

DRUG URINALYSIS REQUEST

(Instructions on Reverse. Submit Original and One Copy)

I.		
NAME (Last, First, Middle Initial)	RANK	SSN

ORGANIZATION	<input type="checkbox"/> ROUTE A COPY OF RESULTS TO OSI	DATE
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REASON FOR TEST (Check one box below)

<input type="checkbox"/> (CC) COMMANDER DIRECTED	<input type="checkbox"/> (IO) INSPECTION TEST (Random)
<input type="checkbox"/> (PC) PROBABLE CAUSE	<input type="checkbox"/> (MC) MEDICAL REASONS
<input type="checkbox"/> (VO) INDIVIDUAL'S CONSENT (Complete Block II, or attach a copy of AF Form 1364)	

II. CONSENT STATEMENT (Complete only for Consent Testing)

Copy of AF Fm 1364, Consent for Search And Seizure, is attached. Designated observer will return a copy of this form. I voluntarily give my consent to provide a urine specimen to be tested for drugs of abuse. I understand that I do not have to give my consent. I understand that the urinalysis test result(s), if positive for drugs, may be used against me in criminal and administrative proceedings. I have not been forced by anyone to give consent. I agree to report to the Base Hospital Laboratory at _____ hours on _____ (date), to provide a urine specimen. I will return a copy of this form to the Commander or First Sergeant not later than _____ hours on _____ (date).

SIGNATURE OF INDIVIDUAL	DATE
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WITNESS'S NAME (Print)	WITNESS'S SIGNATURE
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III. INITIATOR'S STATEMENT (Complete for Commander Directed, Inspection, and Medical Reasons)

You are hereby directed to report to the _____ at _____ hours on _____ (date), to provide a urine specimen for drug testing. IAW AFI 44-120, any information gained from the urinalysis may be used for appropriate administrative or punitive action.

<input type="checkbox"/> COMMANDER	<input type="checkbox"/> FIRST SERGEANT	<input type="checkbox"/> PHYSICIAN SIGNATURE (Check One)	DATE
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IV. OBSERVER'S VERIFICATION

I have read and fully understand the observer information on the reverse of this form.

I observed the collection of the urine from the individual listed in Block I.

OBSERVER'S NAME (Print)	OBSERVER'S SIGNATURE	DATE
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V. SPECIMEN INFORMATION

I have the specimen directly the individual listed in Block I and verified the specimen contents, label, and log sheet information.

SPECIMEN NUMBER	DATE (Specimen collected)	TIME (Specimen collected)
F583-		

MEDICAL URINE TESTING PROGRAM MONITOR/DESIGNEE SIGNATURE

VI. AIR FORCE DRUG TESTING LABORATORY RESULTS (Transcribed from DD Form 2624)

NEGATIVE for all drugs tested. POSITIVE, See attached Notification Letter

MEDICAL URINE TESTING PROGRAM MONITOR/DESIGNEE SIGNATURE	DATE
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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

INSTRUCTIONS FOR COMPLETION OF FORM

BLOCK I - Initiator will print or type in the requested information. A copy of a search authorization should accompany a request for a probable cause test. When indicated, print "TEST FOR ALL DRUGS" on the same line as "REASON FOR TEST."

BLOCK II - This block is only used for Individual's Consent Testing. Individual or squadron personnel will fill in time and date. The individual will sign and date the statement. A witness MUST print and sign in the designated area of Block II.

BLOCK III- Initiator will fill in the place, time, and date. Initiator will also sign and date the form.

BLOCK IV - The observer will check each box and will date, print, and sign his/her name.

BLOCK V - For Medical Urine Testing Program use only.

BLOCK VI - For Medical Urine Testing Program use only.

OBSERVER'S INSTRUCTIONS

1. You have been designated as an OBSERVER for Drug Urinalysis Testing. The information you are about to read outlines your responsibilities as an observer and must be taken seriously. Although you may find your job unpleasant, it is a vital part of the Chain-of-Custody that begins with YOU, and preserves the integrity of the test results. Keep in mind that you may be called upon to testify about your observations. Perform your duties in a responsible manner while remaining sensitive to the fact the individual may be embarrassed by your presence. The following is a summary of your basic responsibilities.

2. You are required to ensure the specimen obtained is not adulterated.

3. You must stay with the member at all times--from the moment he/she takes the specimen container, until the tamper-resistant tape is applied. You then initial and date the bottle label, sign the log and receive the 3d copy of this form.

4. During the collection phase, you MUST directly observe ("EYES ONLY") the urine entering the container. After the urine sample is collected, you must ensure the member replaces and TIGHTENS the lid on the bottle, and that it is NOT reopened. Be careful, devices are available which are designed to adulterate specimens without detection.

5. Return to the administrative area with the member; tamper-resistant tape is then applied by authorized personnel. You must constantly keep the specimen bottle in full view.

6. It is essential you note any actions of the member that you consider off, unusual, or bizarre, and immediately report this to the Medical Urine Testing Program Monitor.

7. While you are in the latrine, if it becomes evident that the member is not going to provide the sample, STOP the process and return to the administrative area to receive further instructions. You should not be in the same latrine more than 10 minutes. Insure that the member IMMEDIATELY returns the empty specimen bottle to Medical Urine Testing Program Monitor.

8. After you have read and fully understand these instructions and observed the specimen collection, print your name, sign and date the front of this form in Block IV.

9. If you are not sure of your responsibilities and have ANY questions, please ask before you proceed with your duties. Thank you for your cooperation.

PRIVACY ACT STATEMENT

AUTHORITY: Public Laws 91-513 and 92-255; Chapters 13 and 16 of Title 21, United States Code (U.S.C.); Public Law 92-129; 5 U.S.C. 501; and 10 U.S.C. 8013. PURPOSE: Used to identify members when presented for a drug urinalysis request. ROUTINE USE: The information may be released to other agencies or persons in matters relating directly or indirectly to the drug urinalysis test. DISCLOSURE: Mandatory.