

Personnel – General

**Substance Abuse Prevention and Control Program**

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By Order of The Adjutant General:

History. This issue publishes a revision of this publication.

Summary. This publication outlines policies and procedures governing the Substance Abuse Prevention Program (SAPP) of the Kansas Army National Guard (KSARNG). It defines policy on alcohol and other drug abuse, and assigns responsibilities for implementing the SAPP.

Suggested Improvements. The proponent of this publication is the Deputy Chief of Staff for Operations and Plans. Users are invited to send comments and suggested improvements to AGKS-DCSOPS-P-CD, Adjutant General Kansas, 2800 SW Topeka Blvd, Topeka, KS 66611-1287.

Distribution. A

Official:



ERIC C. PECK  
COL, GS, KSARNG  
Chief of the Joint Staff

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**Chapter 1**

**General**

**1-1. Purpose**

- a. Prescribe the policies and procedures needed to implement, operate, and evaluate the Substance Abuse Prevention Program of the Kansas Army National Guard.
- b. Prevent abuse of alcohol and drugs by members of the Kansas Army National Guard.
- c. Encourage all levels in the chain of command to take prompt action in identifying personnel, regardless of rank, when alcohol or drug abuse is suspected.
- d. Encourage self-referral by members who are abusing alcohol and/or illegal drugs, and encourage them to seek counseling and rehabilitation.
- e. Set out procedures for handling soldiers who test positive for illicit drugs and assign responsibility and authority for tracking drug positive soldiers to ensure complete rehabilitation and/or separation from the KSARNG.

**1-2. Applicability**

This SOP applies to all units and members of the Kansas Army National Guard.

**1-3. Updates**

This SOP will be reviewed at least annually to evaluate the effectiveness of the substance abuse policies and programs it sets forth, as well as conformity to applicable regulations. If any changes or revisions are required, it will be republished in its entirety.

**1-4. References**

Required and related publications are listed in Appendix A.

## **Chapter 2**

### **Responsibilities**

#### **2-1. The Adjutant General**

- a. Provides program management and operational supervisoin of KSARNG Substance Abuse Prevention Program.
- b. Monitors major elements of prevention, education, identification, rehabilitation, and program evaluation.
- c. Issues policy on drug and alcohol abuse within the KSARNG.
- d. Appoints a State Alcohol and Drug Control Officer (SADCO).
- e. Appoints a State Substance Abuse Program Coordinator (SAPC).

#### **2-2. Counterdrug Coordinator (CDC)**

- a. Approves annual budget for Substance Abuse Prevention Program.
- b. Coordinates with SADCO on issues of training and compliance.
- c. Provides quarterly briefings and reports to MACOM commanders and TAG on status of Substance Abuse Prevention Program.
- d. Supervises SADCO.

#### **2-3. State Alcohol and Drug Control Officer (SADCO)**

- a. Maintains KS SOP 600-85 and is responsible for distribution.
- b. Approves training for personnel tasked to perform urine collection within the KSARNG.
- c. Provides statistical data as required to State Headquarters, NGB, and elsewhere.
- d. Acts as liaison between toxicology laboratory and KSARNG.
- e. Notifies necessary individuals of positive service member drug tests, and refers all positive information to the DCSPER (Deputy Chief of Staff for Personnel) and the JAG (Judge Advocate General).
- f. Assists Commanders, Defense Counsel, Recorders, and others in processing drug positive soldiers.
- g. Maintains files on all soldiers who test positive on drug urinalysis and alcohol tests.
- h. Maintains up-to-date lists of qualifying drug and alcohol rehabilitation programs available to members of the KSARNG.
- i. Monitors and tracks progress of all mandatory drug testing, i.e. AGR, aviation, MP, counterdrug, etc.

#### **2-4. State Substance Abuse Program Coordinator (SAPC)**

- a. Manages Substance Abuse random selection and data-base program
- b. Prepares monthly random test lists and other test lists as necessary
- c. Keeps data management computer program current.
- d. Notifies units which soldiers were selected for testing, and provides all materials needed to complete the testing.
- e. Provides training to soldiers involved in specimen collection.
- f. Maintains statistical information for Substance Abuse Prevention Program.
- g. Notifies Unit Commanders and Unit Prevention Leaders (UPL), in writing, of rejected specimens and other associated problems or errors in the unit collection process.
- h. Serves as Deputy SADCO in the absence of the SADCO.

#### **2-5. Unit Commanders**

- a. Appoints a unit member, E-5 or above, as the Unit Prevention Leader (UPL) and additional unit testing team members, also E-5 or above (observers and alternate UPL).
- b. Ensures that random drug testing is conducted at the unit each month.
- c. Places command emphasis on having a drug free and alcohol-abuse free unit and provides prevention education to unit members.
- d. Confronts and counsels unit members suspected of abusing drugs and/or alcohol and encourage them to seek counseling.
- e. Provides support necessary for UPLs to complete the unit's monthly testing requirements.
- f. Counsels unit members who test positive on drug urinalysis testing and completes the steps set out in Chapter 6, Administrative Actions, (See Commander's Checklist for notification and processing of drug positives, Appendix E-4).

- g. Provides required feedback and documents to SAPP office when a soldier tests positive.

## **2-6. Unit Prevention Leaders (UPL)**

- a. Facilitates drug prevention education and awareness training at the unit level.
- b. Supervises the unit drug testing team and trains observers on proper procedures concerning urinalysis sample collection.
- c. Conducts urinalysis sample collection at the unit level.
- d. Maintains current information on drug and alcohol rehabilitation program available locally for unit members.
- e. Briefs new members regarding ASAP policies and responsibilities.

## **Chapter 3**

### **Substance Abuse Prevention**

#### **3-1. General**

Prevention is the goal of the Substance Abuse Prevention Program. Education regarding the effects of drug and alcohol abuse will be provided to every soldier in the Kansas Army National Guard, and where possible, to family members. Local rehabilitation facilities, The Drug Demand Reduction Program, and numerous non-profit organizations are available as resources for drug awareness training.

#### **3-2. Commander's responsibilities**

In an effort to eliminate drug and alcohol abuse in the KSARNG, commanders will:

- a. Post TAG's Policy Letter on Alcohol and Drug Abuse on unit bulletin board.
- b. Publicize the fact that drug and alcohol abuse will not be condoned.
- c. Announce current policies on alcohol and drug abuse and the KSARNG's biochemical testing program.
- d. Not promote any official or unofficial function that glamorizes the use of illicit drugs or the abuse of alcohol.
- e. Ensure non-alcoholic beverages are readily available at military functions.
- f. Promote and encourage off-duty activities that provide alternatives to the use of alcohol or drugs.
- g. Ensure subordinates are educated about alcoholism and drug abuse/dependency and early signs and symptoms.

#### **3-3. Alcohol and/or drug abuse**

It is Army policy that each soldier must examine his/her own personal use of alcohol or drugs. If necessary, they should seek assistance without fear of damage to their careers. Peers should provide positive support by encouraging their fellow soldiers to volunteer for assistance. Command leadership must promote responsible attitudes among those who drink, and acceptance of those who do not drink.

#### **3-4. Self-Referral**

Soldiers should be made aware of the difference in how drug cases are handled depending on how the abuse is discovered. Soldiers who self-refer will be afforded an opportunity for counseling and rehabilitation. Self Referral is no longer an option once a soldier has been notified that he/she has been selected for testing.

- a. Soldiers who test positive without self-referral are subject to immediate separation action.
- b. Self-Referrals must be documented in memorandum format and forwarded to the SADCO for tracking purposes.
- c. Soldier's will not qualify as "bonified" Self-Referrals until the memorandum is on record at the Substance Abuse Prevention Office. Soldiers that submit positive specimens prior to documentation will be processed for separation.
- d. All Self-Referrals must be given a drug test upon admission of substance usage to verify that a problem exists.

#### **3-5. Biochemical Screening**

- a. Used as a deterrent to maintain a drug free unit.
- b. May be conducted in IDT or ADT status.
- c. May be command directed if based on reasonable suspicion or probable cause or part of new soldier in processing (see 7-5 this SOP).
- d. If not command directed, it must be based on random selection.

e. The laboratory will test for up to seven different classes of drugs, but probable cause must be present to test for a drug class other than those specified by the Department of the Army. Currently the lab will test for Marijuana, Cocaine, Methamphetamines, Barbiturates, LSD, PCP, Opiates such as Heroin and other classes of synthetic drugs like Ecstasy. If probable cause exists, a special test request can be filled out and forwarded with the sample in question (Appendix F-5).

### **3-6. Education for officers and NCOs**

This program is also meant to provide commanders and supervisors with the information and skills needed to conduct effective alcohol and other drug abuse prevention, control, and rehabilitation activities in their units. Education for officers and NCOs will emphasize their roles and responsibilities as leaders.

### **3-7. Annual requirement for training**

Prevention education will be conducted on an annual basis IAW AR 600-85. The UPL may use local rehabilitation facilities to assist in providing this education. The Substance Abuse Program maintains a video library with several different topics that may be checked out. Emphasis will be placed on the effects of abuse, alternatives to abuse and the legal consequences of abuse under the UCMJ, KCMJ, and local laws.

### **3-8. New member orientation**

All new unit members will be briefed on the policies of the KSARNG as they relate to drug and alcohol abuse by the end of their second IDT, as part of their unit orientation program. This will be noted on the Unit Sponsorship Checklist. UPL's will ensure that new soldier's read and sign the New Unit Member Orientation Briefing in Appendix D-5. The signed briefing should be maintained in the units drug testing binder.

### **3-9. Drug Demand Reduction (DDR) program**

The Kansas National Guard has a Drug Demand Reduction Program that offers drug awareness training to units and/or soldiers. It also serves as a major resource for information concerning rehabilitation and counseling. This resource should be utilized by commanders and UPLs to provide drug and alcohol prevention training and counseling techniques. The DDRA can be contacted at the Counterdrug Office (785) 861-3943.

### **3-10. Canine Services**

Requests to use dogs, trained to detect drugs, as a method of identification, must be made in writing to the SADCO, approved by the Counterdrug Coordinator (CDC) and reviewed by the Staff Judge Advocate (SJA). Contraband found on state property will be referred to the State Law Enforcement Agency which has jurisdiction over the area. The military status of the suspected soldier will dictate the appropriate disciplinary action taken for involvement in illegal acts.

### **3-11. Inspector General Annual Inspection Checklist**

Units will maintain copies of the unit 2624's and Drug Testing Registers as primary documentation of unit participation in the drug-testing program. Testing Documents should be maintained for the current fiscal year and one whole fiscal year prior.

### **3-12. Major command quarterly reports**

Battalion commanders will receive quarterly reports from the SADCO to compare with unit records. The data will be distributed prior to the ATAG quarterly MACOM briefs. Data will be available and provided upon request for other command readiness purposes.

## **Chapter 4**

### **Drug Testing**

#### **4-1. Requirements**

a. IAW DOD Instruction 1010.1 D (b) 2, AR 600-85, NGR 600-85, NGB All States Letter P95-099, every soldier in aviation, and military police MOSSs, all AGR soldiers, and all soldiers on Counterdrug orders will be tested annually. Additionally, National Guard Bureau (NGB) requires that each state drug test its soldiers at a rate sufficient to bring the state's overall drug testing level to the minimum testing level set by NGB. This level may change periodically and is at the discretion of the Chief, NGB.

- a. In order to accomplish this task, all personnel assigned to Aviation and MP units, all soldiers on AGR orders, and all personnel on Counterdrug orders will be tested at least once during each calendar year. All units also will participate in monthly random testing to reach the required rate of testing.
- b. Random drug testing will be managed centrally at State Headquarters in the Substance Abuse Prevention Program office. Commander directed drug and alcohol testing will be arranged by the local commander in coordination with the Substance Abuse Prevention Program office and in addition to regular monthly requirements.

#### 4-2. Objectives

- a. Drug testing via urinalysis is an important tool for preventing substance abuse by members of the KSARNG. Proper implementation and management is crucial to the success of the program. When combined with a strong education and prevention training program, drug testing will help to reduce drug abuse within the KSARNG.
  - b. The goal of drug testing is two-fold. First, it can help identify drug abusers. Second, and perhaps, more importantly, it can deter soldiers from abusing drugs. To maximize the deterrent effect of drug testing, it requires randomness, accuracy, visibility and frequency.
  - c. To ensure randomness, all random drug tests will be initiated at the State Headquarters by the Substance Abuse Prevention Program office. The lists of soldiers to be tested will be sent directly to the commander/UPL concerned. Additionally, the SAPP Office will provide UPL training and conduct Assistance Visits to units to ensure compliance with applicable SAPP procedures. Assistance Visits provides on-site corrections and follow-up training.
  - d. Urine specimen collection will be accomplished each month at the company unit level. This will maximize the frequency and visibility of the testing program and as the testing teams become more proficient, it will improve the accuracy of the collection process. The random selection process continually selects from the same pool, so a soldier may be selected for testing two or three months in a row, but no one will know prior to drill who has been selected. This will help maximize the deterrent effect.
  - e. As a general rule, not all soldiers on a test list will provide specimens. The test list will normally have significantly more soldiers listed than the number required to provide samples. This allows the commander to excuse soldiers who are absent from drill from testing, yet still collect the required number of specimens. Units will be told the number of specimens required to collect each month. Soldiers absent from drill and therefore excused from testing during that training period will not be placed on the next month's test list unless that soldier again comes up on the random test list. Exceptions to this general rule is the command designated 100 percent unit or section testing. Soldiers selected for testing and present for duty will provide a specimen. Excusing any soldier that is present could invalidate the selection process.
  - f. If specimens are rejected for whatever reason either by the SADCO or by the LAB, or are otherwise unable to be processed for testing, the unit will be notified and another specimen will be collected from the soldier(s) whose specimen was not tested. These specimens will be in addition to the normal monthly collection requirement for that unit.
  - g. If a unit fails to collect the required number of specimens in any given month the SADCO may increase that unit's collection requirement for the following month.
- a. Assistance visits on drill weekends or during the week, may be conducted, whenever possible, by SAPP personnel with a priority to those units identified as needing the most help by the SADCO. However, if training or retraining is necessary it will be coordinated through the SADCO and will occur on a drill weekend that does not conflict with SAPP personnel. Training and re-training will be announced with as much notice as possible and announced state-wide to permit maximum participation by units needing or desiring such training.

#### 4-3. Responsibilities

- a. Substance Abuse Drug Control Officer:
  - (1) Ensures that Unit Collection Team Members are adequately trained on collection procedures.
  - (2) Ensures the DTP test list is generated then forwards list and all supplies to the unit commander prior to IDT.
  - (3) Ensures quality control during processing of unit drug testing samples before shipping specimens to laboratory.
  - (4) Receives reports from laboratory and notifies the chain of command of soldiers who test positive.
  - (5) Ensures that all information on positive test results are forwarded to the appropriate command channels, and the designated representatives from the DCSPER and the Judge Advocate General.
  - (6) Maintains necessary files to document training, testing and notification of positive tests results.
- b. Unit Commander
  - (1) Has overall responsibility for the urinalysis testing program (see Appendix E-1) including the selection and training of personnel.

- (2) Assigns an NCO (E-5 or above) or officer as UPL on unit appointment orders.
  - (3) Ensures that soldiers to be tested are informed of their selection and gives an order requiring that they take the test (see Appendix D-1).
  - (4) Ensures that facilities are made available to the UPL to properly conduct the sample collection. These include an appropriate number of latrines, a work area for the UPL, and a holding area for all soldiers until they are able to complete the testing process.
  - (5) Reviews test procedures and documentation after all collection is complete and verifies the accuracy of the documentation, and that proper procedures were followed.
- c. Unit Prevention Leader (UPL):
- (1) Trains the observers.
  - (2) Serves as the unit commander's primary advisor and point of contact for all substance abuse matters, to include drug urinalysis testing.
  - (3) Establishes a specimen collection point.
  - (4) Designates a collection area that can be controlled at all times.
  - (5) Ensures that the collection area should be quiet and away from mainstream activities of the unit.
  - (6) Ensures there is an adequate number of tables and chairs for the collection team.
  - (7) Ensures that necessary supplies are on hand (see Appendix E-6) and organizes the collection test site.
  - (8) Receives test list from unit commander.
  - (9) Ensures all aspects of the urine collection process are in accordance with this SOP.
  - (10) Ensures the DD Form 2624 is complete, correct, and that all specimens are secured and stored properly until submitted to the toxicology laboratory (see Appendix E-3).
  - (11) Packages and ships urine specimens in accordance with Appendix I, this SOP.
  - (12) Advises the unit commander of any soldiers refusing to provide a specimen, attempting to contaminate the specimen, or any other irregularities or discrepancies.
  - (13) The UPL may be an observer however, the UPL must maintain custody of all specimens until shipment to State or place in safe storage.
  - (14) Ensures the observers follow guidance as outlined in paragraph "e" below.
  - (15) Briefs unit personnel prior to conducting drug testing (see Appendix D-2).
- d. Assistant UPL
- (1) If more than one station is needed for urinalysis collection, the commander may appoint an assistant or alternate UPLs. The UPL will train these assistant UPLs.
  - (2) Transfers specimens to UPL or SADCO using appropriate procedures and correct documentation (see Appendix F(d-f) and Appendix G, F shows examples and G depicts the process).
  - (3) Can act as Holding Area NCOIC.
- e. Observer : The observer's role in the collection process has changed significantly. The observer is forbidden by AR 600-85 to be in the Chain of Custody. Therefore, the observer will never touch the specimen bottle during the entire process. The duties of the observer are as follows:
- (1) Each observer receives a briefing (see Appendix D-3) from UPL or SADCO prior to conducting urinalysis testing each day. All new observers are required to sign the observer Memorandum (Appendix D-4), which will be filed with that month's testing documents in the Unit's drug testing binder.
  - (2) Directly observes soldier voiding urine from the body into the bottle.
  - (3) Ensures the chain of custody is not broken.
  - (4) Assists UPL in verifying/documenting entries on the bottle label, the drug testing register, and the Specimen Custody Document - Drug Testing (DD Form 2624).
  - (5) Advises the UPL of any soldier attempting to contaminate a specimen or otherwise trying to avoid proper procedures.
  - (6) Observers will be an NCO (E-5) or higher grade.
  - (7) Observers will only observe soldiers of the same gender.
  - (8) Observers will only observe one soldier at a time.

#### 4-4. Documentation

##### a. General

- (1) One of the most important aspects of collecting urine specimens is maintaining the chain of custody of all specimens at all times. Proper chain of custody helps protect the integrity of the testing process, and allows the commander to take necessary action if a soldier is identified, through drug testing, as an abuser of drugs. The drug urinalysis testing results on a single DD Form 2624 will not be reported out until all specimens on that DD Form 2624

have been screened and confirmed. If probable cause or reasonable suspicion that a soldier may test positive exists and the unit needs a quick test result, send the soldier's specimen in on a separate DD Form 2624.

(2) There are three areas where documentation is most critical: the DD Form 2624 Specimen Custody Document Drug Testing, the Specimen Bottle Label, and the Drug Testing Register. Attention to detail and the ability to write clearly are extremely important in preparing the necessary documents. Care must be taken when copying numbers to ensure consistency and accuracy. The most common errors made on the chain of custody documents that result in a sample being rejected are: non-matching SSNs, incomplete SSNs and improperly made corrections. Do not slash zeros or sevens. Exclude, if possible from the collection process those individuals with poor penmanship. Each of these documents is discussed below (see Appendix F).

(3) Data on the forms may be typed. Documentation prepared using the DTP program will have most of the information preprinted. This will reduce the possibility of errors. However, if these preprinted forms are somehow rendered unusable, the UPL must be able to properly complete all necessary forms by hand. Use only ball point pens. Rubber stamps may be procured to stamp the appropriate spaces on the DD Form 2624, i.e., "placed in temporary storage", "not used", etc.

b. DD Form 2624, Specimen Custody Document –Drug Testing. The DD Form 2624 is the document that accompanies the specimens to the laboratory and is used to annotate the necessary information concerning the soldier, the specimen, and the test results. The names of soldiers tested will never appear on the DD Form 2624. This form is the basis for the chain of custody of the urine sample. The following steps will be followed in filling out the DD Form 2624 (see Appendix F-3).

(1) Block 1. Unit submitting specimens for testing. The Submitting Unit listed in Block 1 should be the same unit identified by UIC in Block 4.

(2) Block 2. SADCO address to include street, city, state, and zip code and phone number. This is where the test results will be sent by the laboratory.

(3) Block 3. Kansas' Base/Area Code is NG18.

(4) Block 4. Unit Identification Code (UIC). Every ARNG Unit has a unique six digit UIC. Place the unit's UIC in Block 4.

(5) Block 5. Documentation/Batch Numbers are assigned locally. Each DD Form 2624 will be assigned a batch number. The first Document/Batch Number will be 0001, the second 0002, etc. Only one Document/Batch Number will be used per DD Form 2624.

(6) Block 6. Enter the date the specimen was collected (year, month, day), e.g. 21 September 2005 would be entered as 2005 09 21.

(7) Block 7. Specimen numbers always begin with 001, 002 etc. If the UPL needs to manually write in an additional sample on a preprinted form it would be the next consecutive number. (i.e., If the preprinted form ends at 006, the additional test will be 007).

(8) Block 8. The SSN should already be entered, if a manual write in is required it should be entered here. Pay special attention to this, any written over portion on the SSN will cause the sample to be rejected.

(9) Block 9. Test Basis. Enter the appropriate DOD test basis code as follows: (see Appendix J).

(10) Block 10. Test Information. For pay grades E-1 through E-4 enter, place an **A** in the block. For Pay grades E-5 through O-10 place a "B" in the block.

(11) Block 11. Leave blank. The KSARNG does not prescreen.

(12) Block 12. Chain of Custody (backside of DD Form 2624).

(a) The UPL will complete the Chain of Custody IAW AR 600-85 (see Appendix G).

(b) If corrections are necessary, they are made as depicted in Appendix H.

(c) Further release/receipt of custody is handled the same way. See Appendix F for possible variations.

(13) Only the original, two-sided DD Form 2624 will be sent to the toxicology laboratory. Any specimens accompanied by a photocopied DD Form 2624 (one not containing original signatures) will be rejected.

#### c. Drug Testing Register

(1) The Drug Testing Register is the document that shows the soldier's signature and acknowledgement that the test was conducted IAW regulations. A copy of the Drug testing Register is maintained by the unit of urinalysis testing. The soldier and the observer will sign the Drug Testing Register. Use only ball-point pens. The original Ledger will be forwarded to the SADCO upon completion of the testing (see Appendix F for proper completion).

(2) Starting from left to right the first block is used to denote the time, month, day and year that the test was conducted. E.G., 0730 hours/08/16/2005.

(3) The second block is where the batch and specimen number are recorded. This will already be filled out on a computer generated form. If extra specimens need to be manually added the UPL should continue with the same

batch number and list the next consecutive specimen number just as done on the DD form 2624. E.G., if the last sample was batch 0001 specimen 004, the next manually added sample would be batch 0001 specimen 005.

(4) The next block is reserved for the soldiers information. The soldiers Rank, Last name, First name, MI and SSN are entered respectively.

(5) The block marked TPI is for the testing premise. This should also already be filled in unless the UPL is manually adding tests (see Appendix J, test premise codes).

(6) The next block is reserved for the printed name and signature of the observer. This block should be filled out each time the observer completes a soldiers test.

(7) The block marked Comments and Disposition is where the UPL will record any irregularities or deviations from procedure that may have occurred. I.E., if the soldier was unable to complete the sample on the first try and a new bottle and label had to be generated. The UPL will simply notate "first sample was insufficient ; second attempt met or exceeded standards". The UPL may also make notations like "soldier was identified by UMR/1SG/CMDR. Soldiers no longer need to annotate whether or not they have taken prescriptions or had dental work done in the block.

d. Specimen Bottle Label

(1) Use only black ball point pens.

(2) Do not use pencils or roller ball/felt tip pens (pencil marks can be erased, non-ball pen ink pen marks may run if paperwork is wet.

(3) The following nine items will be recorded on the Specimen Bottle Label:

(a) Test Basis

(b) Batch Number

(c) Specimen Number

(d) Date (year, month, day). The same as on the DD Form 2624 and the Drug Testing Register, e.g. Date collected, 21 September 2005, 2005 09 21. Be sure all dates match.

(e) Complete SSN. Ensure that all SSNs match.

(f) Unit Identification Code (UIC)

(g) Soldier's initials

(h) UPL's initials

(4) Place label on bottle before the sample has been provided.

e. To Make Corrections (See Appendix H)

(1) Because of the possible ramifications of a positive urinalysis, it is extremely important that proper chain of custody be maintained. One of the measures used to maintain this chain of custody is documentation. If an error is made in completing the documentation, it must be corrected. There are two authorized methods to correct an error:

(2) The individual making the error may simply line through the mistake, then write the correct item (number, letter, word, etc.) placing his/her initial and the date next to the correction.

(3) If the error is too large to be easily corrected in the space provided, you may correct the error by preparing Appendix H-1, Certificate of Correction. On this form you will identify the location of the error how the incorrect entry reads, and how it should read. The individual making the correction, and an individual verifying the correction will then sign the form. This form must be sent with the specimen to the laboratory. However, if the donor makes the error, the certificate of correction will be prepared and signed by the UPL, then verified by the observer. If the UPL is also the observer, then the commander will verify.

(4) Never write over any number or letter. (unless making an appropriate correction).

(5) If errors are made on the DD Form 2624 in Blocks 3 through 5 you may line through the entire block and annotate the correction in the left margin of the 2624. Be sure to initial and date the correction.

(6) On the bottle label there are three spaces for initials: one for the soldier, the observer, and for the UPL. If any of these three individuals initials in the wrong place, the error may be corrected as set forth above. The most important thing is that there be three initials on the bottle: the soldier's, the observer's, and the UPL's in the correct slot.

#### 4-5. Workstation preparation

a. The workstation may consist of several locations. They should be separated when ever possible. They are under the control of the UPL and/or the observer as applicable.

b. UPL Table: All paperwork is prepared at this location. All supplies are also kept here. At a minimum it should include the following:

(1) Tables: Large enough to hold the supplies necessary to conduct the testing and allow sufficient space for completion of the paperwork.

- (2) Chairs: At least three (one each for the UPL, observer, and a soldier).
- (3) Supplies: (Appendix E-5).
- c. Holding Area: This is a waiting area for soldiers who have not provided samples. Soldiers should report to this area upon notification that they have been selected to provide the sample. If they are unable to provide a specimen of sufficient quantity when they are called individually, they will be returned to the holding area until they provide a proper specimen. If possible, the area should allow for complete separation from the rest of the unit. The holding area will be supervised by an NCO (E-5 or higher) as directed by the commander. After a reasonable time, the commander will be advised of the status of any soldier still in the holding area. The commander will take actions as necessary to ensure the process is completed. A soldier will not be released from duty until a specimen has been properly provided or as directed by command authority. The Holding area should include:
  - (1) Chairs: One for each soldier scheduled for testing.
  - (2) Drinks: Water, coffee, tea, etc. are permissible for donor consumption.
  - (3) An NCOIC to control/observe the behavior of the waiting soldiers.
- d. Specimen Collection Areas: One Latrine for each gender will be secured. (See Appendix C, drug testing signs). The latrine will be checked, cleared and secured prior to collection of the samples. The UPL and/or the observer will check the latrine for possible hidden specimens, contaminants, etc. Places to investigate include, but not limited to: under paper towels, in soap containers, toilet paper dispensers, and around sinks, toilets and urinals. All soldiers being tested should be instructed to use the same sink, and toilet/urinal. Once the latrine is cleared, it should be secured and access limited until the testing is complete. Soldiers to be tested will not be left unattended in the latrine, even if they do not have a specimen bottle. An observer will accompany each soldier in the latrine at all times.
- e. Sanitation. Once the testing area is set up, the UPL should put on rubber gloves and keep them on until all samples have been collected, bottles sealed, and the table(s) washed. Proper sanitation is extremely important in all stages of the collection process. The quality of the sample can be degraded by allowing contaminants into the urine. Worse, however, is the possibility of illness that comes with handling human waste. Take necessary steps to protect all those participating in the collection process and those who will use the facilities and equipment afterwards. At the end of the day's collection, the all tables should be washed with a 10 percent bleach solution, or other suitable cleaning solution. A spray bottle is available from the SADCO upon request.

#### 4-6. Urine specimen collection process

- a. General. The following steps are standardized KSARNG procedures for the chain of custody collection and submission of urine specimens to the toxicology laboratory. These should be taught in all urinalysis collection training courses and followed during all urinalysis collections.
- b. Procedural Steps
  - (1) UPL puts on the disposable latex gloves.
  - (2) Soldier approaches UPL station with Military ID when prepared to give urine specimen. An alternate reliable method for verifying the SSN is required, if the soldier does not have a military ID in his/her possession.
  - (3) Soldier will remove excess outer garments such as BDU jackets, coats, or sweat tops.
  - (4) UPL initiates all required paperwork (if prepared forms and labels are used the UPL will verify all information with the Military ID Card). If a clerical mistake is made while filling out entries: on the DD Form 2624, on the bottle label, or the testing register prior to the discrepancy required by the SADCO, the mistake may be corrected by its maker (single line) the mistake, initial and dating the correct entry. No other method of correction is authorized except by using the Memorandums entitled "Certificate of Correction" or "Memorandum for Record". (Appendix H).
  - (5) The UPL directs the soldier to verify the information on the bottle label, testing register and the DD Form 2624. The soldier will then initial the bottle label. His/Her initials are verification that all data are correct.
  - (6) The UPL will then remove a new collection bottle from the box in front of the soldier and replace it with the soldier's Military ID card. The UPL will then affix the label to the bottle, in full view of both the soldier and the observer, and hand it to the soldier.
  - (7) The soldier will ensure that the observer has full view of the bottle at all times until the UPL takes custody of the specimen. At no time will the observer take custody of the urine specimen.
  - (8) If the soldier is female the optional wide mouth collection cup will be issued to the soldier at this time.
  - (9) The soldier and the observer will move to a secure latrine, the bottle will be held by the soldier above his/her shoulder as to keep it in full view of the observer. The observer will keep the collection bottle in sight at all times.
  - (10) Once in the latrine, the observer will direct the soldier to wash his/her hands without the use of soap. The soldier will then move to the appropriate facility to collect the specimen.
  - (11) The soldier will remove the cap of the bottle in full view of the observer, and will hold it or place it face up on a clear surface. The bottle and cap must be in full view of the observer.

(12) The soldier will then fill the bottle with at least 45.0 ml (approximately half the specimen bottle). The observer must see the urine leaving the body and entering the bottle. The soldier will recap the bottle in full view of the observer.

(13) The following procedure applies to females who utilize the wide mouth collection cup: The soldier will provide a specimen in the collection cup. The observer will keep the collection cup and bottle in full view and directly observe urine leaving the body and entering the collection cup. The observer will keep the collection cup. The soldier will provide a specimen in the collection cup. The observer will keep the collection cup and bottle in full view and directly observe urine leaving the body and entering the collection cup. The soldier will open the specimen bottle and transfer their urine from the cup to the collection bottle. The observer will watch this entire process. The bottle must contain at least 45 ml of urine.

**\*\*NOTE – SPECIMEN MUST CONTAIN AT LEAST 45 ML OR IT WILL BE DESTROYED! IF THE SOLDIER FAILS TO PROVIDE 45 ML THE PROCESS WILL START AT THE STEP IN PARA 4-6 (b)(5).**

(14) The soldier will wash his/her hands with soap after recapping the specimen as described in the two previous steps, but the soldier and observer must keep the specimen in full view.

(15) The observer and the soldier will return to the UPL's station. The soldier will walk in front with the bottle held above his/her shoulder. The observer will keep the bottle in sight at all times.

(16) The soldier will hand the bottle containing his/her specimen to the UPL; both the soldier and the observer will continue to keep the bottle in sight at all times until the UPL places the specimen in the collection box.

(17) The UPL will take the bottle, verify that the cap is secure, and inspect the specimen for possible adulteration. If adulteration is suspected, the UPL will secure the specimen and order the soldier to stand fast, and ensure the commander is notified.

(18) The UPL will then place tamper evident tape across the bottle cap. The tape will be one continuous piece that touches the label on both ends without obscuring any information, running across the top of the bottle.

(19) The UPL will then initial the bottle label. The UPL's initials signifies that he/she has received the specimen from the soldier, checked the specimen for adulteration, ensured the cap was secured, and placed tamper evident tape across the bottle cap.

(20) The UPL will place the specimen in the collection box removing the soldier's ID card.

(21) The observer will sign the Testing register in front of the UPL and soldier to verify he/she complied with the collection process and directly observed the soldier provide the sample and maintained eye contact with the specimen until it was placed in the collection box.

(22) The soldier will then sign the Testing register in front of both the UPL and the observer verifying that he/she provided the urine in the specimen bottle and that he/she observed the specimen being sealed with tamper evident tape and placed in the collection box.

(23) The ID card will be returned to the soldier at this time and he/she is released from the testing.

(24) Refusal to Provide a Specimen. If the soldier refuses to provide a specimen, or leaves the duty location without providing the necessary sample after having been notified -this is a violation of a lawful order. A violation of a lawful order is subject to disciplinary action under the applicable codes (See Chapter 7 of this SOP).

#### **4-7. Post collection procedures**

- a. Verify that all SSNs on DD Form 2624, Drug Testing Register, and Bottles labels match.
- b. Ensure that all required information, signatures, and initials are on the bottle label, Testing Register, and DD Form 2624.
- c. Make copies of all testing documentation for the unit records. Units must maintain copies of the Testing Register and DD form 2624 for the current FY and one whole FY prior.
- d. Place each original DD Form 2624 and Testing Register into a #10 envelope and affix it to its corresponding specimen container (See Appendix I for packaging).
- e. Storage of Specimens.
  - (1) Specimens will not be placed in safe storage unless absolutely necessary.
  - (2) If safe storage is required, Block 12, DD Form 2624 will be completed as shown in (See Appendix G-3).
  - (3) The safe storage container will have limited access with reasonable safeguards to protect the specimens from loss, theft, damage and tampering.
- f. Ensure specimens are shipped ASAP IAW this SOP Appendix I, using FEDEX materials provided by the SAPP Office.

## Chapter 5- Identification and Rehabilitation

### 5-1. General

IAW AR 600-85 all of the following methods may be used for identification and screening of personnel suspected of alcohol and/or drug abuse:

- a. Voluntary admission by the soldier to a member in the chain of command.
- b. Civilian or military charges as a result of illegal use, possession or handling of alcohol or illegal drugs.
- c. Biochemical screening.
- d. Medical report filed by military physician.
- e. Documented development of substandard personal, social, or work performance.
- f. Sworn statements by another service member.

### 5-2. Identification of alcohol abusers

a. Soldiers will not be under the influence of alcohol while on duty. A soldier is under the influence if he has a blood alcohol content (BAC) of 0.05 percent or higher, or is impaired because of the use of alcohol. IAW paragraph 4(1) AR 35-8, aviation personnel will not ingest any alcoholic beverages for twelve (12) hours and will be free of any residual effects prior to a flying mission. Any violation of this provision provides a basis for disciplinary action, to include discharge. Disciplinary or administrative action will be consistent with the limited use policy (see Chapter 7). Nothing in this regulation should be interpreted to mean impairment does not exist simply because the blood alcohol level is less than 0.05 percent.

b. To be in violation of this provision, a soldier must have known or should have reasonably known prior to becoming impaired that he or she had required duties. If disciplinary and/or administrative actions are to be initiated only the following two methods of identification are acceptable:

(1) Blood drawn from the soldier as ordered by the commander based on the soldier's admission of alcohol ingestion prior to or during duty. The commander may also order this method if the soldier has been involved in an accident. The blood must be drawn by trained personnel at the medical facility where the testing will be performed. This method will be used by the commander for extreme situations where there is little or no doubt the soldier has been ingesting alcohol prior to, or during duty.

(2) Breath analysis must be conducted by an individual certified in the use of, and using a certified, calibrated breath analyzer. This method is more desirable than the actual blood test as it is less invasive for the soldier. Civilian law enforcement agencies are generally willing to assist with this testing, Commanders should draft a Memorandum of Understanding (MOU) reflecting agreement that the LEA (Law Enforcement Agency) will provide this service. The commander must have a reasonable suspicion or probable cause before the soldier may be ordered to report for this testing (See Appendix C) for a discussion of reasonable suspicion and probable cause).

c. If a fee will be charged for administering the test, the commander must contact either the Counterdrug Coordinator, or the Substance Abuse Prevention Office for authorization to conduct the test. Bills for these tests should be submitted as soon as possible to the SADCO for payment.

### 5-3. Canine services

Requests to use dogs, trained to detect drugs, as a method of identification, must be made in writing to the SADCO, and reviewed by the Staff Judge Advocate (SJA). Contraband found on state property will be referred to the State Law Enforcement Agency with jurisdiction. Contraband found on Federal property will be referred to Provost Marshall. The military status of the suspected soldier will dictate the appropriate disciplinary action taken for involvement in illegal acts.

### 5-5. Commander referral

a. All KSARNG soldiers who voluntarily identify themselves as an alcohol and/or drug abuser will be referred by the commander to a local rehabilitation facility. All KSARNG soldiers identified by actions listed in paragraph 4-1 through 4-4 will be processed for separation, but they will still be referred by the commander to the appropriate rehabilitation.

b. All AGR personnel will be referred to either an active component facility program or VA program first. AGR personnel will use a local civilian rehabilitation facility if care at a federal facility is not available. When referred to an active component facility, coordination must be made through the SADCO.

c. Traditional soldiers who self-identify will be referred to an approved local rehabilitation facility of their choice at their own expense. This may include the VA or an active component facility with a rehabilitation program. If a traditional soldier chooses an active component facility program, there must be coordination with the SADCO prior to

commencing rehabilitation. If the soldier chooses a civilian or VA facility, the Commander must provide a written referral request to the chosen facility (See figure 4-1).

d. After the initial rehabilitation entrance evaluation, the commander may recommend separation if the commander believes the soldier will not respond favorably to the rehabilitation program. The commander also has the prerogative to recommend separation IAW NGR 600-100 (Commissioned Officers), NGR 600-101 (Warrant Officers), or NGR 600-200 (Enlisted Personnel) – when the soldier begins a program and does not complete it or if the soldier neglects to provide adequate documentation of satisfactory completion.

#### **5-6. Local Rehabilitation Facilities (LRF)**

Local rehabilitation facilities approved for KSARNG soldier's use are listed in the Kansas Alcohol and Drug Resource Directory produced by the Kansas Department of Social and Rehabilitation Services. The soldier may use information from this book to select an LRF. The soldier will notify the commander within 10 calendar days which LRF he/she has chosen.

#### **5-7. Coordination requirements**

If an LRF is used, the commander and the soldier must coordinate with facility personnel to ensure that the soldier receives the appropriate level of rehabilitation as required in Chapter 4, AR 600-85. Chapter 9, AR 600-85 directs the soldier to sign release forms so the commander will be included as a key person in the soldier's rehabilitation support group. The commander will prepare correspondence to notify the LRF selected by the soldier (See Appendix E-6), and follow the letter with telephonic contact to arrange an appointment for the commander and the soldier to coordinate the type of support and rehabilitation program the soldier will need. The soldier will be present at this session. The UPL may assist the commander in accomplishing this task.

#### **5-8. Rehabilitation program selection**

In general, an LRF needs to provide a program similar to the guidelines set for active component facilities in (Chapter 4, 600-85). It is the commander's responsibility to ensure the soldier and the LRF personnel understand the intention of the rehabilitation program. The UPL will assist the commander in accomplishing this task.

#### **5-9. Minimum rehabilitation requirements**

Soldiers who do not meet the minimum acceptable standards for a KSARNG soldier referred for rehabilitation will be discharged as rehabilitation failures. The following criteria are the minimum requirements for successful rehabilitation:

- a. Total compliance with the program
- b. Complete abstinence from alcohol and/or drugs (whichever is the case), for at least as long as the soldier wishes to belong to the military. Failure to comply with this regulation will result in discharge from military service for rehabilitation failure.

#### **5-10. Medical evaluations**

AGR soldiers identified as illicit drug abusers, or as drug and/or alcohol dependent, will receive a medical evaluation as part of their rehabilitation. All traditional soldiers identified as cocaine abusers, or as drug and/or alcohol dependent should be given a medical evaluation by a physician of their choice, at their expense, from the guidelines at para 3-11, AR 600-85- "*Those soldiers diagnosed as physically dependent on drugs other than alcohol will not generally possess the ability for continued military service*" (AR 600-15, para 1-10).

#### **5-11. Rehabilitation biochemical screening**

The commander will direct the soldier to provide a biochemical sample at any time during the soldier's rehabilitation and for up to twelve months after initial identification.

#### **5-12. Reinvolvement**

Reinvolving the soldier with his or her role and responsibilities in the unit is a critical part of rehabilitation. Attitudes towards rehabilitating soldiers by others range from compassionate understanding to outright hostility. The soldier must be afforded a realistic opportunity to demonstrate his or her desire to attain an alcohol or drug free life and become an effective unit member. To achieve this goal the commander will:

- a. To the extent possible, assign duties appropriate to the soldier's AOC/MOS and training level.
- b. Expect the soldier to meet the same performance and behavior standards set for unit members of equal grade and length of service.

- c. Provide positive support by teaching all unit members that ridicule and derogatory references to the past are counterproductive towards unit cohesiveness.
- d. Expect the soldier to maintain support group contacts as a follow-up to rehabilitation, to assist the soldier in maintaining his/her new lifestyle.

#### **5-13. Rehabilitation documentation**

- a. It is the responsibility of the commander to ensure that the soldier receives the initial counseling necessary to start the rehabilitation process. The commander must track the rehabilitation through its completion. DA Form 4856 will be used to track the soldier's progress through the rehabilitation program.
- b. The Rehabilitation Counselor will provide an agency's Completion Certificate, or a Letter of Completion on agency letterhead documenting satisfactory completion within five calendar days to the UPL and commander for review.
- c. Distribution on the Certificate/Letter of Completion will be accomplished in the following manner:
  - (1) The original will be forwarded to the Unit Commander. A copy will be provided to the SADCO. This form will be filed under the appropriate security, and serve as proof that the soldier completed the program.
  - (2) One copy will be maintained by the UPL for one year, after which time it will be destroyed.
- d. The Certificate/Letter of Completion referring to the soldier's involvement in the substance abuse program will not be filed in any unit or state Military Personnel Record Jacket (MPRJ).
- e. The soldier will be administratively flagged until the rehabilitation is completed. All pending reassignments, transfers or reenlistment will be suspended until satisfactory completion is documented.

#### **5-14. Self-Referral**

- a. The chances of successfully completing a drug rehabilitation program are greater if the soldier decides to enter the program on his or her own accord. This "Self-Referral" shows initiative on the part of the soldier and warrants continued membership in the KSARNG during the period of the rehabilitation program. Self-referral should always be encouraged. Soldiers should be made aware of the fact that separation actions *are not initiated* based on self-referrals. However, failure to enter rehabilitation after self-referral will force the SADCO to initiate separation.
- b. Self-referral is the soldier coming forward of his own free will, admitting to substance abuse, and asking for help. If drug abuse is discovered as a result of a drug test, whether random or command directed, the option for self-referral is expired.

#### **5-15. Board directed rehabilitation**

Members of the KSARNG who are identified as drug abusers are required to complete a drug rehabilitation program as a condition of continued membership. Soldiers not enrolled in a counseling/rehabilitation program after receiving notification that he/she has tested positive, will be directed to enroll and complete the program as condition of continued membership in KSARNG. If the Separation Board finds that the soldier is subject to discharge for illegal drug abuse and recommends retention of the soldier, satisfactory completion of a state certified rehabilitation program would be a mandatory condition for continued membership.

- a. Rehabilitation must be initiated within 60 calendar days of the date the soldier's retention is approved by the TAG.
- b. Rehabilitation must be completed within 180 calendar days of the date the soldier's retention is approved by the TAG unless the rehabilitation facility requests an extension of time for the rehabilitation period.

#### **5-16. Rehabilitation failure**

Soldiers evaluated as rehabilitation failures will be recommended for discharge, under 3-5 c (1), NGR (AR) 600-85, to the TAG in all cases. This includes soldiers who may have successfully completed a rehabilitation program once, but are identified again as an abuser in a subsequent action, even if the identification is for a different substance. Other definitions of failure include a soldier who admits to continued use of illegal substances while in rehabilitation, or who continues to abuse alcohol or fails to enter and/or complete rehabilitation.

## Chapter 6-Administrative Actions

### 6-1. Rehabilitation Options

- a. Alcohol and drug abuse is not compatible with military service. All KSARNG soldiers who self identify as abusers of alcohol and/or drugs, who in the informed opinion of their commander warrant retention, may be afforded the opportunity for rehabilitation.
- b. Any KSARNG soldier identified as a drug abuser (regardless of grade) will be processed for separation IAW AR 135-178. "Processed for Separation" means that discharge action will be processed through the chain of command to the Separation Authority – The Adjutant General. The Adjutant General will consider rehabilitation options for those soldiers eligible under AR 135-178, para 7-11 (c.1).
- c. Any KSARNG soldier identified a second time as a drug abuser (regardless of grade) will be discharged.

### 6-2. Aviation personnel

- a. Aviation Personnel will be removed from flying status when identified as an abuser of alcohol or drugs by any of the methods listed in paragraphs 4-1 or 4-2. They will be reassigned into a non-aviation position.
- b. Waivers are only granted by Commander, U.S Total Army Personnel Command, (PERSCOM) (ATTN: TAPC-PLP-A), 200 Stovall Street, Alexandria, VA 22332.

### 6-3. Sensitive positions

Commanders of personnel in sensitive positions will follow the guidelines of AR 600-85 Chapter 7 for management guidelines.

### 6-4. Reenlistment

Soldiers enrolled in rehabilitation will not be re-enlisted. However, the commander has the option to extend their enlistment. Consult your S1 for soldier's options.

### 6-5. Security clearances/Unaccompanied access

Security clearances will be suspended for soldiers who test positive for illegal drugs. Unit commanders will suspend military driver's licenses as well as access to arms rooms, sensitive items, etc. The AOC/MOS will be suspended if one the following:

- a. Officer Specialties 5, 71, 67J
- b. Warrant Officer Specialties 100A, 100B, 100C, 100E, 100K, 100Q, 100R, 150A
- c. Enlisted CMFs 28, 67, 93

### 6-6. Flagging

The DCSPER will suspend all favorable personnel actions pending completion of rehabilitation. This flag will remain in place until the soldier:

- a. Is found not to have used illegal substances.
- b. Completes rehabilitation set forth in this SOP and the separation authority's notice of retention, or
- c. Is separated from the KSARNG.

### 6-7. Notification of positive drug test

When a report of a positive drug test arrives from the laboratory, the following actions will be completed:

- a. SAPP will verify the test and soldier data before notifying the DCSPER, Recorder Counsel Coordinator and Respondent Counsel Coordinator of a new positive test result.
- b. Recorder Coordinator, and Respondant Counsel Coordinator will assign JAGs as necessary and provide the names to SAPP Office.
- c. The SAPP office will notify the chain of command of the positive soldier and work with commanders to ensure timely submission of counseling forms, recommendations, and rehabilitation certificates.
- d. The company commander will administer the the drug positive counseling packet to the soldier IAW the procedures set out in Appendix E-4.
- e. The Staff Judge Advocate of the Adjutant General of Kansas will work with JAGs to ensure timely processing of cases through the administrative process and schedule administrative separation boards as necessary.
- f. See Appendix B for a timeline of the entire process.

## 6-8. Medical Reviews

It's possible that certain drug positive results could be caused by the legitimate use of prescription drugs, prescribed by a physician. To rule out legitimate use positives, medical reviews will be conducted by the State Medical Review Officer. The SAPP office will facilitate this review by contacting the soldiers commander with a formal request for the soldiers medical documentation. Soldiers will be given a 30 day suspense to submit medical documentation to the SAPP office. If soldier fails to provide documentation, or if no documentation exists, the soldier will be processed for seperation. Medical reviews will be conducted on the following catagories of drug positives:

- a. Barbiturates. These include Phenobarbital, Secobarbital, and Butibitol.
- b. Opiates. These include Codiene and Morphine, but not Monoacetylmorphine (a metabolite of Heroin).
- c. Amphetamines. These include amphetamine and methamphetamine, but not designer amphetamines such as (MDMA), (MDA), and (MDEA), street name ecstasy.
- d. Steroids.

## Chapter 7-Legal Issues

### 7-1. Confidentiality

A breach of confidentiality has an adverse effect in the total program. All paperwork, actions or conversations are to be maintained in strict confidentiality. Where the program requires, such as during rehabilitation, the soldier will sign a release of information. The soldier may refuse to do so with full understanding that it may have a negative impact with regards to successful rehabilitation.

### 7-2. Program Knowledge

Commanders, UPLs, and JAGs will be familiar with the entire contents of AR 600-85, NGR 600-85, and this SOP.

### 7-3. Soldier's rights (Article 31, KCMJ)

No soldier will be subjected to compulsory self incrimination. To prevent this, the commander will read the soldier his/her rights prior to any significant conversation regarding abuse, IAW Article 31, KCMJ, use of DA Form 3881 will be required. AR 190-30 provides guidance on how to complete the form.

### 7-4. Probable Cause

a. A commander may select a specific individual or group of individuals to submit to a drug urinalysis only when: Such direction is pursuant to an inspection of the unit, and the persons directed to submit are selected at random, or all members present are selected; or

(1) The soldier(s) is directed pursuant to a mandatory command policy to test for drugs or alcohol after any serious accident which includes damage to vehicular equipment or bodily injury.

(2) The commander has probable cause to believe that the soldier is was recently under the influence of illegal drugs or alcohol and that such influence would be detected by a directed urinalysis, and exigent circumstances exist as described in paragraph seven (listed below)

(3) The soldier is recovered or returns from being AWOL.

a. "Probable Cause" in the context of drug urinalysis search, exists when there is a reasonable belief that the person is presently under the influence of illegal drugs or alcohol, or has used illegal drugs or alcohol in the immediate past so that their presence may be expected to be detected by urinalysis.

b. This may be developed by:

(1) The smell of alcohol or an illegal drug;

(2) The discovery of illicit contraband in the soldier's possession or work area;

(3) Observation of the soldier taking or using a prohibited substance; or

(4) Observation of actions, attitudes, or behavior displayed by the soldier that you would believe that he or she is under the influence of some drug or chemical.

c. Sources other than your direct observation/knowledge may be relied upon in building the probable cause.

Information received from other reliable individuals, if you believe it to be credible, may be used to support case.

d. It is extremely important that you be able to articulate the exact reasons that lead you to believe that a soldier was under the influence of illegal drugs and/ or alcohol. A "hunch" is not sufficient. Make a Memorandum For Record of the facts surrounding your decision. Also, do not hesitate to contact your JAG if you have any doubts as to the legitimacy of your actions.

e. A search based upon probable cause, in the absence of exigent circumstances, may only be conducted IAW Military Rule of Evidence 315, Manual for Courts Martial after consultation with the Staff Judge Advocate.

f. Exigent circumstances", in general, are defined in Military Rules of Evidence 315, Manual for Courts martial as:

- (1) Insufficient time. There is a reasonable belief that the delay necessary to obtain a search warrant or search authorization would result in the removal, destruction, or concealment of the property or evidence sought;
- (2) Not required by the Constitution. A search warrant or authorization is not otherwise required by the Constitution of the United States as applied to members of the armed forces. For the purpose of this rule, a vehicle is "operable" unless a reasonable person would have known at the time that the vehicle was not functional for purposes of transportation.

#### **7-5. General counseling statement**

The commander will use DA Form 4856 during the initial identification interview along with the DA Form 3881 (Rights Warning Procedure/Waiver Certificate). The Substance Abuse Prevention office generally will include both documents in the drug positive processing packet.

#### **7-6. Biochemical screening refusal**

A soldier's refusal to provide a urine sample for biochemical screening constitutes a violation of the KCMJ, K.S.A.. 48-3017, Failure to Obey an Order.

#### **7-7. Tampering with samples**

Urine samples are potentially legal evidence. Tampering with them in any way (to include adulteration by the soldier) constitutes a violation of the KCMJ. If it is proven that specimen tampering has occurred, appropriate disciplinary actions will be recommended to the chain-of-command.

#### **7-8. Limited use policy**

The limited use policy prohibits the use of certain evidence against a soldier in disciplinary action, judicial and non-judicial, and in determining whether an individual should be issued an other than honorable administrative discharge (NGR 600-85 (4-1)). The limited use policy is not intended to preclude disciplinary action or the award of a General, Under Honorable Conditions (UHC) or Under Other Than Honorable (UOTHC) discharge. However, if a UHC or UOTHC separation or disciplinary action is being considered, limited use evidence may not be introduced into such proceedings.

a. Limited use evidence consists of the following types of evidence(AR 600-85 (a)1-7):

- (1) Command directed biochemical testing based upon aberrant, bizarre, or uncharacteristic behavior (reasonable suspicion).
- (2) Results of a biochemical test collected solely as a part of a safety/mishap investigation.
- (3) Information concerning drug or alcohol abuse or possession of drugs incidental to personal use, including the results of a biochemical test, collected as a result of a soldier's emergency medical care solely for an actual or possible alcohol or other drug overdose. To qualify for limited use protection, soldiers must inform their unit commander of the facts and circumstances concerning the actual or possible overdose.
- (4) A soldier's referral to the ASAP.
- (5) Admissions and other information concerning alcohol or other drug abuse or possession of drugs incidental to personal use occurring prior to the date of initial referral to the ASAP and provided by soldiers as a part of their initial entry into the ASAP.
- (6) Biochemical test results, if the soldier voluntarily submits to a DOD or Army treatment program before the soldier has received an order to submit for a lawful biochemical test. Voluntary submission includes soldiers communicating to a member of their chain of command that they desire to be entered into a treatment program. Limited use protection will not apply to test results, which indicate alcohol or other drug abuse occurring after the voluntary submission to the treatment program (see Chapter 5-14 for self-referral).
- (7) The results of a biochemical test administered solely as a part of a DOD or Army rehabilitation or treatment program.

b. The limited use policy does not preclude the following:

- (1) The introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse (or lack thereof) first has been introduced by the soldier.
- (2) The initiation of disciplinary or other action based on independently derived evidence, including evidence of continued drug abuse after initial entry into the ASAP.

c. Positive results of urinalysis tests conducted as inspections which include all or parts of units, random tests of individuals and annual testing of personnel on such aviation or AGR personnel are not considered limited use evidence.

d. Test basis codes are important for denoting the type of test that is being conducted. Improperly coded tests may have an impact on what disciplinary or administrative actions can be taken. Commanders/UPLs should be familiar with the testing codes listed in appendix J and their proper usage.

e. The objective of the limited use policy is to facilitate identification of drug abusers by encouraging self-referral. It is not intended to protect a member who is attempting to avoid disciplinary or adverse administrative action. Units that have questions about the limited use policy and how it applies, should contact the SJA or reference AR 600-85 section II, 6-3 and NGR 600-85 chapter 4 for further discussion.

**Appendix A  
References**

**A-1 Required publications**

**AR 135-175**, Separation of Officers  
**AR 135-178**, Enlisted Administrative Separations  
**AR 190-30**, Military Police Investigations  
**AR 600-85**, Army Substance Abuse Program (ASAP)  
**AR 601-280**, Army Retention Program  
**NGR 600-200**, Enlisted Personnel Management  
**NGR (AR) 600-85**, Drug Abuse Prevention and Control  
**NGR (AR) 600-100**, Commissioned Officers -Federal Recognition and Related Personnel Actions  
**NGR 600-200**, Enlisted Personnel Management  
**NGR 635-100**, Termination of Appointment and Withdrawal of Federal Recognition  
**NGR 635-101**, Efficiency and Physical Fitness Boards  
**FM 27-10**, The Law of Land Warfare  
**TB Med 290**, Drug Abuse  
Commander's Drug Urinalysis Collection Guide

**A-2. Related publications**

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

**DOD Directive 1010.1**, Military Personnel Drug Abuse Testing Program  
**DOD Directive 1010.16**, Technical Procedures for the Military Personnel Drug Abuse Testing Program.

**Appendix B  
Timelines for Substance Abuse Prevention Actions**

The following timelines will be followed in the substance abuse prevention program:

1. Specimens collected for drug testing will be forwarded to the Substance Abuse Prevention Program Office (SAPP) within five (5) days of collection.
2. Specimens received by the SAPP before Thursday will be processed and forwarded to the laboratory by close of business on Friday of the same week. Samples received on Friday may be processed and forwarded to the lab NLT Friday of the following week -maximum seven (7) days.
3. When a positive notification is received by the SAPP, an email will be to the DCSPER by COB the following duty day –maximum two (2) days.
4. Respondent's Counsel Coordinator will assign necessary counsel and provide those names to SAPP within five (5) business days. If names of assigned counsel are not received by this deadline SAPP will assign counsel using a rotating assignment list of available JAG officers and inform the Respondent's Counsel Coordinator of the assignments made.
5. SAPP, upon receipt of the names of assigned counsel, will prepare the notification documents and make distribution for signature within five (5) business days. DCSPER and Recorder Coordinator will then have five (5) days to sign notifications and either make distribution or return to SAPP for distribution. If notices are returned to SAPP they will be sent no later than COB the following business day –maximum two (2) days.
6. Soldiers will have 45 days from the date of receipt, or if the notice is returned, from the date of mailing, in which to contact their assigned counsel and commander, prepare a written response to the separation action, and if applicable, make a written request for an administrative board. Soldiers who are not entitled to appear before an administrative board may submit a written response to the Separation Authority. That response will be forwarded to the separation authority for consideration with the separation packet. If the soldier wishes to request a retest, this request should be made by the soldier or his attorney to the SADCO within 90 days of soldier notification.
7. Unit Commanders will have 60 days to counsel the soldier and submit copies of the counseling form and rights warning waiver together with their recommendations to the SAPP.
8. Other Commanders in the soldier's chain of command will have 60 days to send recommendations to SAPP.
9. If no response has been received from the soldier at 45 days, DCSPER will mail a final notice will to the soldier and command advising that the case will be closed forwarded for final action.
10. If no response has been received from the command at 45 days, DCSPER will send notice to the commander reminding them of the impending suspense.
11. Unless good cause is shown and an extension granted by the DCSPER, cases not requiring a board will be forwarded for final action after the expiration of the 60 day suspense for commanders to respond. Cases in which a board is authorized but not requested in writing within the allotted time will be processed as "No board requested."
12. Soldiers who are retained following a finding of substance abuse, who have not already completed a qualified drug rehabilitation program after the date of the positive drug test giving rise to this action, must enter into a drug rehabilitation within 60 days of their receiving notice of retention from the separating authority.
13. Upon entering a drug rehabilitation program soldiers will have 90 days to complete the program. Unless a request is received from the rehabilitation facility requesting an extension beyond 90 days, soldiers not completing their rehabilitation program within 90 days will be processed for separation for rehabilitation failure.

14. Upon completion of rehabilitation, or upon the decision of the separation authority to retain the soldier, whichever is later, the soldier will enter into a probation period of not less than 12 months (but longer if ordered by the separation authority) during which the soldier will be tested at each drill and during any annual training that falls during the probationary period. Upon completion of the probationary period, if no new drug positives are reported, the flag will be removed from the soldier's file and he/she will be returned to normal duty status and the file will be closed.

15. Time line is for general guidance. Missed suspense's by anyone involved does not stop or prejudice the action against the soldier. However, all those involved must take every effort to expedite actions.

16. The following is a synopsis of the actions and allowable times as set forth in this Appendix:

| ACTION                   |                       | Time Allowed |
|--------------------------|-----------------------|--------------|
| Collected Specimen       | Unit to SAPP          | 5 days       |
| Processed Specimen       | SAPP to Lab           | 7 days       |
| Positive Notice          | SAPP to JAG           | 2 days       |
| JAG Assignments          | JAG to SAPP           | 5 days       |
| Notices for signature    | SAPP to JAG/ DCSPER   | 5 days       |
| Notices for Distribution | DCSPER /JAG to SAPP   | 5 days       |
| Notices in Distribution  | SAPP to SM            | 2 days       |
| Response                 | SM to DCSPER          | 45 days      |
| Reminder Letter          | DCSPER to SM          | 45 days      |
| Response                 | CDR to DCSPER         | 60 days      |
| Reminder Letter          | DCSPER CDR            | 60 days      |
| Start Rehabilitation     | SM (after Retention)  | 60 days      |
| Complete Rehabilitation  | SM (after initiation) | 90 days      |
| Probation                | After Rehabilitation  | 12+ months   |

Note that the times listed in the Time Allowed column are not cumulative.

**Appendix C**  
**Drug Testing Signs**

1. Test Area Off Limits
2. Holding Area
3. Latrine Off Limits
4. Station 1, Roster Control Table

**TEST AREA**

**OFF**

**LIMITS**

**TO UNAUTHORIZED PERSONNEL**

# **HOLDING AREA**

**LATRINE**

**OFF**

**LIMITS**

# **STATION 1**

## **ROSTER CONTROL TABLE**

**PLEASE HAVE YOUR MILITARY ID  
CARD READY**

**Appendix D**  
**SUBSTANCE ABUSE/DRUG TESTING BRIEFINGS**

1. D-1 Commanders Briefing
2. D-2 UPL Briefing
3. D-3 Observer Briefing
4. D-4 Observer Memorandum
5. D-5 New Unit Member Orientation Briefing

**D-1. COMMANDER'S BRIEFING**

1. Today you will be tested for illegal substance use. The primary purpose of this test is to ensure our unit's military fitness and that we are maintaining proper standards of readiness.
2. The soldiers that will be tested today have been selected on a random basis. This test is not based on probable cause or suspicion that anyone in the unit is using or abusing drugs or a controlled substance.
3. Everyone listed on the test register that is present will be tested. Anyone not present will be rescheduled for testing at a later date on an unannounced basis.
4. Every sample collected will be tested for Marijuana (THC), Cocaine, Amphetamines, Opiates and, on a rotational basis, PCP, LSD, and Barbiturates.
5. Testing procedures are outlined in the KS SOP 600-85 and will be followed.
6. All soldiers must be aware that all verbal orders connected with the testing are lawful and are to be followed as such. A refusal to comply with orders relating to this test subjects the soldier to punitive or administrative actions under applicable codes.
7. Does anyone have any questions?
8. The UPL will now provide you details about the drug testing procedures that will be used today.

\*Note: Soldiers no longer will declare use of prescription drugs or dental work.

**D-2. UPL BRIEFING**

1. You have three major responsibilities during this drug test:
  - a. Provide a specimen
  - b. Ensure chain of custody
  - c. Keep specimen bottle in full sight at all times
2. The urine specimen will be provided in a clear plastic bottle, or for females, an optional collection cup is available.
3. Collection of the specimen will be conducted using direct observation in full view of an observer.
  - a. I will call each of you to the table in the order in which your name appears on the unit ledger. However, if you feel you are unable to provide an adequate quantity of urine, inform me when you report and you will be held in a holding area until you are able to complete the specimen.
  - b. You will be provided an adequate amount of liquid to help facilitate the urinalysis process.
  - c. You will not be released from duty today until you have provided a proper specimen.
4. When you approach the control table you will:
  - a. Provide your military ID card, or other form of picture ID. If no picture ID is available, the 1SG will verify your SSN from the DA Form 1379. You will then verify that there are no errors in your ID number as listed on the DA Form 1379.
  - b. Verify your SSN, full name, and today's date on the Drug Testing Register. Verify your SSN and today's date on the bottle label and signify so by initialing it.
  - c. Take the specimen bottle to the latrine, provide the sample, cap the bottle tightly, and return to me.
  - d. Document that all information is correct by signing your payroll signature on the Drug Testing Register.
  - e. Any questions or concerns you have about the test that relate to me, the observer, or other designated personnel involved in testing today will be taken directly to the Unit Commander.

**D-3. OBSERVER BRIEFING**

- a. As an observer, you will be assigned one soldier at a time to observe. Your responsibilities are as follows:
  - (1) Maintain control of the soldier to be tested from the time he or she is given the specimen bottle until the time that you have signed the Drug Testing Register, certifying that you had the soldier and the urine specimen under your direct observation at all times during the collection process.
  - (2) Ensure that you keep full visual contact with the specimen bottle at all times from the time it is given to the soldier until the filled bottle is returned to the UPL.
  - (3) Ensure that the UPL seals and initials the bottle after the soldier returns to the testing table.
  - (4) Ensure that the soldier signs the Drug Testing Register and that the UPL returns the soldier's ID card.
- a. By signing your name to the Drug Testing Register, you are certifying that you followed all procedures as set out in KS SOP 600-85 and the Unit Drug Testing SOP; that you kept eye contact of the bottle until it was given to the UPL by the soldier; that you observed the soldier urinating directly into the bottle; that the urine was not contaminated; and that the urine sample is, in fact, that of the soldier indicated.
- b. You must read and sign the Memorandum for Record for the observer, if you have not previously been involved in the urine collection process. All questions about the process should be directed to the UPL or Company Commander.

D-4. OBSERVER MEMORANDUM

UNIT \_\_\_\_\_

\_\_\_\_\_ (Date)

MEMORANDUM FOR RECORD FOR THE OBSERVER

SUBJECT: Responsibilities of Observers During Drug Testing

1. Observers are a critical link in the process of collecting urine specimens to be tested for substance abuse. Instances have occurred in the past where observers did not follow proper collection procedures and positive drug tests were not usable in legal and/or administrative actions. In order to prevent similar occurrences in the future, the observer will read and sign this Memorandum for Record.
2. The testing procedures do not violate a soldier's Fourth or Fifth Amendment rights, nor does the observation procedure violate the right to privacy. A refusal to produce a specimen is a violation of a direct order and may result in the soldier being processed for separation.
3. The results of tests may be used in legal proceedings and consequently the urine sample may be considered as evidence. A valid chain of custody is mandatory for a successful prosecution. As an observer, you may be asked to provide testimony at legal or administrative proceedings. **YOU** may be subject to KCMJ or administrative action if it is discovered that the specimen was altered in any way while it was under your observation. **You will never touch the bottle.**
4. Criteria for observers:
  - a. Be in the rank of NCO (E-5) or above.
  - b. Be of the same gender as the soldier being tested.
  - c. Possess sufficient maturity and integrity to preserve the dignity of the soldier being observed.
  - d. Not be currently enrolled in a Substance Abuse Rehabilitation Program or currently under investigation for any substance abuse related offenses.
5. Observer responsibilities as outlined in AR 600-85; an observer must follow protocol during urinalysis collection procedures. Once assigned to a specific soldier, you will:
  - a. Observer controls the urine collection process at all times.
  - b. Maintains visual contact with bottle at all times.
  - c. Ensures that the specimen provided is not contaminated or altered.
  - d. Directly observes the flow of urine from the soldier's body (one soldier at a time per observation) voiding into the specimen bottle.
  - e. Supervises the soldier tightly capping the bottle.
  - f. Ensures the bottle is not reopened after the cap is tightened.
  - g. Escorts soldier back to the processing station and maintains eye contact with bottle.
  - h. Observes the UPL placing tamper resistant tape over the top of the bottle.
  - i. Signs and prints name on Drug Testing Register directly after each soldier's test is conducted.

**OBSERVER AFFIDAVIT: I have read and understand this document. I will comply with the responsibilities as stated above and will report anything out of the ordinary immediately to the UPL or Commander.**

\_\_\_\_\_  
Observer's Printed Name

\_\_\_\_\_  
Observer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
UPL's Printed Name

\_\_\_\_\_  
UPL's Signature

\_\_\_\_\_  
Date

**D-5. NEW UNIT MEMBER ORIENTATION BRIEFING**

1. The purpose of this briefing is to make you aware of the policy of drug and/or alcohol use and testing in the Kansas National Guard.

2. Using illegal drugs and/or misusing legal drugs is incompatible with service in the Kansas National Guard. It is considered serious misconduct for which you will be processed for separation. You also cannot take prescription medication belonging to someone else.

3. As a member of the Kansas National Guard, you can, and will, be tested for illegal substances such as Marijuana, Cocaine, Opiates, Barbiturates, Amphetamines (to include Methamphetamines), Hallucinogens, and Club Drugs (such as Rohypnol, Ecstasy, GHB, Ketamine, LSD), and anabolic steroids.

4. It is not acceptable to overindulge with alcohol the night before drill weekend or while on duty. Military personnel on duty will not have a blood alcohol level of 0.05 percent or exhibit signs of impairment. If you present yourself for duty and appear intoxicated or smell of alcohol, your commander can have your BAC tested. Personnel that violate this policy will be subject to administrative actions up to and including separation under the applicable codes.

5. Members in the Kansas National Guard are subject to monthly random drug testing by urinalysis. This means you can be tested more than once in a year time period. The Commander can request anyone in the unit be drug tested for any of the following reasons:

- a. New unit member (accession).
- b. Soldier exhibits unusual or aberrant, bizarre or uncharacteristic personal behavior.
- c. Commander desires 100% unit testing.
- d. Commander desires partial unit testing.
- e. Any fitness for duty testing.
- f. Any safety violation or mishap occurs.

6. Soldiers that have completed a drug test that comes back positive for illegal substances will be processed for separation.

7. Soldiers seeking help for drug or alcohol problems through their chain of command prior to being requested to submit to drug testing will not be processed for separation. However, self referring soldiers must complete a rehabilitation program at their own expense.

*I have been briefed on the drug and alcohol use policy and unit drug testing in the Kansas National Guard. I also understand this signed briefing will be placed on file in the unit's drug testing binder.*

\_\_\_\_\_  
**Service member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Unit Prevention Leader-(UPL)**

\_\_\_\_\_  
**Date**

**Appendix E  
CHECKLISTS**

**E-1. COMMANDER'S TESTING CHECKLIST**

Did the commander:

YES NO

|  |  |                                                                                                                                             |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | 1. Identify personnel to be tested?                                                                                                         |
|  |  | 2. Ensure personnel are available for testing?                                                                                              |
|  |  | 3. Designate observers in the grade E-5 or higher?                                                                                          |
|  |  | 4. Ensure that UPL and <i>observers</i> were briefed?                                                                                       |
|  |  | 5. Brief unit personnel to be tested?                                                                                                       |
|  |  | 6. Provide adequate restrooms which are sanitized and free of possible contaminants and a controlled environment for urinalysis collection? |
|  |  | 7. Ensure availability of appropriate supplies, (bottles, pens, etc.) and equipment (table, chairs, etc.)?                                  |
|  |  | 8. Provide an appropriate holding area?                                                                                                     |
|  |  | 9. Provide appropriate drinks (non-alcoholic) to facilitate urination for soldiers unable to provide a specimen?                            |
|  |  | 10. Assign an E-5 or higher grade to supervise the holding area?                                                                            |
|  |  | 11. Ensure that the documentation (Drug Testing Register, Chain of Custody, etc.) were properly completed?                                  |





**E-4. COMMANDERS CHECKLIST - NOTIFICATION AND PROCESSING OF DRUG POSITIVES**

Unit: \_\_\_\_\_

Soldier: \_\_\_\_\_  
(Last,First,Middle, Rank)

1. Personally gave soldier the notification of a positive urinalysis letter and ensured the soldier signed the receipt of notification form.

2. Administered the Rights Warning Procedure, DA form 3881. Ensured all required information is filled out and that the soldier understood his/her rights. The soldier signifies this by signing either block B-3 or C-2.

3. Gave soldier the Soldier's Response Form. Instructed the soldier to fill it out and return it, no later than 45 days from the date of notification. Ensured the soldier understood that failure to respond with the response form constitutes a waiver of all rights afforded by it. (The soldier is not automatically assigned legal counsel). If the soldier requests legal counsel, it must be requested on the soldier's response form.

4. Counseled the soldier on DA Form 4856, General Counseling form. You may use the standardized counseling form generated by the SAPP Office. Facilitated the discussion on rehabilitation requirements. Ensured that the soldier signed the appropriate release forms so that you can track his/her progress in the rehabilitation process. Made recommendations as to whether or not the soldier should be retained or discharged. (Note: this may be done on a separate Memorandum For LTC Bruce Woolpert JAG).

5. Suspended the military driver's license, security clearance, and access to sensitive items until the soldier is either discharged or retained and rehabilitation is completed. Explained that the soldier's file will be flagged until completion of rehabilitation.

6. Explained that, if retained, the soldier will have 60 days to enroll in and another 90 days to complete a state certified rehabilitation program. Also explained that failure to complete the rehabilitation program and or submit to drug urinalysis will result in discharge for rehabilitation failure.

7. Documented in writing any failures to adhere to procedures listed above by the soldier, (be specific). E.g. I handed the soldier the notification of positive urinalysis letter and he/she refused to sign the receipt form. This should be in memorandum format to LTC Bruce Woolpert JAG.

8. Made copies of all completed documents for the unit's records. These are sensitive documents and should be maintained separately with limited access.

9. Ensured that all documents are completed by the 60 day suspense date.

10. Ensured that the original Receipt of Notification Form, Rights Warning Procedure, General Counseling form, Soldiers Response Form, Commanders Recommendation (if not on Counseling form) and Commanders Checklist are complete and forwarded the Substance Abuse Office.

\_\_\_\_\_  
Commander signature

\_\_\_\_\_  
Date

**E-5. URINALYSIS COLLECTION - EQUIPMENT CHECKLIST**

ITEM:

Boxes for Shipping Specimens  
Envelopes, Plain White #10 Business  
Female Collection Cups  
Gloves, Rubber  
Label, Pressure Sensitive  
Liquid Absorbent Pouch  
Mailing Pouch  
Paper Towels  
Ball Point Pens  
Ruler, 12 Inch  
Table and Chairs  
Tape, Packaging  
Tape, Pressure Resistant  
Urine Specimen Bottles

DOCUMENTS:

KS SOP 600-85  
Drug Testing Register  
DD Form 2624, Specimen Custody Document - Drug Testing  
DA Form 1379  
Certificate of Correction  
Memorandum for Record  
MFR Observer  
Unit Drug Testing Report/Commander's Certificate

**E-6. FORMAT FOR LETTER TO LOCAL REHABILITATION FACILITY**

[Appropriate Letterhead]  
(Date)

Clinical Director (Use name if known)  
Name of local rehabilitation facility  
Address of local rehabilitation facility  
City, State ZIP+4

Dear Clinical Director (Use name if known):

On (date), (soldier's name) was identified by (method of identification) as being an abuser of alcohol/drug (specify drug).

In accordance with Kansas Army National Guard Standing Operating Procedure (KSARNG SOP) 600-85, (Soldier's Name) has been advised of his right to rehabilitation at a facility of his/her choice. This rehabilitation will be at (soldier's name) own expense. (soldier's name) has elected to accept rehabilitation, and would like to enter your facility's program. As part of the program, (soldier's name) has signed a release of information allowing me to be a part of the rehabilitation planning group and a support member. This action is recommended since the Army National Guard is one key aspect of his/her lifestyle.

The Army National Guard recognizes that a lifestyle which includes abuse of alcohol and/or drugs is not compatible with the military. However, we also recognize the unique worth of each soldier. Rehabilitation to an alcohol/drug free life is a choice (soldier's name) has made. The soldier or his command will contact you to set up an appointment for (soldier's name). The soldier is required to provide proof of successful completion of your program as a stipulation for continued membership.

Commander's Name  
Captain, Kansas Army National Guard  
Commanding Officer

*\*\*Note: This is a letter, not a memorandum. Do not use acronyms, spell out all rank and other abbreviations.*

**Appendix F  
DRUG TESTING FORMS**

- F-1. (a) Drug Testing Register, Blank
- F-1. (b) Drug Testing Register, Completed
- F-2. (a) DD Form 2624, Blank (Front)
- F-2. (b) DD Form 2624, Blank (Back)
- F-2. (c) DD Form 2624 Front Completed
- F-2. (d) DD Form 2624, Completed – Fed Ex Drop Box (Back)
- F-2. (e) DD Form 2624, Completed – Safe Storage, UPL (Back)
- F-2. (f) DD Form 2624, Completed – Safe Storage, Fulltime Personnel (Back)
- F-3. (g) Drug Testing Bottle Labels (Computer Generated/Manual)







F-2. (b) DD Form 0002624, Blank (Back)

| 12. CHAIN OF CUSTODY          |                  | LAN               | THRU                                | INSTRUCTIONS                                    |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
|-------------------------------|------------------|-------------------|-------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE<br>(YYMMDD)              | RELEASE BY<br>b. | RECEIVED BY<br>c. | PURPOSE OF CHANGE/<br>REMARKS<br>d. | BLOCK                                           | USA                                                                                                                                                                                         | USNMC                                                                                                                                                                | USAF                                                                                                                                                       |
| 1                             | SIGNATURE        | SIGNATURE         |                                     | SUBMITTING UNIT                                 | Message address of unit submitting urine samples                                                                                                                                            | Message address of submitting unit reports administratively.                                                                                                         | Optional. May be used to identify the base POC.                                                                                                            |
| 2                             | NAME             | NAME              |                                     | ADDITIONAL SERVICE INFORMATION (SECOND ECHOLON) | Do not use.                                                                                                                                                                                 | Message address of submitting unit reports administratively.                                                                                                         |                                                                                                                                                            |
| 3                             | SIGNATURE        | SIGNATURE         |                                     | BASE/ ABBREVIATED CODE                          | Service code area.                                                                                                                                                                          | Leave blank, for future use.                                                                                                                                         | Four-character Base Identification code (Ex. F-123). Comprises the first four characters of the full 10-character Base Identification Number (BDIN).       |
| 4                             | NAME             | NAME              |                                     | UNIT IDENTIFICATION CODE                        | Unit identification code (UIC or RUC) of unit.                                                                                                                                              |                                                                                                                                                                      | Do not use                                                                                                                                                 |
| 5                             | SIGNATURE        | SIGNATURE         |                                     | DOCUMENTATION NUMBER                            | Do not use                                                                                                                                                                                  | Enter the heavily assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a 10-character BDIN separate number by the submitting unit. | 3-digit batch number common to all specimens in the shipment (Ex. 401). Comprises the middle part of the full 10-character BDIN assigned to each specimen. |
| 6                             | NAME             | NAME              |                                     | 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 BDIN).                                                                                 |
| 7                             | SIGNATURE        | SIGNATURE         |                                     | SPECIMEN NUMBER                                 | Use number pre-printed on form.                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| 8                             | NAME             | NAME              |                                     | COMPLETE SSN                                    | Full SSN of person from whom sample obtained.                                                                                                                                               |                                                                                                                                                                      |                                                                                                                                                            |
| 9                             | SIGNATURE        | SIGNATURE         |                                     | TEST BASIS                                      | Indicate the testing premise to conduct the collection                                                                                                                                      |                                                                                                                                                                      | Only required only if additional testing is requested:<br>F= Full Panel;<br>S= Serology;<br>O= Other drugs;<br>Provide clarification in attached message.  |
| 10                            | NAME             | NAME              |                                     | TEST INFORMATION                                | Military:<br>A= ET - E4;<br>B= E5 to E10;<br>Civilian only:<br>C= Civilian;<br>D= TDP Quasi-Police;<br>F= TD;<br>ADAPCP Staff;<br>G= other TDP;<br>N= other nonmilitary                     | Leave Blank                                                                                                                                                          |                                                                                                                                                            |
| 11                            | SIGNATURE        | SIGNATURE         |                                     | PRE-SCREEN                                      | If screened (T= 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.                                                                                                                                                  |
| 12 CHAIN OF CUSTODY (LINE 11) |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| 13                            | NAME             | NAME              |                                     | DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES      |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (1)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (2)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (3)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (4)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (5)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (6)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (7)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (8)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (9)                           |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |
| (10)                          |                  |                   |                                     |                                                 |                                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                                                                            |

DD Form 2624, FEB 1993 (Rev)

USAFPC VZ110

F-2. (c) DD Form 2624 Front Completed

| SPECIMEN CUSTODY DOCUMENT - DRUG TESTING                                                                                                                                                                    |  |                                                                                                              |  |                                  |  |                                                                    |  |                      |  | A. LABORATORY CONDUCTING TESTING                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|--------------------------------------------------------------------|--|----------------------|--|--------------------------------------------------|--|
| 1. SUBMITTING UNIT<br>Joint Forces HQ-KS                                                                                                                                                                    |  | 2. ADDITIONAL SERVICE INFORMATION (SECOND ECHOLON)<br>SSG Dwayne Burgoon<br>PO BOX 19012<br>Topeka, Ks 66614 |  |                                  |  | B. BATCH NUMBER                                                    |  | C. REPORT OF RESULTS |  |                                                  |  |
| 3. BASEAREA CODE<br>NG18                                                                                                                                                                                    |  | 4. UNIT IDENTIFICATION CODE<br>W 8A1AA                                                                       |  | 5. DOCUMENT/BATCH NUMBER<br>0001 |  | 6. DATE SPECIMEN COLLECTED<br>Version 530L<br>YYYYMMDD<br>20050816 |  | D. DRUGS TESTED      |  |                                                  |  |
| 7. SPECIMEN NUMBER                                                                                                                                                                                          |  | 8. COMPLETE SSN                                                                                              |  | 9. TEST BASIS                    |  | 10. TEST INFO                                                      |  | 11. PRESCREEN        |  | E. DISC CODE                                     |  |
| 001                                                                                                                                                                                                         |  | 222-22-2222                                                                                                  |  | IR                               |  | B                                                                  |  |                      |  |                                                  |  |
| 002                                                                                                                                                                                                         |  | 333-33-3333                                                                                                  |  | IR                               |  | B                                                                  |  |                      |  |                                                  |  |
| 003                                                                                                                                                                                                         |  | 444-44-4444                                                                                                  |  | IR                               |  | A                                                                  |  |                      |  |                                                  |  |
| 004                                                                                                                                                                                                         |  | 444-44-4444                                                                                                  |  | IR                               |  | A                                                                  |  |                      |  |                                                  |  |
| NOT USED                                                                                                                                                                                                    |  |                                                                                                              |  |                                  |  |                                                                    |  |                      |  | StaF                                             |  |
| 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      |  |                                                  |  |

DD Form 2624, FEB 1993

Replaces OPRNAV 5302 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (AFR 86), which are obsolete.

F-2. (c) DD Form 2624, Completed – Fed Ex Drop Box (Back)

| 12. CHAIN OF CUSTODY                           |            | LAN         | THRU                            | INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                              |
|------------------------------------------------|------------|-------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE (YYMMDD)                                  | RELEASE BY | RECEIVED BY | PURPOSE OF CHANGE/<br>REMARKS   | BLOCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | USA                                                                                                                                                                                         | USNMC                                                                                                                                          | USAF                                                                                                                                                         |
| (1)                                            | (b)        | (c)         | (d)                             | 1 SUBMITTING UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Message address of the submitting unit.                                                                                                                                                     | Message address of the submitting unit (same as USA).                                                                                          | Optional: May be used to identify the date POC.                                                                                                              |
| 050817                                         | John Up1   | FED         | Specimens shipped to State ADCC | 2 ADDITIONAL SERVICE INFORMATION (GE CODE ECHOWM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Do not use                                                                                                                                                                                  | Message address of the submitting unit (same as USA).                                                                                          |                                                                                                                                                              |
|                                                | John Up1   | EX          |                                 | 3 BAGG/ AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Specimen code area                                                                                                                                                                          | Leave blank for future use.                                                                                                                    |                                                                                                                                                              |
|                                                |            |             |                                 | 4 UNIT IDENTIFICATION CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Unit Identification Code (UIC) or BUO of unit                                                                                                                                               |                                                                                                                                                | Do not use                                                                                                                                                   |
|                                                |            |             |                                 | 5 DOCUMENT/ PATCH NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Do not use                                                                                                                                                                                  | Enter the locally assigned batch number. Each batch of 12 specimens from one person must be assigned a separate number by the submitting unit. | 3-digit batch number continues to assign meta in the specimen (EX 503). Complete the middle part after the 10-character BUO assigned to each specimen.       |
|                                                |            |             |                                 | 6 DATE SPECIMEN COLLECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Enter the four-digit year, digit-month, and two-digit day that samples were collected by submitting unit.                                                                                   |                                                                                                                                                | Enter 3-digit sequential specimen number (not 3 characters of BUO).                                                                                          |
|                                                |            |             |                                 | 7 SPECIMEN NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Use number pre-printed on form.                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                              |
|                                                |            |             |                                 | 8 COMPLETE SSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FULL SSN of person from whom sample obtained.                                                                                                                                               |                                                                                                                                                |                                                                                                                                                              |
|                                                |            |             |                                 | 9 TEST BASIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Indicate the testing premise to conduct the collection.                                                                                                                                     |                                                                                                                                                | Entry required only if collection/testing is requested.                                                                                                      |
|                                                |            |             |                                 | 10 TEST INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | URGENT<br>M = E, T, L, A<br>B = E, S, D, E, T, O<br>C = normally<br>D = TOP (Outfit) other<br>F = TB<br>ADOP/CP/SPAK<br>G = other TBSP<br>H = other nonstandard                             | Leave Blank                                                                                                                                    | Entry required only if collection/testing is requested.<br>F = Full Panel<br>S = Standard<br>O = Other change.<br>Provide clarification in attached message. |
|                                                |            |             |                                 | 11 PRE SCREEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | If screened (have tested) prior to submission and found positive, indicate if possible or if not negative for drug by the screener. Leave blank if not screened prior to submission to IAD. |                                                                                                                                                | Not used                                                                                                                                                     |
| 12 CHAIN OF CUSTODY (LINE 11)                  |            |             |                                 | 1. DATE of collection/shipment<br>2. DELIVERED BY: Signature and printed or typewritten name of the unit's/ship's coordinator<br>3. NAME of sender of this specimen<br>4. RECEIVED BY: Signature and printed or typewritten name of the unit's/ship's coordinator<br>5. NAME of receiver of this specimen<br>6. PURPOSE OF CONTAINER USE: Specify the mode of accountable transport/destination<br>7. Method to ship specimens to the lab<br>8. Name of the sender of specimens change/submitter (for a shipment business hand carried to the lab)<br>9. Name of the receiver of specimens (for a shipment business hand carried to the lab)<br>10. State (for a shipment business hand carried to the lab)<br>11. RECEIVED BY: Name of document changer in custody with comment in block (9) if a combination sheet is necessary. It must contain information/signatures of blocks (9) - (11) |                                                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                              |
| 13 DAMAGE TO SHIPPING CONTAINER ORS/CONTAINERS |            |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                              |

F-2. (d) DD Form 2624, Completed – Safe Storage, UPL (Back)

| 12. CHAIN OF CUSTODY            |                           | LAN                       | THRU                                   | INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 |
|---------------------------------|---------------------------|---------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE (YYMMDD)                   | RELEASE BY                | RECEIVED BY               | PURPOSE OF CHANGE/<br>REMARKS          | BLOCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | USA                                                                                                                                                                                                                                                                              | USNMC                                                                                                                                                                                                                                                                                                                              | USAF                                                                                                                                                                            |
| (1)                             | (2)                       | (3)                       | (4)                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                                                                                                                                                                                                                                                                | 3                                                                                                                                                                                                                                                                                                                                  | 4                                                                                                                                                                               |
| 050817                          | John Upl<br>Temp. Storage | John Upl<br>Temp. Storage | Safe Storage                           | ADDITIONAL<br>SERIAL<br>IDENTIFICATION<br>(SECTION<br>E-10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Do not use.                                                                                                                                                                                                                                                                      | Message address of<br>second lab site<br>communication to whom<br>submitting and reports<br>administratively.                                                                                                                                                                                                                      | Operator (if you're used<br>to identify the case)<br>POC                                                                                                                        |
| 050818                          | John Upl<br>Unit Safe     | John Upl<br>Unit Safe     | Specimens<br>Retrieved<br>for shipment | BASE/<br>AREA<br>CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Service code area                                                                                                                                                                                                                                                                | Leave blank for<br>future use.                                                                                                                                                                                                                                                                                                     | Four character Base<br>Identification code (EX<br>F-22). Complete the<br>last two characters of<br>the last character<br>Base Identification<br>Number (BIN).                   |
| 050818                          | John Upl<br>John Upl      | FED<br>EX                 | Specimens<br>shipped to<br>State ADCO  | UNIT<br>IDENTIFICATION<br>CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Unit identifier (date, AUC or RUC) if used                                                                                                                                                                                                                                       | Do not use                                                                                                                                                                                                                                                                                                                         | Do not use                                                                                                                                                                      |
|                                 | John Upl                  |                           |                                        | DOCUMENTATION<br>NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Do not use                                                                                                                                                                                                                                                                       | Enter the locally<br>assigned label number<br>for each block of the docu-<br>ment or portion thereof.<br>If not assigned, a<br>separate number by the<br>submitting unit.                                                                                                                                                          | 3 digit batch number<br>common to all docu-<br>ments in the shipment.<br>EX: 5011. Complete the<br>middle part of the last<br>10 character BIN<br>assigned to each<br>specimen. |
|                                 |                           |                           |                                        | DATE SPECIMEN<br>COLLECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Enter the two-digit year, two-digit month, and two-digit day<br>the samples were collected by submitting unit.                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                    | Enter 3 digit sequential<br>specimen number (last 3<br>characters of the BIN).                                                                                                  |
|                                 |                           |                           |                                        | SPECIMEN<br>NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Use number pre-printed on form.                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 |
|                                 |                           |                           |                                        | COMPLETE SSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Full SSN of person from whom sample obtained.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 |
|                                 |                           |                           |                                        | TEST BASIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Indicate the testing premise to conduct the collection.                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 |
|                                 |                           |                           |                                        | TEST<br>INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>M</b> - Matrix<br/> <b>A</b> - E1 - E4<br/> <b>B</b> - E.5 to E10<br/> <b>C</b> - vials only<br/> <b>C*</b> - TDP Analysis<br/> <b>D</b> - TDP Quarter Plate<br/> <b>F</b> - TD<br/> <b>AD</b> - AD-CP-Safe<br/> <b>Go</b> - other TDP<br/> <b>N</b> - other nonmatrix</p> | <p>Enter required only if<br/>                     additional testing is<br/>                     requested.<br/>                     E - Full Panel<br/>                     S - Standard<br/>                     O - Other/Other<br/>                     P - Project definition<br/>                     attached message.</p> |                                                                                                                                                                                 |
|                                 |                           |                           |                                        | PRE-SCREEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Has tested (two tests) only to submission and<br/>                     found positive, indicate "P" for positive or "N" for<br/>                     negative for drugs, pre-screened. Leave blank if<br/>                     not screened prior to submission to lab.</p>   |                                                                                                                                                                                                                                                                                                                                    | High alert.                                                                                                                                                                     |
| 12. CHAIN OF CUSTODY (LINE (1)) |                           |                           |                                        | 13. DATA TO SHIPPING CONTAINER/CAP/PLACES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 |
|                                 |                           |                           |                                        | <p>1. DATE, date of collection/shipment<br/>                     2. RELEASED BY, Signature and printed or typewritten name of the analyst responsible<br/>                     3. RECEIVED BY, Name only if physical change of custody is occurring prior to shipment.<br/>                     4. PURPOSE OF CHANGE RELEASE, Specify the mode of accessioning, transportation, shipment<br/>                     related to site specimens to this lab.<br/>                     Note: If you're custody of specimens changes other than for a shipment (including carried to the lab)<br/>                     EX: A change requires the name of the lab to be RELEASD BY and GO<br/>                     RECEIVED BY needs to document change in custody with comment in block (4) if a<br/>                     continuation sheet is necessary, it must contain reference/signature of blocks (1)-(4)</p> |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 |

F-2. (e) DD Form 2624, Completed- Safe Storage, Fulltime Personnel (Back)

| 12 CHAIN OF CUSTODY            |                            | LAN                        |                                                         | THRU                                           |                                                  | INSTRUCTIONS                                                                                                                                                                                    |                                                                                                                                                    |  |
|--------------------------------|----------------------------|----------------------------|---------------------------------------------------------|------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DATE (MM/DD/YY)                | RELEASE BY                 | RECEIVED BY                | PURPOSE OF CHANGE/<br>REMARKS                           | BLOCK                                          | USA                                              | USAMC                                                                                                                                                                                           | USAF                                                                                                                                               |  |
| (1) 050817                     | SIGNATURE<br>John Up1      | SIGNATURE<br>Full-Timer    | Specimens transferred to Full-timer for future shipment | 1                                              | Message address of unit submitting urine samples | Message address of receiving lab from submitting lab reports (optional)                                                                                                                         | Optional. May be used to identify the base POI.                                                                                                    |  |
| (2) 050817                     | SIGNATURE<br>Full-Timer    | SIGNATURE<br>Temp. Storage | Safe Storage                                            | 2                                              | Service code area                                | Leave blank for use                                                                                                                                                                             | Four-character base identification code (Ex. F-23). Complete the first four characters of the full 18-character base identification number (BIBN). |  |
| (3) 050818                     | SIGNATURE<br>Temp. Storage | SIGNATURE<br>Full-Timer    | Specimens retrieved for shipment                        | 3                                              | UNIT IDENTIFICATION CODE                         | Unit Identification Code (UIC) or RUC of unit                                                                                                                                                   | Do not use                                                                                                                                         |  |
| (4) 050818                     | SIGNATURE<br>Unit Safe     | SIGNATURE<br>Full-Timer    | Specimens shipped to State ADCO                         | 4                                              | DOCUMENTATION NUMBER                             | Do not use                                                                                                                                                                                      | Enter the body assigned base number (E, X, S, H). Complete the entire part of the bibn serial number by the submitting unit.                       |  |
| (5) 050818                     | SIGNATURE<br>Full-Timer    | SIGNATURE<br>EX            |                                                         | 5                                              | DATE SPECIMEN COLLECTED                          | Enter the four digit year, the digit month, and two-digit day. If samples were collected by submitting unit.                                                                                    | Enter 1 of 4 sequential specimen number (last 4 characters of the BIBN).                                                                           |  |
| (6)                            | SIGNATURE                  | SIGNATURE                  |                                                         | 6                                              | SPECIMEN NUMBER                                  | Use number displayed on bin.                                                                                                                                                                    |                                                                                                                                                    |  |
| (7)                            | SIGNATURE                  | SIGNATURE                  |                                                         | 7                                              | COMPLETE SSH                                     | Full SSH of person from whom sample obtained.                                                                                                                                                   |                                                                                                                                                    |  |
| (8)                            | SIGNATURE                  | SIGNATURE                  |                                                         | 8                                              | TEST BASIS                                       | Indicate the testing premise to conduct the collection.                                                                                                                                         |                                                                                                                                                    |  |
| (9)                            | SIGNATURE                  | SIGNATURE                  |                                                         | 9                                              | TEST INFORMATION                                 | M- Males<br>F- Females<br>A- E, S, or E, H<br>C- Chain only<br>G- TPP Activation<br>O- TPP Guard only<br>F- ID<br>AD- AD CP Staff<br>G- other IDDP<br>N- other identifier                       | Leave blank<br>Provide certification attached message                                                                                              |  |
| (10)                           | SIGNATURE                  | SIGNATURE                  |                                                         | 10                                             | PRE-SHEET                                        | If selected, hand transfer print to submission and signed position. Indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if pre-screened prior to submission to lab. | Not used                                                                                                                                           |  |
| 12 CHAIN OF CUSTODY (LINE (1)) |                            |                            |                                                         | 13 DAMAGE TO SHIPPING CONTAINER/DISCORREPARIES |                                                  |                                                                                                                                                                                                 |                                                                                                                                                    |  |

F-3. Bottle Label



IR 0001 001

Form ID: 77693

SSN: 611-86-6455

2005 08 13

Date Collected

STATE: NG18

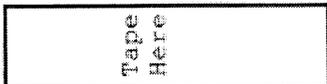
UPL D.B.

SM P.P.



Pre-printed bottle labels require:

- a. Date
- b. UPL initials
- c. Service member initials



CO 0001 002

Premise Batch Specimen

510-94-2117

SSN

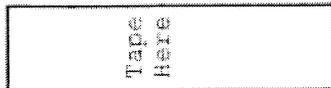
2005 08 13

Date Collected

STATE: NG18

UPL D.B.

SM P.P.



Manually prepared bottle labels require:

- a. Test premise code
- b. Batch number
- c. Specimen number
- d. SSN
- e. Date
- f. UPL initials
- g. Soldier initials

F-5. SPECIAL TEST REQUEST

Date: \_\_\_\_\_

MEMORANDUM FOR Tripler Army Medical Center Forensic Toxicology Drug Testing Laboratory

SUBJECT: Request for a special Drug Test

1. Please test the following specimens for:

( ) LSD ( ) PCP

Document/Batch \_\_\_\_\_ Specimens \_\_\_\_\_

2. Other specific test request: \_\_\_\_\_

\_\_\_\_\_

Document/Batch \_\_\_\_\_ Specimens \_\_\_\_\_

FOR THE COMMANDER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F-6. UNIT DRUG TESTING REPORT/COMMANDER'S CERTIFICATE**

**UNIT DRUG TESTING REPORT/COMMANDER'S CERTIFICATE**

|                                        |                                        |                         |                                |
|----------------------------------------|----------------------------------------|-------------------------|--------------------------------|
| Mail to: AGKS-DPOT-P-CD<br>ATTN: SADCO |                                        | Date:                   |                                |
| Unit Tested:                           | UIC:                                   | Month/Year of Test:     | Number of DD 2624's submitted: |
| HQ of Unit Tested                      | Number originally requested for month: | Number Actually Tested: | Number Increase/Decrease:      |

Reason for Change:

Problems:

Document/Batch and Specimen Number: e.g., Batch 0001 through 0003, Specimens 001-012; Batch 0004, Specimens 001-003, etc.

| Document Batch | Specimens Batch | Document | Specimens |
|----------------|-----------------|----------|-----------|
| _____          | _____           | _____    | _____     |
| _____          | _____           | _____    | _____     |
| _____          | _____           | _____    | _____     |
| _____          | _____           | _____    | _____     |

Submitted By: \_\_\_\_\_

I certify that all the documentation has been checked for accuracy, all dates and SSNs on the DD Form 2624, Drug Testing Register, and Specimen Bottle Labels match, required signatures/initials are properly recorded, errors have been properly corrected, and the collection procedures prescribed in the KS SOP 600-85 were followed.

Unit Commander: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appendix G****How to Transfer Chain of Custody**

**G-1. General.** Transfers of the chain of custody must be verifiable through the documentation prepared during the collection and test processing. Accurately annotating these transfers will help guarantee the integrity of the testing program. The transfers take place whenever possession of the specimen bottle, or box of specimen bottles is transferred from one individual to another, from an individual to storage, from storage to an individual, or from an individual to the Post Office (or other appropriate carrier). Each of these transfers must be correctly documented. See Appendix F-2(c-e) for examples.

**G-2. UPL to Storage.** If the samples must be placed in storage prior to mailing, this must be noted as a transfer of custody. The UPL will note the date in block a, sign and print his or her name in block b. Write in block c "safe storage", and in block d describe where the specimens were stored to include building and room identification as appropriate.

**G-3. Storage to UPL.** When the samples are removed from safe storage the transfer must be noted by placing the date in block a, "safe storage" in block b, the UPL will sign and print his or her name in block c as having received the specimens, and will annotate in block d that the specimens were removed from safe storage.

**G-4. Mailings.** When specimens are placed in the mail, or given to the delivery company, the UPL will place the date in block a, sign and print his or her name in block b, place the name of the delivery company i.e. "Fed Ex" in block c, and identify the type of service used i.e. "Overnight", etc.

## Appendix H How to Make Corrections

### H-1. General.

The documentation prepared during the urinalysis collection process becomes part of the chain of custody, and may be used as evidence if a soldier tests positive. In order to ensure that the chain of custody is unbroken, the integrity of the program is maintained, and the rights of each soldier are protected, special attention must be given to proper preparation of the documentation. If corrections need to be made, it is extremely important that they be done as set out in this appendix. Failure to do so may result in the sample being rejected, or a test result being thrown out.

### H-2. Making Corrections.

a. Because of the possible ramifications of a positive urinalysis, it is extremely important that proper chain of custody be maintained. One of the measures used to maintain this chain of custody is documentation. If an error is made in completing the documentation the error must be corrected. There are three methods which maybe used to correct an error.

- 1) The individual making the error may simply line through the mistake, Then write the correct item (number, letter, word, etc.) placing his/her initials next to the correction.
  - 2) If the error is too large to be easily corrected in the space provided, you may correct the error by preparing a Certificate of Correction (Figure H-1). On this form you will identify the location of the error how the incorrect entry reads, and how it should read. The individual making the correction, and an individual verifying the correction will then sign the form. This form must be sent with the specimen to the laboratory.
  - 3) Some errors may be fixed by writing a memorandum for record (MFR), (appendix H-2) notating the error and the corrective action taken. Errors that would be better suited for a MFR include: broken seals, and incorrectly lining out a specimen as not used when it was in fact taken.
- b. If errors are made on the DD Form 2624 in Blocks 3 through 5 you may line through the entire block and annotate the correction in the left margin of the 2624. Be sure to initial the correction.
- c. Only the individual making the error may correct the error.
- d. On the bottle label there are two spaces for initials, one for the soldier and one for the UPL. If any errors are made in either of these blocks they may be corrected as set forth above. The observer is no longer in the chain of custody and should never touch the specimen bottle.

Figure H-1. Certificate of Correction

Date: \_\_\_\_\_

MEMORANDUM FOR Tripler Army Medical Center, Forensic Toxicology Drug Testing  
Laboratory

SUBJECT: CERTIFICATE OF CORRECTION

1. This letter is to certify the following corrections were made as indicated below for the urine specimen enclosed with this shipment for testing.

2. Reference: ( ) Bottle Label ( ) DD Form 2624

Document/Batch \_\_\_\_\_ Specimen \_\_\_\_\_

|                       |
|-----------------------|
| Reads as:             |
| Corrected to read as: |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Verified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Figure H-2. Memorandum For Record**

KANSAS ARMY NATIONAL GUARD  
SUBSTANCE ABUSE PREVENTION PROGRAM  
PO BOX 19012, TOPEKA, KS 66619  
(785) 862-0001

MEMORANDUM FOR RECORD

DATE \_\_\_\_\_

SUBJECT:

If you have any questions concerning this memorandum please call the number listed above or (785) 640-1236.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

## Appendix I Packaging and Shipping Procedures

### I-1. PACKAGING

#### Step 1

Check all paperwork, (2624's, testing Registers, bottle labels) to ensure correctness/completeness. Make sure that the observer has signed the Register for each soldier he/she observed during the test. Make sure that the date of the test is filled out. Make sure that every bottle label has the tested soldiers **initials** and that the SSN matches on all documents. Make sure you **initialed** the label on the UPL line as the UPL who conducted the test. Make sure that the observer did not initial any bottle labels. Ensure the Chain of Custody is complete for the method of shipment that you have chosen (refer to appendix G for how to transfer chain of custody). If any mistakes were made refer to appendix H, how to make corrections and take the necessary steps to correct the errors.

#### Step 2

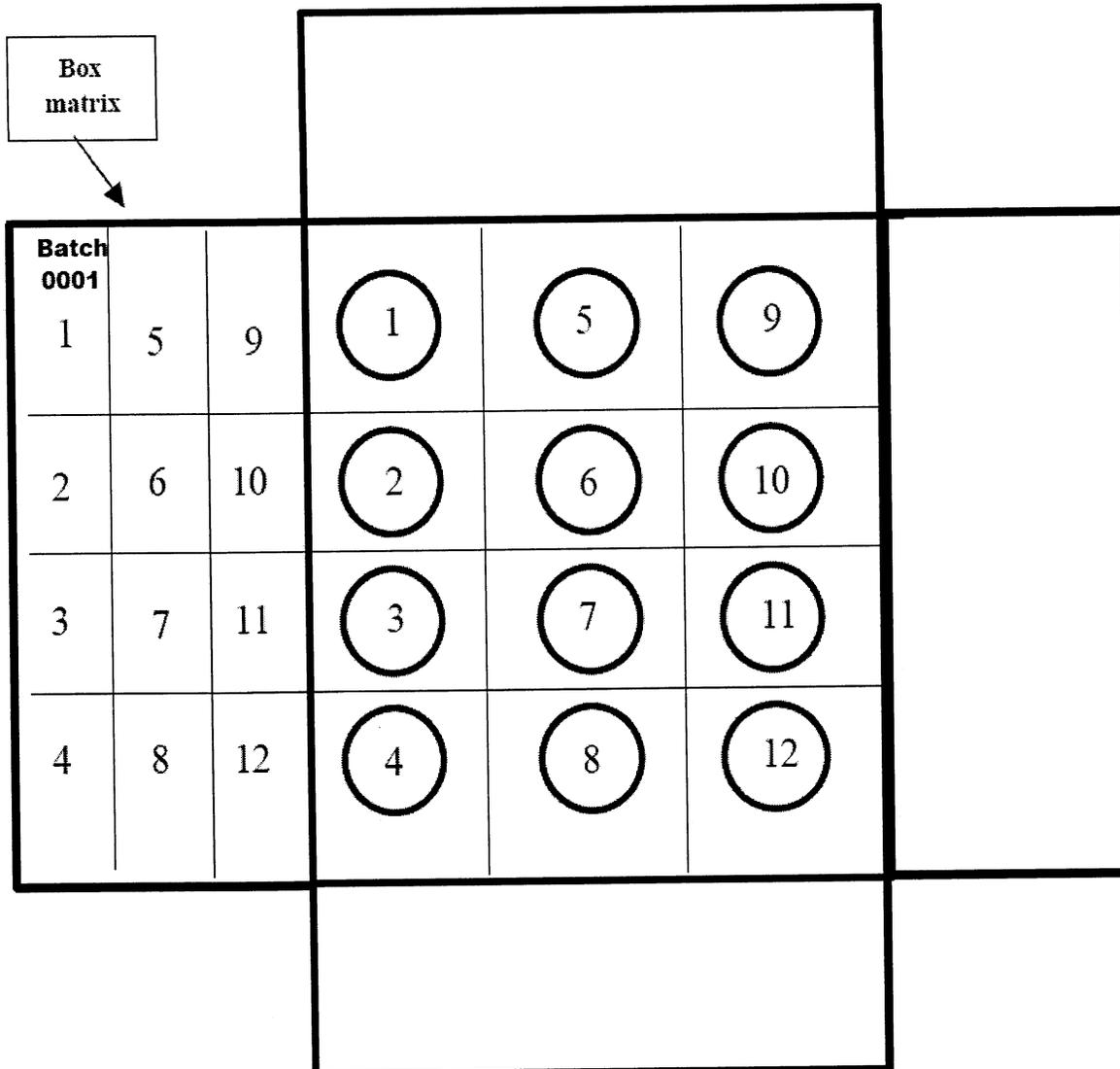
Make copies of the Registers, 2624's, Commander's Certificate, Special Test Request (if used) and Any Memorandum or Certificate of Correction (if used) for your unit's records. UPLs should keep testing records for the current fiscal year of testing and one whole fiscal year prior. File the copies in the unit's drug testing binder.

#### Step 3

Ensure that all specimens are in the correct order (Boxed) for shipment to the Substance Abuse Office.

1. GENERAL. The Substance Abuse Program sends out three different sizes of boxes according to the number of samples that will be collected on the drug test. There are 4 bottle, 6 bottle, and 12 bottle boxes that may be used. Figure I-1 shows how to correctly box, draw a specimen matrix and how packaging specimens will be done using a 12 bottle box, but applies to 4 and 6 bottle boxes as well.
2. Specimens should be placed in the box according to the batch and specimen number listed on the bottle label. The upper left hand corner is always the starting point for boxing specimens. The following diagram (See Figure I-1) depicts how a twelve bottle box would look if all twelve specimens were collected.

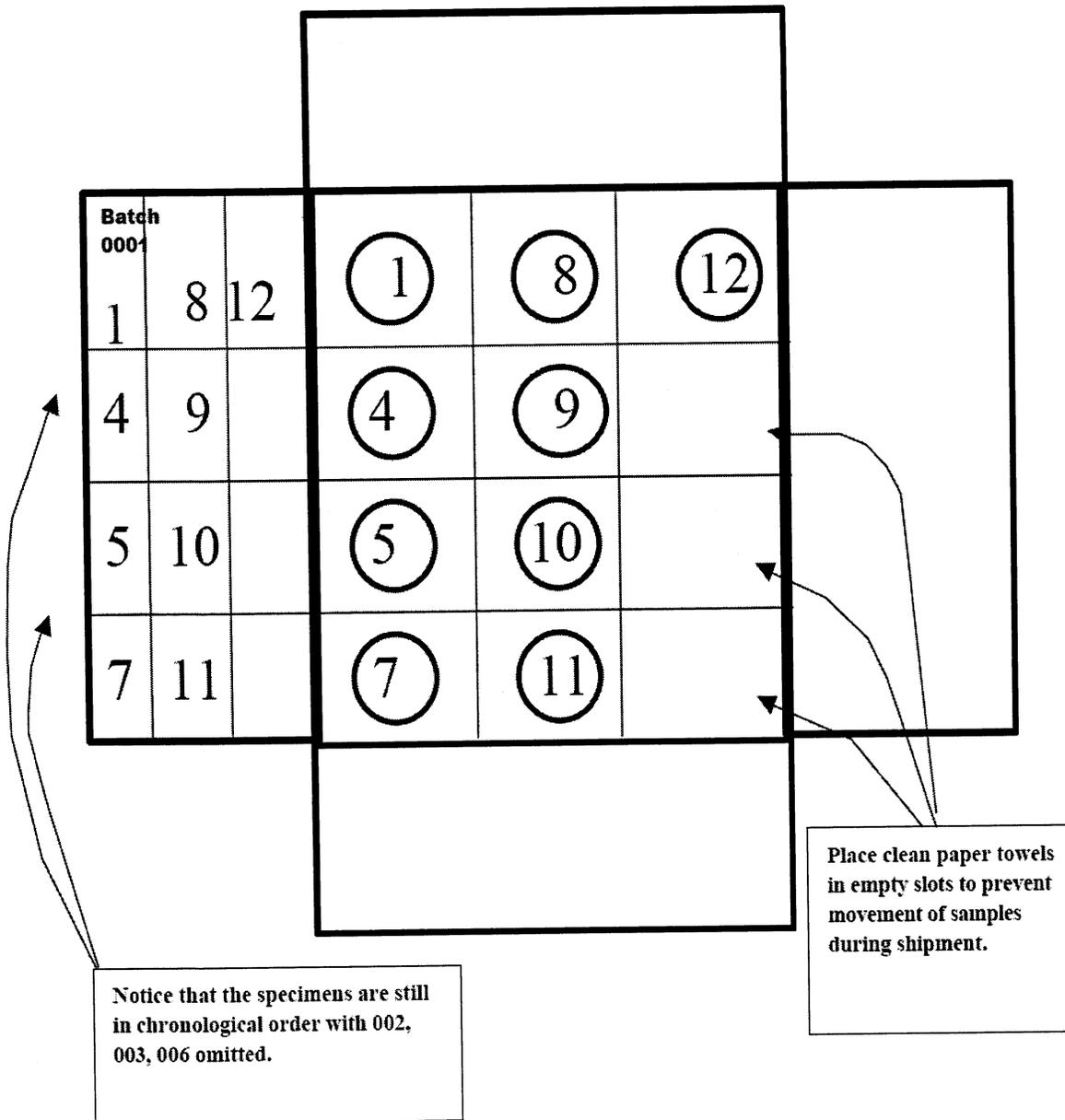
Figure I-1. Single Batch Box



3. Note how the matrix goes down then up, then down again, and NOT across. This boxing method is required by Tripler Army Forensic Toxicology Laboratory. Also note that the batch designation is written in the upper left hand corner of the box tab in the box matrix only. This becomes important when you encounter a box that has multiple batches in it.

4. Occasionally, not all specimens will be completed, leaving empty spots in the matrix. Specimens should be moved up in the matrix to eliminate these empty spots leaving a continuous string of numerically ordered specimens. See Figure I-2 where specimens 002, 003, and 006 were not collected, for what the box matrix would look like.

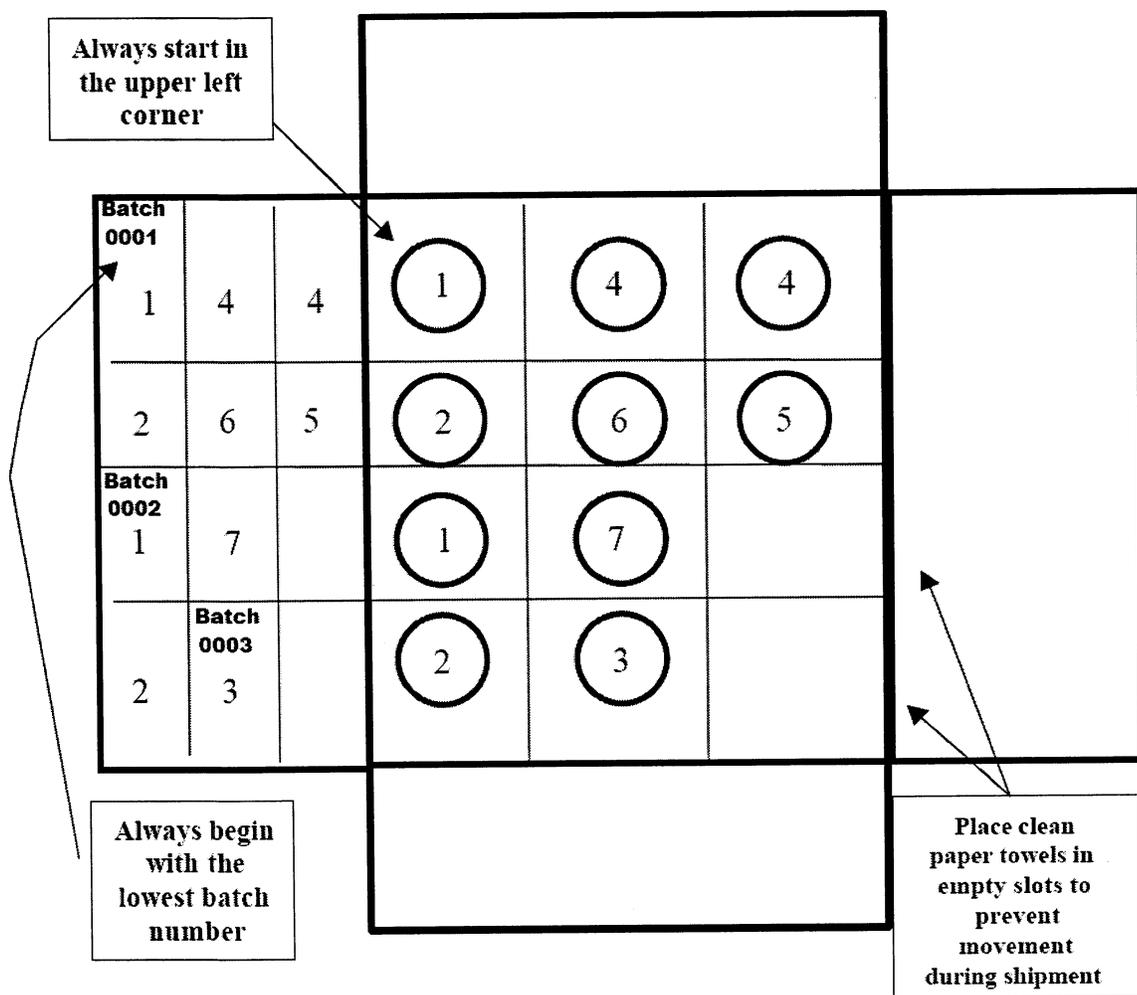
Figure I-2. Single Batch Box With Uncollected Specimens



*Note: It is easier to make a correct box matrix after all testing is done and you are preparing them for packaging.*

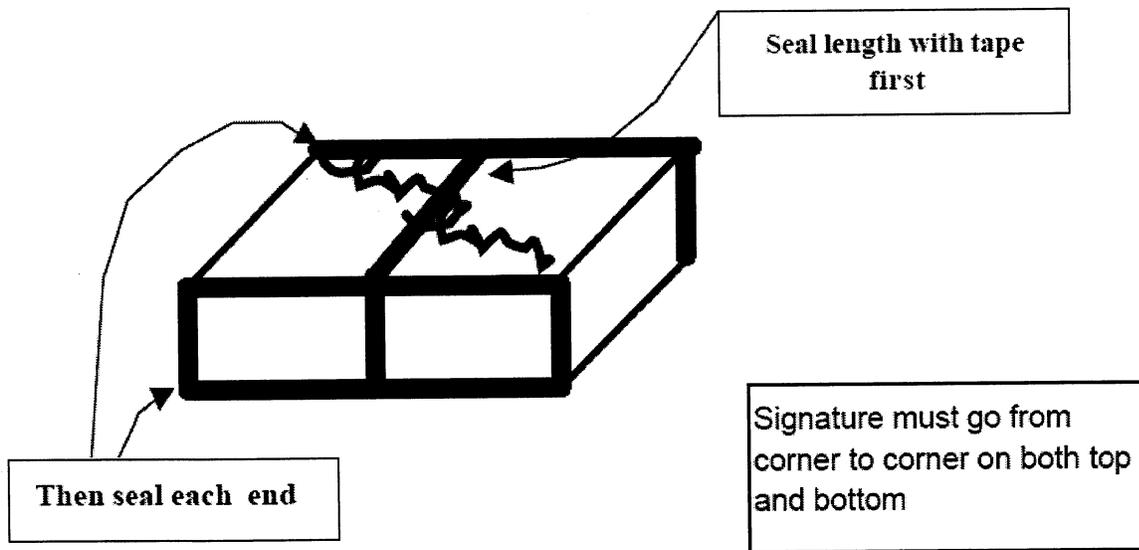
5. Some units may have multiple batches on the same drug test. Reasons for having multiple batches include:
  - a. Having more than twelve unit members selected for testing. Each document or batch cannot include more than twelve specimens.
  - b. Having any rehabilitation or AGR tests included with the monthly random tests. These tests automatically default to Batch 0001.
  
6. When boxing multiple batches the most important thing is to keep batch integrity. If there are two batches that when added together are more than twelve (when using a twelve bottle box) one of the batches must be placed in a separate box. Figure I-3. shows how to correctly box multiple batches using a twelve bottle box.

Figure I-3. Multiple Batch Twelve Bottle Box



7. After all specimens have been checked and placed in their proper place, the box can be sealed as follows:
- a. Place at least one absorbent pad in each box, (two absorbent pads are recommended for the twelve bottle boxes).
  - b. Close the box with the smaller box tabs in first. DO NOT fold in the corners of tabs underneath one another, this is a packaging error.
  - c. Seal the box with tape around the entire length of the box first and then around the edges. All seams on the box should now be sealed.
  - d. Sign your name across the tape, from corner to corner on the top and bottom side of the box. Ensure signature touches all pieces of tape on the face you are signing.
- Refer to figure I-4. for a properly sealed and signed box.

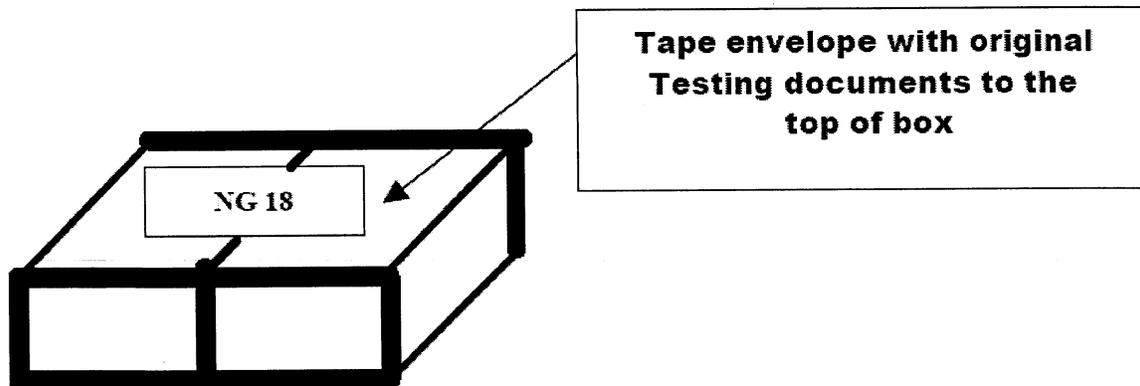
**Figure I-4. Properly Sealed Specimen Box**



**Step 4**

- 1. Place all **original** testing documents in a #10 business envelope, mark the outside of the envelope with our state's Base Area Code, which is NG 18, and tape it to the top of the specimen box. Any specimens that do not have original documentation will be discarded by the SAPC.
- 2. Include the following testing documents with the box of specimens:
  - a. The DD form 2624 with completed chain of custody (original).
  - b. The Drug Testing Register (original)
  - c. The commander's certificate
  - d. Any certificates of correction, memorandums for record or special test requests (probable cause must be established prior to requesting any special test request, see chapter 7-5 for probable cause)

Figure I-5. Sealed Box With Documents

**Step 5**

Place the Specimen box inside of a white-leak proof mail bag; remove any excess air that is present, and then seal the bag.

**Step 6**

Place the white leak-proof mail bag inside of the large diagnostic shipping bag with the Federal Express logo on it. Remove excess air from the bag and seal. It is not necessary to fold this bag or make it smaller

**Step 7**

Remove the sticky backing on the pre-printed air bill and affix it to the diagnostic bag. Remove the top copy of the air bill and post it in the drug testing binder with that month's testing documents. All samples will be shipped to the following address:

Kansas Army National Guard/SAP  
BLDG 688, FORBES FIELD  
TOPEKA, KS 66619

**I-2. Shipping Instructions**

Unit UPLs should check their areas to find out where the nearest Fed Ex drop-box locations are. Using the Fed Ex drop box is by far the easiest method to ship samples to the Substance Abuse Office. It eliminates having to include other individuals in the chain of custody, and ensures that specimens are shipped in a timely manner.

- 1) Samples should be shipped no later than the next working day of Fed Ex and the perspective unit.
- 2) If there are no drop box locations in your area, you will have to log the specimens in to safe storage until Fed Ex can pick them up (see Appendix G for how to transfer chain of custody).
- 3) No other individual is authorized to drop off specimens in a drop box than the individual who last signed to chain of custody.

Appendix J  
DOD DRUG TESTING CODES

| <u>DOD Code</u> | Explanation and use                                                                                                                                                                                                                                                    |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IR              | <b>Inspection Random:</b> Commander directed partial unit test. Used for normal monthly random testing (i.e. 10 % unit testing).                                                                                                                                       |
| IU              | <b>Inspection Unit:</b> Commander directed unit sweep. Used for 100% unit testing.                                                                                                                                                                                     |
| IO              | <b>Inspection Other:</b> Inspections based on command/unit policy. Used to test individuals based a commanders policy letter or SOP. (i.e. individuals after 30 days leave, newly arrived personnel, re-tests of rejected previously collected specimens).             |
| PO              | <b>Probable Cause:</b> Commander directed individual based on probable cause evidence. Commander should verify that probable cause exists with the local SJA prior to ordering this test.                                                                              |
| CO              | <b>Command Direct:</b> Commander directs an individual test for fitness for duty. The commander has a reasonable suspicion that a soldier is using a controlled substance, but does NOT have probable cause. The <b>Limited Use Policy</b> applies to this test basis. |
| VO              | <b>Soldier Consent:</b> The soldier voluntarily consents to a urinalysis test without command coercion.                                                                                                                                                                |
| RO              | <b>Rehabilitation testing:</b> The commander directs a soldier to test based on the soldiers alcohol/drug abuse treatment plan.                                                                                                                                        |
| AO              | <b>Accident/Mishap:</b> The commander directs a soldier(s) to test based on an accident causing damage of personnel or property.                                                                                                                                       |
| MO              | <b>Physician/Medical directed:</b> A physician orders a test based on a medical examination. This test may or may not be covered under the Limited Use Policy.                                                                                                         |
| NO              | <b>Accession Testing:</b> Used to test individuals for NONDODMERB testing.                                                                                                                                                                                             |
| OO              | <b>Other Testing:</b> Special testing for sports events, or other tests not covered by any other test basis.                                                                                                                                                           |