others numbered sequentially thereafter or the activity/command could use a combination of alpha and numeric characters.

TYPE OF TEST

- Enter one of the following codes:
AT - Applicant Test
RT - Random Test
RS - Reasonable Suspicion Test
FU - Follow-up Test
AU - Accident or Unsafe Practice Test
VT - Voluntary Test

TEMPERATURE

- Measure the temperature of each specimen. If the specimen is within the range of 32.5-37.7 C or 90.5-99.8 F, enter WR (Within Range). If the specimen temperature is outside the range, the temperature must be recorded.

REMARKS

- Use to note any unusual occurrences during the collection, report claims of medication use, medical or dental work done under drugs, etc.

COLLECTOR'S SIGNATURE

- Require signature by DPC or CSC.

CERTIFICATION SIGNATURE/
DATE

- Ensure that the individual tested reads the certification statement above the column and then signs and dates the correct line of information. If an employee refuses, collector should sign for the employee and annotate the refusal in the "Remarks" section.

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SECTION 3. Urine Sample Custody Document, OCPM 12792/2

a. The Urine Sample Custody Document, OCPM 12792/2, is basically a two-part form. The front of the form is split with collection information on the left side and a section which must be completed by the NDSL on the right side. The reverse side of the form documents the chain of custody of the specimens and provides a space for remarks. Attachment 5 is a copy of the document which may be reproduced locally.

b. Attachment 6 is a sample of a completed Urine Sample Custody Document, OCPM 12792/2, and the following is a step-by-step guide to completing the form:

- SUBMITTING AGENCY - Enter the name and complete mailing address of the activity/command.
- COLLECTION SITE & DATE - Exact site of the collection and the date of the collection.
- LABORATORY NAME & ADDRESS - Name and mailing address of the appropriate NDSL.
- RETURN RESULTS TO - Name and mailing address of the activity's/command's MRO.
- SUBMITTING AGENCY'S SPECIMEN IDENTIFICATION - Use the same specimen number entered in the Permanent Record Book as the "specimen number."
- SSN OF PERSON PROVIDING SPECIMEN - Enter the individual's SSN.
- TYPE TEST - Use the same code entered in the Permanent Record Book under the same heading.
- DRUGS TESTED - Enter one of the following codes:
 A - THC (marijuana), Cocaine, PCP, Amphetamines, and Opiates.
 C - Other Drugs (This means Lists I and II of the CSA). Specify the drug(s) in the remarks section on the reverse side of the form; blanket requests for all drugs on Lists I and II are not permitted.

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CERTIFICATION
SIGNATURE

- Name and signature of official certifying the collection and the date.

SIGNATURE OF
INDIVIDUAL RECEIVING
SPECIMENS FOR
SHIPMENT

- Name and signature of official receiving the specimens for shipment and the date.

MEANS OF SHIPMENT

- Indicate the means of shipment (e.g., "released to U.S. Mail" or "released to certified mail" #XXXX - enter number).

REMARKS

- This section should be used to enter appropriate remarks such as the exact drug or metabolite the activity/command wants to have tested under conditions of reasonable suspicion or after an accident.

CHAIN OF CUSTODY

DATE

- Enter date.

RELEASED BY

- Name and signature of individual releasing the specimen(s).

RECEIVED BY

- Name and signature of individual receiving the specimen(s).

PURPOSE OF CHANGE/
REMARKS

- Enter the purpose or reason for change in custody of the specimen(s).