TESTING REGISTER FOR UNIT URINALYSIS TESTING

DOCUMENT/BATCH NUMBER

RANDOM SELECTION CRITERIA:_____

1. SUBMITTING UNIT	2. UPL	4. UNIT IDENTIFICATION CODE:	5. DATE SPECIMEN COLLECTED (Y Y Y Y) (M M) (D D)
	3. PHONE: INITIALS:		

6. SPEC. #	7. COMPLETE SOCIAL SECURITY NUMBER	8. TEST BASIS	9. RANK	10. SOLDIER'S SIGNATURE / SOLDIER'S PRINTED NAME	11. OBSERVER'S SIGNATURE / OBSERVER'S PRINTED NAME	12. ACTION TAKEN REMARKS
(1)	- -					
(2)	- -					
(3)	- -					
(4)	- -					
(5)	- -					
(6)	- -					
(7)	- -					
(8)	- -					
(9)	- -					
(10)	- -					
(11)	- -					
(12)	- -					