MEMORANDUM FOR Commander, **Forensic Toxicology Drug Testing Laboratory (FTDTL)**,
1 Jarrett White Road, ATTN: MCHK-FT, Tripler AMC, Hawaii 96859-5000

SUBJECT: **Certificate of Correction**

1. This memorandum is to certity the following correction(s) were made as indicated below for urine specimen(s) enclosed with this shipment for testing.

2. Reference: **AR 600-85, Army Substance Abuse Program, dated 02 February 2009 and Commander's Guide and Unit Prevention Leader (UPL) Urinalysis Collection Handbook, dated 1 June 2006**

[ ] DD Form 2624 [ ] Bottle Label [ ] Tamper Evident Tape [ ] Other _____

Document/Batch# _____ Date Specimen Collected: _____ ____ ____
YYYY MM DD

3. **Reads As: [ ] SSN illegible [ ] SSN Overwrite [ ] Base Area Code Incorrect**
[ ] Date Incorrect [ ] Unit ID Code Incorrect [ ] Bottle Tamper Evident Tape – Explain
[ ] Block 9, Test Basis (AO, CO, IR, IU, MO, NO, OO, PO, RO, VO); [ ] Block9 [ ] Block 10
[ ] UPL's and Donor's Initials

4. **Corrected To Read As:**

[ ] SSN legibility	**[ ] SSN overwrite**	**[ ] Base Area Code**	**[ ] Data**	**[ ] Unit ID Code**
( ) Form	( ) Form	( ) Form	( ) Form	( ) Form
( ) Label	( ) Label	( ) Label	( ) Label	( ) Label

[ ] Block 9, Test Basis (AO, CO, IR, IU, MO, NO, OO, PO, RO, VO) [ ] Block 10, Aor B
[ ] UPL's and Donor's Initials – (Must Explain under *Explanation/Remarks*)

Specimen number

(1) _____-_____ -_____ (2) _____-_____ -_____ (3) _____-_____ -_____

(4) _____-_____ -_____ (5) _____-_____ -_____ (6) _____-_____ -_____

(7) _____-_____ -_____ (8) _____-_____ -_____ (9) _____-_____ -_____

(10) _____-_____ -_____ (11) _____-_____ -_____ (12) _____-_____ -_____

Explanation/Remarks: _____

_____

_____

Signature: _____ **Signature of Verified by**: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

Title: _____ Title: _____