

# Summary of Changes

USMEPCOM Regulation 40-8

Medical Services

Department of Defense (DoD) Human Immunodeficiency Virus (HIV) Testing Program and Drug and Alcohol Testing (DAT) Program

**This major revision, November 1, 2009, has extensive changes throughout. Major changes have not been identified.**

DEPARTMENT OF DEFENSE  
HEADQUARTERS, UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND  
2834 GREEN BAY ROAD, NORTH CHICAGO, ILLINOIS 60064-3094

USMEPCOM Regulation  
No. 40-8

November 1, 2009

**Effective: December 1, 2009**

**Medical Services**  
**DEPARTMENT OF DEFENSE (DoD) HUMAN IMMUNODEFICIENCY VIRUS (HIV)**  
**TESTING PROGRAM AND DRUG AND ALCOHOL TESTING (DAT) PROGRAM**

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FOR THE COMMANDER:

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DISTRIBUTION:

B (Electronic only publication)

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**Summary.** This regulation establishes policies and procedures for management of the Human Immunodeficiency Virus (HIV) and Drug and Alcohol Testing (DAT) programs at all levels of the United States Military Entrance Processing Command (USMEPCOM). This regulation establishes the use of USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist), USMEPCOM Form 40-8-14-E (Release of Medical Information), USMEPCOM Form 40-8-15-E (HIV Positive Initial Notification Counseling Checklist), USMEPCOM Form 40-8-16-E (HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document), USMEPCOM Form 40-8-17-E (HIV Indeterminate Redraw for Follow On Testing Checklist), USMEPCOM Form 40-8-18-E (Facts About HIV Indeterminate), USMEPCOM Form 40-8-19-E (HIV Indeterminate Initial Notification Counseling Checklist), and USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log). Modifies USMEPCOM Form 40-8-R-E (renumbered as 40-8-E) (Drug and Alcohol Testing Acknowledgement Form), USMEPCOM Form 40-8-1-R-E (renumbered as 40-8-1-E) (HIV Antibody Testing Acknowledgement Form) and USMEPCOM Form 40-8-2-R-E (renumbered as 40-8-2-E) (Breath Alcohol Analyzer Calibration Record). Replaces USMEPCOM Form 40-8-4-R-E (Drug and Alcohol Testing Control) and USMEPCOM Form 40-8-6-R-E (HIV Testing Control) with USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log).

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\*This regulation supersedes USMEPCOM Regulation 40-8, July 16, 1991. Replaces USMEPCOM Form 40-8-R-E, October 2002, with USMEPCOM Form 40-8-E, November 2009; USMEPCOM Form 40-8-2-R-E, November 1998, with USMEPCOM Form 40-8-2-E, November 2009, and USMEPCOM Forms 40-8-4-R-E, November 1998 and USMEPCOM Form 40-8-6-R-E, November 1998 with USMEPCOM Form 40-8-20-E, November 2009. Rescinds USMEPCOM Forms 40-8-5-R-E, November 1998, USMEPCOM Form 40-8-9-R-E, November 1998, USMEPCOM Form 40-8-10-R-E, November 1998 and USMEPCOM Form 40-8-1-R-E, November 1998

**Applicability.** This regulation applies to all USMEPCOM elements.

**Supplementation.** Supplementation of this regulation and establishment of forms other than USMEPCOM forms are prohibited.

**Suggested improvements.** The proponent of this regulation is Headquarters (HQ) USMEPCOM, ATTN: J-7/MMD. Users may send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQ USMEPCOM, ATTN: J-7/MMD 2834 Green Bay Road, North Chicago, IL 60064-3094.

**Management control process.** This regulation is subject to the requirements of Army Regulation (AR) 11-2 (Management Control) and contains management control provisions and identifies key management controls that must be evaluated. Management control checklists are in Appendix K & Appendix L.

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**Glossary**

## **Chapter 1**

### **General**

#### **1-1. Purpose**

This regulation establishes policies, responsibilities, and procedures for conducting HIV/DAT programs and applies to all levels of United States Military Entrance Processing Command (USMEPCOM).

#### **1-2. References**

References are listed in Appendix A.

#### **1-3. Explanation of terms**

Abbreviations and terms used in this regulation are explained in the glossary.

#### **1-4. Responsibilities**

a. USMEPCOM Command Surgeon (J-7/MMD) will represent the command in policy, contractual, and laboratory performance matters.

b. USMEPCOM Deputy Command Surgeon (J-7/MMD) will:

- (1) Provide consultation and assistance with policies and procedures, as requested.
- (2) Provide necessary training assistance to military entrance processing stations (MEPS).
- (3) Monitor MEPS HIV/DAT programs for compliance with this regulation.

c. Directors, special staff officers, and sector commanders be knowledgeable of program policies and procedures and coordinate all HIV/DAT-related actions through J-7/MMD.

d. J-1/Human Resources Directorate Freedom of Information Act/Privacy Act (FOIA/PA) Officer will review all requests for information from outside USMEPCOM in coordination with the Office of the Staff Judge Advocate (MJA). The MJA will provide legal advice on all other legal issues concerning these programs.

e. Director, J-8/Resource Management (J-8/MRM) will provide financial and logistical support for drug courier services.

f. Public Affairs Officer (MPA) will:

- (1) Coordinate information regarding these programs with HIV/DAT Program Manager in the J-7/MMD/Current Operations Division/Quality and Standards Branch (J-7/MMD-CO-QSB).
- (2) Respond to all HIV/DAT media inquiries.

g. The Inspector General (MIG) will monitor compliance with regulations and policies during routine and special inspections.

h. MEPS commanders will:

- (1) Conduct HIV/DAT testing in accordance with (IAW) this regulation.
- (2) Notify applicants (and parents/legal guardians of minors, if applicable) of positive and

indeterminate test results.

(3) Notify Recruiting Services of all cancellations.

(4) Ensure all MEPS medical personnel and other applicable MEPS staff members receive, understand, and use the following:

(a) Orientation before beginning work.

(b) Training required by this regulation before beginning work and as necessary during employment.

(c) Required personal protective equipment, practices, and engineering controls.

(5) Ensure MEPS policies and procedures comply with this regulation.

(6) Ensure this regulation is available to all employees.

(7) Conduct a command inspection program for HIV/DAT testing programs.

**1-5. Management control checklists**

This regulation establishes the use of the management control evaluation checklists at appendixes K and L. Users of the checklists will use Department of the Army (DA) Form 11-2-R (Management Control Evaluation Certification Statement) to document management control evaluations.

## **Chapter 2**

### **Administrative Procedures**

#### **2-1. Applicants to be tested**

All applicants receiving medical examinations at a MEPS will receive drug, alcohol, and HIV tests. MEPS personnel will not test Department of Defense (DoD) nonapplicants for HIV without a complete medical examination or exception coordinated through J-3/Operations Directorate/Current Operations/Operations Center (J-3/MOP-CO-MOC) and J-7/MMD-CO-QSB. Refer to Appendix B for more information.

#### **2-2. Testing procedures**

During pre-accession medical examinations, applicants and officer candidates requiring MEPS testing will receive breath alcohol test, provide a urine specimen for marijuana, cocaine, amphetamines, and blood test for HIV. MEPS personnel will test applicants for alcohol use with National Highway Traffic Safety Administration approved breathalyzers. Drug and HIV testing will only be conducted in DoD-certified testing laboratories.

#### **2-3. Refusal to test**

a. Applicants who refuse (not to be confused with those that are unable to provide a specimen) alcohol, drug, or HIV testing will not continue any part of MEPS processing. This specifically includes the remainder of the medical examination, consultations, operations processing, and Armed Services Vocational Aptitude Battery (ASVAB) testing.

b. Applicants who initially refuse and later change their minds may start over at the MEPS Commander's discretion. Once the applicant physically leaves the MEPS all processing is stopped.

c. Once a refusal to test is entered into United States Military Entrance Processing Command Integrated Resource System (USMIRS), the applicant is disqualified for 180 days from date of refusal. That disqualification date may be removed only upon request from the applicant through the MEPS Commander through J-3/MOP-CO-MOC. See Appendix I for USMIRS guidance.

#### **2-4. Accepting results from other sources**

Tests conducted outside the MEPS are acceptable only in the following instances, regardless of Service desires or requests from other agencies:

a. Tests completed in military medical treatment facilities overseas. Results must be on a computer printout with a computer generated negative result indicated.

b. Air Force Officer Training School candidate tests must have an Air Education and Training Command Surgeon Acceptance Stamp dated after the date of test.

#### **2-5. Overseas processors**

"Overseas processors" are applicants processing outside the continental United States, Alaska, Hawaii, or Puerto Rico. People processing overseas already have Service commitments; MEPS will not test, retest, or research results for any applicant processing overseas. All Services have agreed to accept overseas processors with their medical examinations as completed in the overseas treatment facility and without further action by USMEPCOM. Upon receipt of source documentation the MEPS will enter the physical examination information in USMIRS using a B040 transaction code (non-MEPS physical examination). Enter the drug and HIV results using specimen number 99999999 and results from Composite Health Care System CHCS/AHLTA printouts. The MEPS must complete an inspect on the applicant prior to shipping. If applicant does not have DAT or HIV results the MEPS must submit a J-3/MOP-CO-MOC

ticket.

## **2-6. Testing in Micronesia, American Samoa, Palau, and Republic of Marshall Islands**

Honolulu MEPS will not collect specimens for Drug and HIV testing during trips to the islands because such testing would be unable to be supported logistically by the MEPS, courier services, and testing laboratories. The MEPS will enter the physical examination information in USMIRS using a B040 transaction, if the applicant from these locations does not have DAT/HIV results they will be done by their respective Service upon entry onto Active Duty and can ship without testing.

## **2-7. Notifying other agencies**

a. States. States requesting notification of positive results must submit written requests to the USMEPCOM FOIA/PA Officer. MEPS will not release any information to States under any circumstances. USMEPCOM FOIA/PA Officer will release results to States as needed.

b. Individual Ready Reserve. Send notification letters to the Commander of the unit listed on the request for MEPS processing.

c. In-Service Applicants and Nonapplicants. Send notification letters to the Commander of the unit listed on the request for MEPS processing.

## **2-8. Quality control (QC) requirements**

A MEPS-assigned officer, a senior noncommissioned officer (E-6 or above), or civilian personnel (GS-7 and above) appointed in writing by the MEPS Commander, will verify accuracy of all drug and HIV documents. The QC verifier must review all specimen numbers, social security numbers (SSN), applicants' signature/initials and technicians' initials for accuracy and ensure all specimen number and SSN digits are present. The QC verifier will initial each page of the MEPS copy of all documents. The documents are the USMEPCOM Form 40-8-3-R-E (Urine Sample Custody Document (USCD)), USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and USMEPCOM Form 40-8-12-R-E (HIV Screening Record).

## **2-9. Testing civilian employees**

a. DoD Directive 1010.9, DoD Civilian Employee Drug Abuse Testing Program, specifically forbids drug and alcohol testing civilian employees not in positions designated for random drug testing; MEPS will not conduct "probable cause testing." If civilian employees appear to be intoxicated or otherwise impaired, contact local civilian personnel office for assistance.

b. MEPS will test civilian employees only if processing as an Armed Forces applicant.

## **2-10. Boards for Correction of Military Records**

Persons reinstated or reenlisted as a result of action by Boards for Correction of Military Records will process through the MEPS. If a complete physical is required, MEPS will conduct alcohol, drug and HIV testing. If alcohol, drug or HIV tests are positive, notify the J-7/MMD-CO-QSB immediately. J-7/MMD-CO-QSB will advise the Service Headquarters of positive results, the MEPS will not ship anyone with positive results to a training center or duty station.

## **2-11. Temporary Disability Retired List (TDRL) Examinations**

Members removed from TDRL and found fit for duty may process through the MEPS. Do not conduct alcohol, drug or HIV tests for these people. If testing occurs and positive results return, MEPS must immediately notify the J-7/MMD-CO-QSB. If a member with positive HIV results is removed from TDRL and found fit for duty, MEPS must immediately notify the J-7/MMD-CO-QSB. J-7/MMD-CO-

QSB will advise the Service Headquarters that USMEPCOM is not authorized to ship anyone to basic training or duty station with positive results. The sponsoring Service must make arrangements without assistance by the MEPS.

#### **2-12. Missing specimen shipments**

If USMIRS ZHM002/5 rosters do not contain results after 48 hours from date of testing, MEPS medical personnel should go on-line and track the specimens using the courier's website. MEPS should contact the J-7/MMD-CO-QSB with the on-line search results. J-7/MMD-CO-QSB will make every reasonable attempt to retrieve results. If J-7/MMD-CO-QSB cannot retrieve results, MEPS may be asked to gather information as requested.

#### **2-13. Communication with testing laboratory**

MEPS will not contact the laboratory directly under any circumstances. Refer all questions or comments concerning testing, laboratory procedures, or laboratory performance to J-7/MMD-CO-QSB.

#### **2-14. Transcribing results**

a. The validity period of HIV and DAT results is two years or until expiration of the physical examination. Once the physical examination has expired, the HIV and DAT results are also expired (even if the results are less than one year old). Transcription of expired results will no longer be authorized. HIV and DAT specimens must be redrawn and results received prior to accession onto active duty or shipping. This includes phase-two shippers (i.e., those Army Reserve or Army National Guard applicants who have completed basic training and are shipping to advanced individual training); if the exam has expired and must be repeated, the HIV and DAT will also be repeated prior to shipping. The National Guard Bureau and United States Army Recruiting Command have advised that this is consistent with their current policy. When performing a new HIV and/or DAT, the MEPS Medical section will ensure that a new specimen number is used.

b. There are other instances, besides an expired physical, for which "transcription" of test results is no longer authorized. For example:

(1) If a MEPS exam has been used for its intended purpose (e.g., applicant ships to initial entry training, but is separated and returns to the MEPS to enlist again), then a new physical, including HIV and DAT are to be performed, even if less than two years has transpired from the original physical and recorded test results.

(2) If a test is performed 12-months after the initial date of full physical (e.g., re-DAT after an initial positive cocaine or amphetamines) and the applicant does not ship before the physical expires, when performing a new physical, the HIV and DAT must be repeated with the new physical; i.e., the test result(s) will lapse the same date as the physical.

(3) If the original physical has been lost and a new physical is being performed, MEPS personnel will complete new HIV and DAT specimens and results received prior to accession onto active duty or shipping.

c. MEPS and recruiting Services are to monitor records to ensure the physical exams are current and valid prior to shipping. This is a primary responsibility of the Recruiting Service since they have greater visibility of the shipping schedules. MEPS personnel will address physical exam validity issues during the Quality Review Process (QRP), since QRP is usually performed the day prior to shipping. If a physical has already lapsed, a "new" DD Form 2807-2 (Medical Prescreen of Medical History Report) must be submitted and included in the applicant file with the "new" DD Form 2807-1 (Report of Medical History) and DD Form 2808 (Report of Medical Examination). If the "old" DD Form 2807-1 and DD

Form 2808 (with attachments) are available (especially for previously disqualified applicants), attach these documents to the “new” DD Form 2808, reviewed for consistency with the “new” documents, and included in the final shipping packet.

## **Chapter 3**

### **Drug and Alcohol Testing Policy**

#### **3-1. Department of Defense policy**

Secretary of Defense has approved the DoD Preaccession Drug and Alcohol testing policy required by Title 10, United States Code, Section 978 (Drug and alcohol abuse and dependency: testing of new entrants). All Armed Forces applicants must be tested for drug and alcohol use/abuse, Service Secretaries will determine whether all testing for their respective Services will be conducted at the MEPS or training centers. This Congressional mandate also applies to Coast Guard applicants, so they must comply with joint DoD and Department of Homeland Security policy.

- a. Secretaries of the Army, Navy, Air Force, and Homeland Security have exercised their options to conduct testing for all their enlisted applicants and officer candidates at the MEPS.
- b. Persons required to test at MEPS who refuse such tests are disqualified for Armed Forces enlistment or appointment until they provide specimens for testing.
- c. Persons testing repeatedly positive for drugs or alcohol will be denied entrance into the Armed Forces and referred to civilian treatment facilities, even if tests were conducted by accident and/or testing was not required.
- d. Federal law states that non-drug use of peyote by Native Americans in bona fide religious ceremonies is legal and when used in this way, peyote shall not be considered a controlled substance. Disclosure by Native American applicants of peyote use in religious ceremonies does not require either an annotation in the medical history or referral to the Service liaison. If annotating DD Form 2807-1, enter "usage was in a Native American religious ceremony and is legal IAW United States Code, Title 42, Chapter 21, Section 1996a." Non-drug use of peyote may not be used to rebut positive marijuana or cocaine results.

#### **3-2. Preaccession alcohol and drug testing**

- a. Preaccession alcohol test procedures are located in Appendix C.
- b. Specific instructions for urine observation, coordinators responsibilities, and paperwork completion are in Appendix D.

#### **3-3. Applicants unable to provide specimens for preaccession drug test**

This discusses the procedures for an applicant who cannot provide a urine specimen for drug testing on the day of the physical examination at the MEPS.

- a. Any applicant who cannot provide a urine specimen by the time medical processing is completed for that day may return within three workdays to provide a specimen (examples: If he/she cannot provide a specimen on a Friday before a non-working weekend, he/she has until Wednesday to provide a specimen. If it were a working Saturday, then he/she would have until Tuesday.) This will allow applicants who have already been scheduled for medical consultations to provide a specimen when they returned for the consultation appointment, rather than make a trip to the MEPS for the sole purpose of providing a specimen. The inability to provide a urine specimen stops the applicants processing. This specifically includes the remainder of medical examinations and/or consultations.
- b. Any applicant who does not provide a specimen within 3 workdays will be considered a refusal to provide a drug test. The applicant will be placed in a 180-day disqualification period beginning on the day of the medical examination. Title 10, United States Code, section 978(b) prohibits the original

enlistment or appointment of a person who refuses to consent to DAT testing, unless that person subsequently consents to such testing and evaluation.

c. The MEPS must document all information regarding the applicant and the inability or refusal to provide a drug specimen. The documentation is to be made on the applicant's paper record and in USMIRS.

(1) Medical processing day: Document on the DD Form 2808 the circumstances surrounding the inability or refusal to provide a drug specimen.

(2) If an applicant desires to discontinue medical processing due to the concern of a possible positive test result, the Chief Medical Officer (CMO) should interview the applicant to make a drug dependency/abuse determination and ask about drug(s) usage. This type of discontinuation is considered a refusal to drug test. Immediately change the pending drug result (TT) to refusal (XX). The 180-day disqualification period begins that day.

(3) The end of the third working day time period: If the applicant fails to provide a urine test by close of processing, document on the DD Form 2808 the applicant is considered a refusal to drug test. Annotate on the DD Form 2808, enter "X" under first test in item 50, mark item 79 with status code "J", Date and initial the entry, enter "3T" under "S" in item 74b. In USMIRS drug specimen field, change the drug result from pending (ZZ) to refusal (XX). USMIRS will automatically assign an eligibility date 180 days from the date of the physical exam date. Mail the applicant a notification letter by the end of the fourth working day. The format for the notification letter is located on MEPNET under Headquarters; J-7/MMD; Training Tools; Universal Drug Unable to Provide Notification Letter.

d. If an applicant who could not provide a specimen desires to return to the MEPS to provide a specimen during the 180-day disqualification period, the applicant must make the request to the MEPS Commander in writing. The MEPS Commander may allow a one-time reconsideration to allow the applicant to return if the following requirements are met:

(1) MEPS Commander must ensure that due diligence has been conducted and no malfeasance occurred on the day of the physical.

(2) MEPS Commander must request in writing to USMEPCOM using J-3/MOP-CO-MOC ticket to lift the eligibility date. The applicant must provide a specimen the day of return.

(3) If the applicant returns to the MEPS and cannot provide a specimen, they are to be permanently disqualified unless a Service waiver is obtained to complete the drug testing procedures. (USMIRS Medical Fail Code is 50 and the International Classification of Disease Code is 304.9)

e. MEPS Commanders will advise J-7/MMD-CO-QSB via J-3/MOP-CO-MOC ticket immediately when an applicant cannot provide a specimen for the second time. J-7/MMD-CO-QSB must advise the Service Headquarters of the applicant's permanent disqualification for not providing a drug specimen. Documentation of this happening will be via J-3/MOP-CO-MOC ticket tracking.

### **3-4. Provisional Delayed Entry Program (DEP) and Reserve Component enlistment**

a. MEPS Commanders will allow applicants receiving negative alcohol results and who are otherwise qualified to enlist in the DEP or Reserve Component pending receipt of negative drug results. If applicants receive positive results, they must be discharged from the DEP or Reserve Component within 30 days.

b. MEPS Commanders will allow applicants who test positive for alcohol or drugs to take a second test

at the end of their disqualification period if authorized by the sponsoring Service. Applicants will be allowed to enter the DEP or Reserve Component (if otherwise qualified) pending receipt of negative results. If applicants receive positive results, they must be discharged from the DEP or Reserve Component within 30 days.

c. Any applicant that has not been DEP-discharged for a positive drug result must have the DEP information removed from USMIRS prior to further drug testing.

d. National Guard/Reserve applicants are not DEP-discharged; it is dependent on the state and unit if they are allowed to remain in the unit until a second test is completed with negative results.

**Note:** All Accession Data must be taken out of USMIRS prior to the second specimen submission and Accession Data will need to be reentered in USMIRS.

### 3-5. Deferment/disqualification periods

a. United States Code Title 10, Section 978 and Office of the Secretary of Defense Memorandum, Pre-Accession Drug and Alcohol Testing Policy, dated June 12, 2006 require disqualification of all persons receiving positive results from further MEPS processing for military service. Those persons must be discharged from the DEP within 30 days of receipt of positive results. Positive results and deferment period lengths are not negotiable or cannot be waived. The Deputy Secretary of Defense established the deferment periods; the Services and USMEPCOM have no waiver authority. If Services wish to process applicants, MEPS Commanders will allow retesting at the end of the following deferment periods:

(1) An applicant with positive drug test results will be found ineligible for further processing until the eligibility period is complete. When the drug results are populated into an applicant's USMIRS record, whether manually or through an electronic file transmission from the centralized relational database (CRDB), USMIRS will automatically assign a medical eligibility date which is the date (on or after) that the applicant may, with Service endorsement, report back to the MEPS for further evaluation and re-DAT. Different deferment periods will be assigned depending on what drug tests positive and whether there is a history of previous positive MEPS drug tests. All prior positive drug tests at the MEPS (including alcohol tests) will be maintained in USMIRS. IAW with United States Code Title 10, Section 978 and Office of the Secretary of Defense Memorandum, Pre-Accession Drug and Alcohol Testing Policy, dated June 12, 2006, in certain scenarios (described below), a permanent disqualification for military service will be assigned, and in these cases a medical eligibility date of 20991231 will be recorded in USMIRS.

(2) There are two general classes of deferment.

(a) Class I deferment applies to a positive alcohol or a positive marijuana drug test result.

(b) Class II applies to positive cocaine and/or positive amphetamine(s) result(s).

**Note:** Table 3-1 explains how the deferment/disqualification determinations are to be assigned, depending on which drug or drug(s) the applicant tests positive for (in a single specimen) and whether or not the applicant has any previous positive drug results.

(3) The following paragraphs correspond to the specific line number in table 3-1.

**Note:** While it is very unlikely that an applicant will test positive for alcohol and also provide a urine specimen on the same day, for the sake of completeness, this scenario has been included in the descriptions below. Also, multiple positive drug results from a given day are "counted" as one positive test for historical purposes (i.e., on the first visit to the MEPS, the applicant provides a urine specimen that tests positive for both marijuana and cocaine; it is "counted" the first positive test). Lastly, no matter how much time has passed or whether there are intervening negative specimens provided, historical positive tests are maintained in USMIRS and have consequences on the deferment/disqualification

periods assigned if there were to be any subsequent positive tests.

(a) If an applicant has no prior positive tests, tests positive for alcohol and/or marijuana on a given day but tests negative for both cocaine and amphetamine(s) (if tested), then the applicant would be ineligible to process for 45 days.

(b) If an applicant has no prior positive tests but tests positive for cocaine and/or amphetamine(s), then the applicant would be ineligible to process for 365 days.

(c) If an applicant had a single prior positive drug test [for any drug: alcohol, marijuana, cocaine and/or amphetamine(s)], and later tests positive for alcohol and/or marijuana (if both, must be on the same day) and tests negative for both cocaine and amphetamine(s) then the applicant would be ineligible to process for 730 days.

(d) If an applicant had a single prior positive for alcohol and/or marijuana (if both, must have been on the same day), and later tests positive for alcohol, marijuana, cocaine or amphetamine(s), (multiple positives on the same day count as one positive test) then the applicant would be ineligible to process for 730 days.

(e) If an applicant had a single prior positive drug test for cocaine and/or any amphetamine(s), and the applicant tests positive for cocaine and/or amphetamine(s), then the applicant would be ineligible to process on a permanent basis (permanently disqualified for military service).

(f) If an applicant had two prior positive drug tests (on different days and on at least one day the positive drug test was alcohol and/or marijuana), if the applicant were to test positive for any drug (alcohol, marijuana, cocaine and/or amphetamine(s)), then the applicant would be ineligible to process on a permanent basis (permanently disqualified for military service).

<b>Table 3-1</b>					
<b>Eligibility Date Assignment Following Positive Test Result(s)</b>					
<b><u>IF:</u></b>	<b>Line</b>	<b>Class I Deferment: Alcohol and/or Marijuana</b>	<b>Prior waiting period</b>	<b>Class II Deferment: Cocaine and/or Amphetamine(s)</b>	<b>Deferment Period</b>
<b>First Positive Test is:</b>	(1)	Alcohol positive only Marijuana positive only Alcohol & Marijuana, both positive (on the same day)	No	And: Results are negative	45
	(2)	Any result (Alcohol and/or Marijuana, positive or negative); does not change deferred period	No	And: One or any positive	365
<b>Second Positive Test</b>	(3)	Alcohol positive only Marijuana positive only Alcohol & Marijuana, both positive (on the same day)	365	And: Results are negative	730
	(4)	Any result (Alcohol and/or Marijuana, positive or negative); does not change deferred period	45	And: One or any positive	730
	(5)	Any result (Alcohol and/or Marijuana, positive or negative); does not	365	And: One or any positive	Permanent Deferment

		change deferred period			
<b>Third Positive Test</b>	(6)	Alcohol positive only Marijuana positive only Alcohol & Marijuana, both positive (on the same day)	730	-OR: One or any positive	Permanent Deferment

b. USMIRS will maintain on a permanent basis (for processing purposes) all positive results for alcohol and drugs. This includes all alcohol, marijuana, cocaine, and amphetamine(s) test results. Applicant files with a positive result in USMIRS and then the required (current and valid) negative result necessary to enlist in the Armed Forces must be reviewed for completeness and accuracy. Accordingly, the MEPS Medical and Operations Teams are to carefully review the files of applicants with previous positive drug results to ensure that further MEPS processing occurs only if and when warranted.

c. Example: Applicant has positive marijuana result and subsequent negative drug results. He/she shipped to basic training. In the future, he/she returns to the MEPS for additional processing. He/she provides another drug specimen and the results are positive for cocaine. He/she now has two positive results on record. He/she is disqualified for 730 days. Another positive result for alcohol or any tested drug, applicant will be permanently disqualified for military service (see table 3-2).

<b>Table 3-2 Specimen</b>	<b>Date of Result</b>	<b>Alcohol</b>	<b>Marijuana</b>	<b>Cocaine</b>	<b>Amphetamines</b>
1 <sup>st</sup> specimen	20080205	Neg	Pos	Neg	Not tested
2 <sup>nd</sup> specimen	20080330	Neg	Neg	Neg	Not tested
3 <sup>rd</sup> specimen	20090617	Neg	Neg	Pos	Neg

d. Whenever USMIRS identifies historical positive drug data that is not contained on the current DD Form 2808 (as would be the case in the example above), the MEPS medical staff will (1) confirm by J-3/MOP-CO-MOC ticket that the prior positive result data is correct and (2) then record that data on the DD Form 2808 in item 73 (or if insufficient space is available to document in item 73, item 88 will be used).

e. Applicants who deliberately attempt to contaminate or successfully contaminate specimens are permanently disqualified and will not return to the MEPS to process.

### 3-6. Test results

Testing laboratory transmits results to USMIRS each night through electronic interface. Results will post to host database and transmit to MEPS during nightly communication. Honolulu MEPS receives copies of USCDs from Tripler Army Medical Center (TAMC) with results annotated and manually enters results into USMIRS. The laboratory will return the following results after specimens have been screened and confirmed, when required, IAW DoD Instruction (DoDI) 1010.16, Technical Procedures for the Military Personnel Drug Abuse Testing Program (see paragraph D-6).

a. Negative results mean specimens were tested for marijuana, cocaine, and amphetamines; initial screens were negative IAW DoDI 1010.16 and no further tests were performed.

b. Positive results mean marijuana, cocaine, or amphetamines were detected in initial screening, and drug levels exceeded DoD standards and were confirmed per DoDI 1010.16.

c. Cancellation codes mean specimens were unsuitable for testing. The laboratory transmits two-position numeric cancellation code instead of alpha results codes to USMIRS. First number appears under the marijuana result and second appears under cocaine result.

### **3-7. Canceled specimens**

- a. Occasionally, the laboratory will decline to test specimens because the chain of custody is legally insufficient and will transmit cancellation codes to update USMIRS.
- b. Cancellation codes are located on the USMEPCOM Intranet (MEPNET) under Headquarters; J-7/MMD; Training Tools.
- c. Applicants receiving cancellation codes must provide another specimen and receive negative results before shipping.
- d. Applicants should return to MEPS for repeat drug testing to receive negative results prior to shipping. It is optional that MEPS personnel flag records using USMEPCOM Form 601-23-2-R-E (Records Flag) for all cancelled specimens so when applicants return to MEPS, they can provide specimens. The Service Recruiting Headquarters may not grant an exception to policy to ship with results pending.

### **3-8. Contaminated specimens**

- a. Do not allow applicants to bring objects or substances that could contaminate specimens into the restroom.
- b. Do not allow applicants to wash their hands until they give their specimen to the coordinator. The specimen will be transferred to a specimen bottle, bottle labeled, and tamper-proof seal applied to bottle.
- c. Deliberately contaminated specimens. Save deliberately contaminated specimen and immediately notify J-7/MMD-CO-QSB through a J-3/MOP-CO-MOC ticket. Deliberately contaminated specimens are those altered by adding foreign substances such as water, soda, soap, juice, bleach, etc. The applicant will be permanently disqualified for tampering with drug specimen. The specimen will be collected and shipped to the laboratory for drug testing. Notify the MEPS Commander (or Operations Officer if designated by the MEPS Commander) who is responsible for obtaining sworn statements by all parties involved (can include other applicants). The MEPS Commander will safeguard all sworn statements in a locked file cabinet for the same amount of time the applicant's record is at the MEPS.
- d. Accidentally contaminated specimen. Discard accidentally contaminated specimen and have applicant provide another specimen. Accidental contamination occurs if applicant drops cups onto floor, into toilet, or into urinal before, during, or after specimen collection.
- e. There are many medications, weight loss pills, and dietary supplements that may discolor the urine. Do not discard the specimen; process and ship as you would any other specimen.

### **3-9. Drug and alcohol abuse and dependency interviews**

- a. Immediately after testing, CMOs will evaluate applicants with confirmed positive alcohol results, notify them of disqualifying results, give them a list of civilian drug and alcohol treatment facilities, and document interviews on DD Form 2808. Applicants determined not to be alcohol dependent or abusers are still disqualified, but may retest after 45 days with Recruiting Service approval.
- b. CMOs will evaluate applicants who self-report drug usage, for diagnosis of abuse or dependency, and document interviews on DD Forms 2808. CMO will notify applicants of diagnosis and associated disqualification; give applicant a list of civilian drug and alcohol treatment facilities.

### **3-10. Enlisting and shipping without DAT results**

Do not access applicants in Regular or Reserve Components or ship enlistees to basic training or duty

stations without negative results or a Service Recruiting Headquarters level exception to policy. This specifically includes:

- a. Applicants whose specimens were not taken.
- b. Applicants whose specimens were taken, but whose results have not returned, even if they were tested by accident.
- c. Applicants whose specimens were canceled, but were not retaken.

### **3-11. Exceptions to policy**

- a. Only the Service Recruiting Commands will grant exceptions to policy for any portion of the drug and alcohol testing program.
- b. MEPS commanders will not grant exceptions to policy for any portion of the drug and alcohol testing program, regardless of circumstances.
- c. Service Guidance Counselor (GC) identifies applicants requiring an Exception To Policy (ETP) to ship pending HIV/DAT results. The following procedure must be followed: MEPS personnel will submit a J-3/MOP-CO-MOC ticket for the GC. J-3/MOP-CO-MOC request will contain the following information:

- (1) Applicant L/Name, F/Name
- (2) Applicant SSN
- (3) Service Processed For (SPF)
- (4) Anticipated Ship Date
- (5) Reason for ETP to Ship with Result(s) Pending (specify results)

**Note:** No ETP to ship with results pending will be considered on an applicant with a previous positive result.

d. **CRITICAL:** When performing a new HIV and/or drug test, the MEPS Medical Noncommissioned Officer in Charge (NCOIC)/Supervisory Health Technician (SUP HT) will ensure a new specimen number is used. Once J-3/MOP-CO-MOC receives the ETP from the MEPS, J-7/MMD-CO-QSB will coordinate the ETP through the appropriate HQ staff offices. Once a decision on the ETP request is made, the MEPS will be notified via J-3/MOP-CO-MOC. If ETP is granted, the MEPS must process the applicant manually IAW USMEPCOM Regulation 680-3 (United States Military Entrance Processing Command Integrated Resource System (USMIRS)). Follow-on requirements for the MEPS include:

- (1) Positive results for HIV/DAT will be handled by J-7/MMD-CO-QSB for notification to the Service Recruiting Command headquarters.
- (2) Update the records with accession and ship data in USMIRS after HIV or drug results post.

### **3-12. USMEPCOM Form 40-8-E (Drug and Alcohol Testing Acknowledgment Form)**

USMEPCOM Form 40-8-E (Drug and Alcohol Testing Acknowledgment Form) is the only document used as a DAT acknowledgment form for specimens collected in the MEPS, so its use is mandatory for all MEPS. Since this is a very sensitive program with a higher than usual risk of violating applicants' Privacy Act and Health Insurance Portability and Accountability Act (HIPAA) rights, all persons

receiving drug and alcohol tests in the MEPS must complete and sign acknowledgment forms before providing specimens for testing.

a. Briefers will provide each applicant their copy of USMEPCOM Form 40-8-E (Drug and Alcohol Testing Acknowledgment Form) and read the form verbatim to the applicants while applicants read along with their copy of the acknowledgment form. Upon completion briefers will ask applicants if there are any questions and will answer all questions to ensure form is fully understood before continuing the brief or conducting tests.

b. Do not medically test applicants who fail to complete and sign acknowledgment forms. There are no exceptions.

c. Do not allow applicants who refuse to complete and sign form to continue processing (including all remaining portions of the medical examination, consultations, and operations processing). Return these applicants to Service liaisons. You may allow those who change their minds and decide to complete and sign acknowledgment form to resume processing at the MEPS Commander's discretion on a different processing day as to not impede normal medical processing.

d. Recruiting Service and MEPS employees will not complete any portion of acknowledgment forms, including stamping, printing, or writing names, dates or SSN unless forms are computer generated.

### **3-13. Notification responsibility**

a. CMOs will notify the parents of all minors receiving positive drug or alcohol results.

b. When MEPS conduct breathalyzers, CMOs will notify all applicants of positive results in person immediately after results have been confirmed or immediately after applicant refuses a confirmation test. CMOs will notify the parents of minors within 1 workday after positive alcohol results.

c. When MEPS collect specimens for drug testing, CMOs will notify applicants of positive results by mail within 1 workday after receipt of results via USMIRS ZHM002 roster or J-3/MOP-CO-MOC ticket. If results are received at the MEPS on a non-working Saturday, Sunday, or federal holiday, CMOs will notify applicants on the next regularly scheduled workday.

d. Use letters that are located on MEPNET under Headquarters; J-7/MMD; Training Tools to notify both applicant and parent of minors that test positive for drugs or alcohol, or suspected to be drug or alcohol dependent, or are determined to be drug or alcohol abusers. Do not notify parents of emancipated minors.

e. Do not pass notification responsibility to another person or command, other than another MEPS, under any circumstances.

f. Testing facilities are responsible for specimens collected outside the MEPS. CMOs will not accept notification responsibility for tests arranged by an applicant and conducted outside the MEPS, except at another MEPS, regardless of circumstances.

### **3-14. Verifying results**

Commanders will have at least one person review drug results daily to ensure results have been received and posted correctly to all required documents.

a. Use USMIRS ZHM002 roster for daily verification IAW this regulation.

b. USMIRS ZHM002 roster will be attached to each daily USMEPCOM Form 40-8-20-E (HIV/DAT

Testing Control Log) and USMEPCOM Form 40-8-3-R-E (Urine Sample Custody Document (USCD)) filed by month and day and retained for 2 years.

### **3-15. Unit commander notification**

When Service members (Active or Reserve Components) test positive for drugs, notify unit commanders (regardless of Service) by mail within 1 day after return of results. Whether the person required drug testing or was accidentally tested by the MEPS is immaterial. The MEPNET under Headquarters; J-7/MMD; Training Tools contains example of the notification letter. If the MEPS need assistance notifying the member's unit submit a request via J-3/MOP-CO-MOC ticket.

### **3-16. Test reconsiderations and waivers**

USMEPCOM Commander may request retests for persons testing positive for drugs if reasonable doubt exists that MEPS employees followed unacceptable collection procedures, improper testing laboratory procedures were used, or if USMEPCOM or the testing laboratory reported inaccurate results.

### **3-17. Waiver requests (other conditions)**

Services may submit waiver requests for medical conditions prior to receipt of drug results. Applicant(s) with positive drug results must wait their disqualification period before medical waiver will be allowed. Applicants with positive results will not access.

### **3-18. Courier pickup**

Couriers will not inspect specimen bottles or blood tubes for any reason. Couriers can inspect packaging for damage or leakage. Each package must be shipped with an individual air bill; do not allow courier to provide a single air bill for multiple packages.

### **3-19. Drug specimen shipments**

All MEPS (except Honolulu MEPS) will ship specimens by overnight courier to the testing laboratory daily. Honolulu MEPS will deliver its specimens daily to the Forensic Toxicology Drug Testing Laboratory at TAMC. Each MEPS will use their individual Counter Narcotics Program FedEx account for specimens. MEPS will not use another courier service. MEPS will have specimens picked up on Saturday openings for delivery to the testing laboratory on Monday. Holding samples in temporary storage under lock and key over the weekend may be done as long as the chain of custody is completed correctly and not violated.

### **3-20. Station Advisory Reporting Network (STARNET)**

STARNETs are required for, but are not limited to, adverse publicity, and legal action.

### **3-21. Drug and alcohol testing for probable cause**

a. Applicants may appear to be intoxicated or impaired by drugs when arriving at MEPS for processing or shipping. Title 10, United States Code, Section 978 and AR 601-270 (Military Entrance Processing Station (MEPS)) prohibit MEPS from processing applicants for enlistment if they are believed to be intoxicated or otherwise impaired. Escort applicants to CMO for evaluation; CMOs will use their best clinical judgment to determine if an applicant is indeed intoxicated, impaired, or if a potential medical condition exists.

b. If the CMO determines that an applicant may be intoxicated, the MEPS will conduct another breath alcohol test IAW Appendix C. If applicant is positive for alcohol, MEPS will assign the appropriate deferment period. In this case, annotate on the DD Form 2808 block 51 accordingly and refer back to the appropriate Service liaison.

c. Collecting specimens for drug testing based on probable cause (i.e., for the purpose of criminal prosecution) is not authorized under any circumstances. Applicants who appear impaired, have passed the alcohol test, and are not found to have a potential medical condition by the CMO will be allowed to

continue processing only after consultation with the appropriate Service Recruiting Headquarters.

## **Chapter 4**

### **Human Immunodeficiency Virus Testing**

#### **4-1. Department of Defense policy**

DoD Directive 6130.3, Physical Standards for Appointments, Enlistment, and Induction and DoDI 6485.01, Human Immunodeficiency Virus has directed HIV antibody screening of all Armed Forces accessions to protect the health of military personnel. Presence of the antibody suggests past exposure to the virus that causes Acquired Immune Deficiency Syndrome (AIDS), but does not indicate active disease. Permanently disqualify all persons who test positive for HIV or whose repeatedly return indeterminate results.

#### **4-2. Persons to be tested**

Test all applicants receiving medical examinations at the MEPS. MEPS will not test DoD nonapplicants for HIV without a complete medical examination unless prior approval is obtained through J-7/MMD. Applicants who have a current physical examination can also be re-tested as described in sections 4-6 and 4-7 below. HIV specimens will not be collected for Recruiting Service personnel, MEPS staff member, or any other non-applicant unless scheduled for a complete MEPS physical for the purpose of medical processing.

#### **4-3. Provisional DEP and Reserve component enlistment**

- a. Enlist otherwise qualified applicants in the DEP or Reserve component pending receipt of negative HIV results.
- b. Ensure Service liaison has DEP discharged applicants receiving positive results from the DEP or Reserve component within 30 days of receipt of results.
- c. Do not ship enlistees to basic training or duty stations without negative HIV results under any circumstances.

#### **4-4. Disqualify applicants**

- a. Permanently disqualify all applicants confirmed HIV positive or repeated indeterminate under the following conditions:
  - (1) Applicants who test positive or indeterminate on initial test and test positive or indeterminate on redraw.
  - (2) Applicants who test positive or indeterminate on initial tests, but decline redraws. MEPS personnel will base the disqualification on positive or indeterminate initial test results. If applicants ever reconsider and return for second tests, regardless of time passed from initial notification, MEPS will retest them. If positive or indeterminate records have been forwarded to J-7/MMD-CO-QSB, submit request to J-3/MOP-CO-MOC to have record returned to the MEPS.
  - (3) Applicants who refuse to test.
- b. Permanently disqualify persons with serologic evidence of HIV infection for the following reasons:
  - (1) Condition existed prior to enlistment.
  - (2) Clinical tests show some people might suffer adverse or potentially life threatening reaction to live virus immunizations at basic training.

(3) Persons testing positive cannot participate in battlefield blood donor activities or other blood donation programs.

(4) Medical authorities cannot tell which people will progress to clinical disease while in the Service and which people will remain healthy for an indefinite period.

#### **4-5. Identifying specimens**

DoDI 6485.1 requires the following:

a. Specimens must be collected and shipped in the same serum separator tube. Tubes must have bar coded label containing the applicant's full SSN, specimen number, applicants printed initials, and date of test. If any of the elements are absent or illegible, the chain of custody is incomplete and the testing laboratory will cancel the specimen.

b. Applicant must initial label and sign the USMEPCOM FORM 40-8-20-E (HIV/DAT Testing Control Log) in the presence of the HIV technician before the technician places the label on the specimen tube. If this does not occur, the chain of custody is incomplete and results cannot be supported. The applicant must witness the technician affixing the initialed label to the specimen tube that contains the applicant's blood.

#### **4-6. Test results**

Testing laboratory transmits results to USMIRS daily. Result codes are listed on MEPNET under Headquarters; J-7/MMD; Training Tools. The testing laboratory will return the following test results after specimens have been accurately screened and confirmed IAW DoD Instruction 6485.1, Human Immunodeficiency Virus:

a. Negative results mean the initial screen was negative and no other tests were performed. Negative tests will be indicated with a "5B" on the USMIRS ZHM005 roster.

b. Positive results mean the initial screen was positive and confirmation tests were positive. Walter Reed Army Institute for Research (WRAIR) confirms all positive results before the testing laboratory transmits them to USMIRS. Positive results will be indicated with a "5D" code. If positive results are received, initiate USMEPCOM Form 40-8-13-E, (HIV Indeterminate or Positive Processing Checklist).

c. Indeterminate results mean that uncertainty exists regarding the result and neither a positive nor a negative test result could be determined. Indeterminate results will be indicated with a "5I" code. If indeterminate results are received, initiate USMEPCOM Form 40-8-13-E, (HIV Indeterminate or Positive Processing Checklist).

d. Cancellation codes mean specimens were unsuitable for testing. When this happens, MEPS will receive two-position numeric cancellation codes instead of alpha-numeric result codes. Applicants receiving cancellation codes must return to the MEPS and submit another specimen. Those applicants returning due to a cancellation code MUST have a new specimen number created. It is imperative that MEPS employees use USMEPCOM Form 601-23-2-R-E (Records Flag), to flag records for all cancelled specimens so applicants can provide specimens when they return to MEPS. Cancellation codes can be located on MEPNET under Headquarters; J-7/MMD; Training Tools.

#### **4-7. Unreadable specimens**

Occasionally, the testing lab will be unable to test a specimen. Results will be indicated with a "5U" code. The MEPS will receive specific instructions from J-7/MMD-CO-QSB via e-mail or telephone communication on repeat testing procedures.

**4-8. Reversals**

Reversals occur when positive or indeterminate first test results are followed by negative second test results. The J-7/MMD-CO-QSB will coordinate specific action for reversals specifically with each MEPS.

**4-9. Enlisting and shipping without HIV results**

Do not enlist applicants in Regular Service or access applicants into Reserve/National Guard components or ship enlistees to basic training without recorded negative HIV results. There are no exceptions; however, applicants may be enlisted into the DEP while their HIV tests are pending. See paragraph 4-3 above. This specifically includes the following:

- a. Blood was not drawn through MEPS or Recruiting Service error and a specimen was required prior to shipping.
- b. Blood was drawn, but negative results have not returned.
- c. Canceled specimens have not been redrawn.
- d. An applicant refused to provide a specimen during the initial physical exam.

**4-10. USMEPCOM Form 40-8-1-E (HIV Antibody Testing Acknowledgment Form)**

This is the only document used as a HIV Antibody Acknowledgment Form for specimens collected in the MEPS, its use is mandatory for all MEPS. Since this is a very sensitive program with a higher than usual risk of violating applicants' Privacy Act and HIPAA rights, all persons receiving HIV tests in the MEPS must complete and sign acknowledgment forms before providing specimens for testing

- a. Briefers will provide each applicant their copy of USMEPCOM Form 40-8-1-E (HIV Antibody Acknowledgment Form). Briefer will then read the form verbatim while the applicants read along with their acknowledgment form. Upon completion briefers will ask applicants if there are any questions and will answer all questions to ensure form is fully understood before continuing the brief or conducting tests.
- b. Applicants must understand, complete, sign, and date the USMEPCOM Form 40-8-1-E (HIV Antibody Acknowledgment Form) prior to the HIV test and the specimen being obtained. Do not test applicants who fail to complete and sign USMEPCOM Form 40-8-1-E (HIV Antibody Acknowledgment Form). There are no exceptions.
- c. Do not allow applicants who refuse to complete and sign forms to continue processing. Return these applicants to Service liaisons. You may allow those who change their minds and decide to complete and sign the USMEPCOM Form 40-8-1-E (HIV Antibody Acknowledgment Form) to resume processing at the MEPS Commander's discretion on a different processing day as to not impede normal medical processing.
- d. Recruiting Service and MEPS employees will not complete any portion of the USMEPCOM Form 40-8-1-R-E (HIV Antibody Acknowledgment Form), including stamping, printing, or writing names, dates or SSNs unless forms are computer generated.

**4-11. Notification responsibility**

The following applies to all persons conducting HIV testing or being tested at MEPS:

- a. CMOs/Assistant CMOs (ACMOs), and when none of these are available, with MEPS Commander approval, a Fee Basis Chief Medical Officer (FB-CMO), will notify applicants of positive and indeterminate results received from MEPS collected specimens only. Commanders or Acting

Commanders will be present during all positive and indeterminate HIV notification counseling's. Notification responsibility rests with the MEPS conducting the initial laboratory tests. Do not pass notification responsibility to another person or command, other than another MEPS, under any circumstances. Exceptions to this policy should be carefully coordinated with the J-7/MMD-CO-QSB.

b. Commanders will not accept notification responsibility for tests conducted outside the MEPS, except at another MEPS, regardless of circumstances. MEPS staff will never assume responsibility for notifying any individual of the results of an HIV specimen collected outside a MEPS or tested outside of this program. Testing facilities are responsible for specimens collected outside the MEPS.

c. The CMO/ACMO should become familiar with the HIV Positive and Indeterminate documentation listed in Appendix G.

#### **4-12. Attendance at notification counseling**

##### a. Notification of adults

(1) If applicant was a minor during initial medical processing, but has reached the age of 18 before notification counseling, do not contact parents or legal guardians (the authority granted to a guardian ends upon emancipation; after emancipation the guardians legal status is only that of a friend of the applicant). Use standardized letters located on MEPNET under Headquarters; J-7/MMD; Training Tools to notify both applicants and parents of minors with Positive or Indeterminate HIV test results. Do not notify parents of emancipated minors of Positive or Indeterminate HIV test results.

(2) When applicant returns to MEPS for results notification, the CMO/ACMO/FB-CMO will conduct the private counseling with MEPS Commander and applicant in attendance. The CMO/ACMO/FB-CMO will also provide the preventive health counseling at this time. A Chaplain may be allowed to sit in during the counseling if the applicant agrees.

(3) Allow spouse of a married applicant to attend at applicant's request.

(4) Do not allow parents or fiends of adult applicants to attend unless applicant specifically requests their attendance.

(5) Never permit Recruiting Service or MEPS personnel to attend counseling unless that person is the applicant's spouse and the applicant specifically requests their attendance.

##### b. Notification of minors and their parents or legal guardians

(1) Advise applicant that parents/legal guardians will be notified of results by registered letter within one workday after receipt of the test results. Use standardized letters located on MEPNET under Headquarters; J-7/MMD; Training Tools to notify both applicants and parents of minors with Positive or Indeterminate test results.

(2) Parents must attend the notification and preventive health counseling. Do not proceed until the parents/legal guardians are present; wait for their arrival before beginning, even if this means rescheduling the notification. Conduct private counseling with CMO/ACMO/FB-CMO, MEPS Commander, applicant, and parents. A Chaplain may be allowed to sit in during the counseling if the applicant and parents/legal guardians agree.

(3) Never permit Recruiting Service or MEPS personnel to attend counseling's unless that person is the minor applicant's parent.

(4) Never permit Recruiting Service or MEPS personnel to attend counseling under any other circumstances.

#### **4-13. Verification of results**

Commanders will have at least one person review HIV results daily to ensure results have been received and posted correctly to all required documents.

a. The MEPS will print USMIRS ZHM005 roster daily to verify and record the HIV test results in each applicant medical file or use results provided by J-7/MMD-CO-QSB.

b. HIV results verifier will ensure HIV test results are recorded correctly reconciling with the USMIRS ZHM005 roster; DD Form 2808, page 2, block 49; and a current USMEPCOM Publication Control Number 680-3 ADP (USMIRS-generated report).

c. USMIRS ZHM005 roster will be attached to each daily USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and USMEPCOM Form 40-8-12-R-E (HIV Screening Record) filed by month/day and retained for 2 years.

#### **4-14. Notification to Service Liaisons of HIV results**

Service Liaison with authorized access to USMIRS is sufficient for notification of negative HIV results. If such access is unavailable, MEPS will provide paper documentation. See Sections 4-7 and 4-8 for positive and indeterminate HIV notification requirements.

#### **4-15. Notify applicants and parents of minors of positive and indeterminate results**

CMOs will notify the parents of all minors receiving HIV positive/indeterminate results.

a. When MEPS collect HIV specimens, CMO/ACMO will notify applicants of positive results by certified mail within 1 workday after receipt of results.

b. Use standardized letters located on MEPNET under Headquarters; J-7/MMD; Training Tools to notify both applicants and parents of minors with positive HIV/Indeterminate test results. Do not notify parents of emancipated minors of positive HIV/Indeterminate test results.

c. Do not pass notification responsibility to another person or command, other than another MEPS, under any circumstances. Notification responsibility rests with the MEPS conducting the initial laboratory tests. Exceptions to this policy should be carefully coordinated with the J-7/MMD-CO-QSB.

d. Testing facilities are responsible for specimens collected outside the MEPS. CMOs will not accept notification responsibility for tests conducted outside the MEPS, except at another MEPS, regardless of circumstances.

#### **4-16. Unit commander notification**

Service members (Active or Reserve Components) are normally not tested for HIV by the MEPS. Whether the person required HIV testing or was accidentally tested by the MEPS is immaterial. If a service member is tested for HIV and the test is HIV positive or indeterminate, notify unit commanders (regardless of Service) by mail within 1 working day after return of results. Examples of notification letters are on the MEPNET under Headquarters; J-7/MMD; Training Tools. Contact J-7/MMD HIV/DAT Program Manager (J-7/MMD-CO-QSB) if assistance is needed in notification process.

#### **4-17. Sponsoring Service transportation obligation**

DoD policy requires Recruiting Service personnel to escort applicant to the MEPS for counseling and escort them to their homes after counseling is complete if the applicant will allow them to perform that duty. Applicant may return home alone if they specifically request to do so and appear to be in control.

Recruiting Service personnel do not have the option of refusing to escort applicant for counseling. Recruiting Service personnel do not have the option of having another person or another agency provide transportation for applicant returning to MEPS for counseling or returning home after counseling.

#### **4-18. Advise J-7/MMD-CO-QSB of positive results**

The MEPS will send digitally encrypted DD Form 2808 and notification letter to [HQ-J7-MMD-HIVProgram@mepcom.army.mil](mailto:HQ-J7-MMD-HIVProgram@mepcom.army.mil) within 1 workday after receiving positive results. The J-7/MMD-CO-QSB will verify proper notification has been initiated.

#### **4-19. Test reconsideration**

a. Applicants with confirmed positive HIV results may request test reevaluation of the positive test only if private physicians document negative results in writing. Applicants with an indeterminate HIV result and at least one year has passed since the last indeterminate test result may request test reevaluation only if private physicians document negative results in writing. Forward such requests to [HQ-J7-MMD-HIVProgram@mepcom.army.mil](mailto:HQ-J7-MMD-HIVProgram@mepcom.army.mil)

b. Do not forward requests for reconsideration or waiver of the MEPS' positive HIV test results under any circumstances since Under Secretary of Defense (Personnel and Readiness) cannot waiver positive tests.

#### **4-20. Waiver requests (other conditions)**

MEPS may submit waiver requests for other medical conditions before HIV test results return or while positive tests are being evaluated with the understanding that positive results negate all medical waivers and applicants with positive results will not access unless positive results are reversed by negative confirmation tests.

#### **4-21. HIV specimen shipments**

All MEPS will ship specimens by overnight courier to the contract testing laboratory daily. Testing laboratory provides courier service as part of its contractual obligation. MEPS will neither contract for nor use another courier service. The MEPS will have specimens picked up on Saturday openings for delivery to the testing laboratory. All specimens will be picked up at the MEPS only.

#### **4-22. STARNET**

STARNET reporting is required for, but not limited to the following:

a. Adverse publicity. Submit STARNET if adverse publicity concerns general HIV testing or testing at the MEPS.

b. Legal action. If legal action is indicated or instituted by an applicant or the parents or legal guardians of a minor, submit STARNET with all available information. If a person brings legal action against the government or testing laboratory but does not specifically name the MEPS, submit an STARNET if the test in question was conducted at the MEPS.

#### **4-23. HIV testing for probable cause**

Recruiting Services will at no time, ask MEPS personnel to collect specimens to provide or disprove assumptions that applicants may be HIV positive. This practice is specifically prohibited. Once applicants receive negative HIV results during the preaccession medical examination, MEPS have no authority to conduct HIV testing outside the preaccession medical examination process. If legitimate concerns exist that applicants might actually be positive for HIV, CMOs may refer them to their own medical practitioners for evaluation and testing.

**4-24. Positive and Indeterminate HIV records (HIV Dummy Files)**

Once all notification procedures are complete, send all documents pertaining to that applicant inside the original medical file folder to J-7/MMD-CO-QSB by FedEx. Address package to USMEPCOM, ATTN: HIV Program; 2834 Green Bay Road; North Chicago, IL 60064. Do not retain any documents in MEPS except for a consolidated Medical Section record containing the USMEPCOM 25-51-1-R-E (Record Cross Reference Sheet) showing "Records held by J-7/MMD-CO-QSB." Do not record medical disqualification reasons or codes on any document held by MEPS. Maintain an HIV dummy record on each applicant for 7 years in the MEPS files room or medical section at the MEPS discretion. See Appendix G.

**4-25. Mailing procedures**

All MEPS will, without exception, use certified mail, return receipt, service for all individual positive or indeterminate HIV notifications.

## **Chapter 5**

### **Legal, Public Affairs, Logistics, and Contracting Guidance**

#### **Section I**

##### **Legal**

#### **5-1. Supremacy Clause**

The **Supremacy Clause** is a clause in the United States Constitution, article VI, paragraph 2. The clause establishes the Constitution, Federal Statutes, and U.S. treaties as "the supreme law of the land". The text establishes these as the highest form of law in the American legal system, mandating that state judges uphold them, even if state laws or constitutions conflict. When Congress enacts legislation within its constitutional powers, that legislation overrides any conflicting state law. MEPS operations are conducted IAW federal statutes providing for enlistment of qualified applicants. State laws that conflict or interfere with achievement of this federal objective might address confidentiality requirements, limits on release of information to treating physicians, etc. Report States seeking to interfere with MEPS processing by enforcing State statutory or regulatory requirements to J-7/MMD-CO-QSB. Forward copies of appropriate State statutes or regulations to J-7/MMD-CO-QSB. J-7/MMD-CO-QSB will coordinate those issues with MJA.

#### **5-2. Releasing results**

a. Secretary of Defense has expressed concern for protecting information and preserving individual rights to privacy. USMEPCOM Commander is the release authority of all information concerning HIV and DAT.

b. J-7/MMD and MEPS will not release information to other DoD organizations or government agencies except as provided in this regulation. Refer requests for statistics, etc., as opposed to release of individual results, to HQ USMEPCOM-MPA.

c. Refer all inquiries from attorneys, Department of Health, and other officials representing local, state, and political groups to USMEPCOM FOIA/PA Officer for coordination with J-7/MMD and MJA. Handle inquiries from persons representing employees, spouses, insurance agencies, etc., in the same manner.

#### **5-3. Releasing information to the States**

If local or state agencies ask MEPS to release information concerning HIV and DAT, forward those requests to J-7/MMD-CO-QSB. J-7/MMD-CO-QSB will coordinate responses with MJA and release information to state agencies once approved by the USMEPCOM Commander. All MEPS employees are specifically prohibited from providing any HIV and DAT information to any local, state, or federal agency except as provided in this regulation.

#### **5-4. Other inquiries**

Refer all inquiries from attorneys, Department of Health, and other officials representing local, state, and political groups to J-7/MMD-CO-QSB for coordination with MJA. Handle inquiries from persons representing employees, spouses, insurance agencies, etc., in the same manner.

#### **Section II**

##### **Public Affairs**

#### **5-5. News media**

MEPS may become targets of interest by media or special interest groups concerning HIV and DAT. Contact MPA Media Relations/Public Information (MPA-PI) for guidance or J-3/MOP-CO-MOC after

normal duty hours.

### **5-6. Questions about HIV and DAT**

Follow these guidelines when questioned about HIV and DAT:

- a. Refer all requests for statistics (number of exposures, etc.) to MPA.
- b. Do not discuss numbers or events with news media or persons outside the work environment unless authorized by MPA. Use the response, "Department of Defense will release all statistics for HIV and DAT."
- c. MEPS Commanders may allow the following with consent of the USMEPCOM Commander and MPA coordination:
  - (1) Media access to the medical section without applicants or employees present.
  - (2) MEPS Commander's appearance on camera to discuss HIV and DAT.
  - (3) Photography/videotaping of simulated blood draw, safety precautions, etc., with participant's written consent; ensure participant cannot be identified in filming or taping. Do not use applicants or unwilling or unwitting employees for these events. Taping or filming of applicants in any state of undress is strictly prohibited. Follow all standard rules concerning media visits.
- d. Do not allow the following:
  - (1) Media access to the MEPS without prior coordination with MPA-PI.
  - (2) MEPS members, other than commanders, to be counseling or filmed as DoD representatives without prior MPA-PI approval.
  - (3) Speculation on any portion of HIV and DAT programs.

### **5-7. After action report**

Submit reports for each media contact showing caller's name, media affiliation, data requested, and action taken to MPA.

## **Section III**

### **Logistics**

### **5-8. HIV testing supplies, equipment, and courier service**

- a. The Contract laboratory for HIV testing is responsible for all blood tubes, packaging/shipping materials, and courier service costs.
- b. MEPS will acquire and maintain sufficient HIV supplies of safety needles, blood collecting tube holders, band-aids, gauze sponges, alcohol pads, and tape.
- c. MEPS will acquire and maintain sufficient operating supplies and equipment to support HIV testing IAW the Medical Materiel Allowance List.
- d. MEPS are to ensure HIV specimens are picked up by the designated courier Monday-Friday and Saturday's when MEPS are open for business.

**5-9. Drug testing supplies and courier service**

- a. The Contract laboratory for drug testing is only responsible for testing samples.
- b. MEPS will acquire specimen cups with 2-inch tops, 3-ounce urine specimen shipping bottles, acetate tamper-evident seals, clear plastic bags, 1-inch adhesive pressure-sensitive tape, and packing list envelopes. MEPS will acquire and maintain sufficient operating supplies to support drug testing IAW the Medical Materiel Allowance List.
- c. MEPS will use the courier service designated by J-7/MMD and payment authorization procedures designated by J-8/MRM.
- d. The MEPS are to ensure drug specimens are picked up by the designated courier Monday-Friday and Saturday's when MEPS are open for business.

**5-10. Alcohol testing supplies**

- a. Alcohol testing requires 2-AA non-rechargeable batteries, breathalyzer mouthpieces, and gas cylinders. MEPS can order breathalyzer mouthpieces and gas cylinders from Intoximeters, Inc.
- b. Maintain and repair breath alcohol analyzers IAW USMEPCOM Reg 750-1, (Maintenance of Equipment).

## **Appendix A**

### **References**

#### ***Section I***

##### ***Required Publications***

(The publications needed to comply with this regulation.)

#### **AR 601-270**

Military Entrance Processing Stations (MEPS). Cited in paragraph 3-21.  
([http://www.apd.army.mil/pdfiles/r601\\_270.pdf](http://www.apd.army.mil/pdfiles/r601_270.pdf))

#### **USMEPCOM Regulation 680-3**

United States Military Entrance Processing Command Integrated Resource System (USMIRS). Cited in paragraph 3-11a.  
(MEPNET users: <https://mepnet.mepcom.army.mil/>)  
(Internet users: <http://www.mepcom.army.mil/>)

#### **USMEPCOM Regulation 750-1**

Maintenance of Equipment. Cited in paragraph 5-10.  
(MEPNET users: <https://mepnet.mepcom.army.mil/>)  
(Internet users: <http://www.mepcom.army.mil/>)

#### ***Section II***

##### ***Related Publications***

(These publications are a source of additional information. Users may read them to better understand the subject, but do not have to read them to comply with this regulation.)

#### **DoD Directive 1010.9**

DoD Civilian Employee Drug Abuse Testing Program. Cited in paragraph 2-9.  
(<http://www.dtic.mil/whs/directives/corres/pdf/101009p.pdf>)

#### **DoD Directive 6130.3**

Physical Standards for Appointments, Enlistment, and Induction. Cited in paragraph 4-1.  
(<http://www.dtic.mil/whs/directives/corres/pdf/613003p.pdf>)

#### **DoD Instruction 1010.16**

Technical Procedures for the Military Personnel Drug Abuse Testing Program. Cited in paragraphs 3-6a and 3-6b.  
(<http://www.dtic.mil/whs/directives/corres/pdf/101016p.pdf>)

#### **DoD Instruction 6485.1**

Human Immunodeficiency Virus. Cited in paragraph 4-1, 4-5 and 4-6.  
(<http://www.dtic.mil/whs/directives/corres/pdf/648501p.pdf>)

#### ***Section III***

##### ***Required Forms***

(The forms needed to comply with regulation)

#### **DA FORM 11-2**

Management Control Evaluation Certification Statement. Cited in Appendix K and Appendix.  
(<http://www.apd.army.mil>)

**DD Form 2807-1 (USMEPCOM Overprint)**

Report of Medical History. Cited in paragraph 2-14c and 3-1d and Appendix D, E, and F.

**DD Form 2807-2**

Medical Prescreen of Medical History Report. Cited in paragraph 2-14c.

**DD Form 2808 (USMEPCOM Overprint)**

Report of Medical Examination. Cited in paragraph 2-15c, 3-2c (1) (3), 3-5d (6), 3-9(a) (b), 3-21 (b), and 4-13(b) and Appendix C, D, E, and F.

**Standard Form 507**

Clinical Record - Continuation Sheet. Cited in Appendix F.

**USMEPCOM Form 601-23-2-R-E**

Records Flag. Cited in paragraph 2-15c, 3-7d and 4-6d

**USMEPCOM Form 25-51-1-R-E**

Record Cross - Reference Sheet. Cited in Appendix F.

***Section IV******Prescribed Forms*****USMEPCOM Form 40-8-E**

Drug and Alcohol Testing Acknowledgment. Cited in paragraph 3-12.

**USMEPCOM Form 40-8-1-E**

HIV Antibody Testing Acknowledgment. Cited in paragraph 4-10.

**USMEPCOM Form 40-8-2-E**

Breath Alcohol Analyzer Calibration Record. Cited in Appendix C.

**USMEPCOM Form 40-8-3-R-E**

Urine Sample Custody Document. Cited in paragraph 2-8 and 3-14b and Appendix D.

**USMEPCOM Form 40-8-7-R-E**

Facts About HIV. Cited in Appendix F and G.

**USMEPCOM Form 40-8-12-R-E**

HIV Screening Record. Cited in paragraph 2-8 and 4-13c and Appendix E and F.

**USMEPCOM Form 40-8-13-E**

HIV Indeterminate or Positive Processing Checklist. Cited in Appendix F

**USMEPCOM Form 40-8-14-E**

Release of Medical Information. Cited in Appendix F and G.

**USMEPCOM Form 40-8-15-E**

HIV Positive Initial Notification Counseling Checklist. Cited in Appendix F and G.

**USMEPCOM Form 40-8-16-E**

HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document. Cited in Appendix F and G.

**USMEPCOM Form 40-8-17-E**

HIV Indeterminate Redraw for Follow On Testing Checklist. Cited in Appendix F and G.

**USMEPCOM Form 40-8-18-E**

Facts About HIV Indeterminate. Cited in Appendix F and G.

**USMEPCOM Form 40-8-19-E**

HIV Indeterminate Initial Notification Counseling Checklist. Cited in Appendix F and G.

**USMEPCOM Form 40-8-20-E**

HIV/DAT Testing Control Log. Cited in paragraph 2-8, 3-14b, 4-5b, and 4-13c and Appendix D, E, F, and I.

***Section V***

***Prescribed Record Numbers***

(Record numbers this regulation prescribes for the user to file specific documents)

The documents referenced in this regulation(e.g., memorandums, forms, etc.) will be filed under the appropriate Army Records Information Management System (ARIMS) record number. ARIMS record numbers can be found at [www.arims.army.mil](http://www.arims.army.mil)

**Appendix B**  
**HIV, DRUG, AND ALCOHOL TESTING REQUIREMENTS CHART**

IF	AND	HIV REQUIRED	DAT REQUIRED
ALL ENLISTED APPLICANTS AND OFFICER CANDIDATES	REGULAR OR RESERVE COMPONENT	YES	YES
RESERVE OR GUARD	OVERSEAS DEPLOYMENT/ PHASE II SHIPPER	YES, If physical examination has expired.	YES, If physical examination has expired
RESERVE/GUARD	PROCESSING FOR ACTIVE GUARD AND RESERVE (AGR) TOUR  If processing under no MEPS medical required (BOMO)	YES  NO	YES  NO
INDIVIDUAL READY RESERVE	ANY CIRCUMSTANCE	YES	YES
OVERSEAS ENLISTMENT	ANY CIRCUMSTANCE	NO, MEPS WILL NOT TEST, RETEST, OR RESEARCH RESULTS	NO, MEPS WILL NOT TEST, RETEST, OR RESEARCH RESULTS
WARRANT OFFICER CANDIDATE	CIVILIAN OR UNIT APPLICANT If processing under BOMO	YES NO	YES NO
TEMPORARY DISABILITY RETIRED LIST	RETURNING TO ACTIVE DUTY	NO	NO
OTHER GOVERNMENT AGENCY	NON-DoD NONAPPLICANT	ONLY WITH HQ USMEPCOM APPROVAL	ONLY WITH HQ USMEPCOM APPROVAL
CIVILIAN EMPLOYMENT APPLICATION	ANY CIRCUMSTANCE	NO	NO
HEALTH CARE PROFESSIONAL	ANY CIRCUMSTANCE	YES	YES
RECRUITING SERVICE MILITARY MEMBERS, INCLUDING AGR RECRUITER APPLICANTS	REQUIRES PERIODIC TESTING	NO	NO
MEPS-ASSIGNED MILITARY PERSONNEL	SERVICE REQUIREMENT FOR HIV	NO	NO
MEPS CIVILIAN EMPLOYEES	PROCESSING AS APPLICANT  NOT PROCESSING AS APPLICANT	YES  NO	YES  NO

## **Appendix C**

### **Alcohol Testing**

#### **C-1. Training**

Commanders must ensure that Breath Alcohol Test (BAT) examiners are trained in proper procedures for conducting testing (according to the manufacturer's operating manual) and recording results before allowing them to perform any of their duties. Employees without appropriate training and appointment orders (see Appendix J) will not perform any portion of alcohol testing.

#### **C-2. Breathalyzer examiner duties**

Examiners will conduct BAT and accomplish the following:

- a. Check and complete daily accuracy checks on the all breathalyzers being used that day according to manufacturer's instructions. Instructions are located on the MEPNET under Headquarters; J-7/MMD; Training Tools.
- b. Complete monthly calibrations checks within the first seven calendar days of the month on all breathalyzers.
- c. Enter daily accuracy and monthly check results for each instrument on USMEPCOM Form 40-8-2-E (Breath Alcohol Analyzer Calibration Record).
- d. Maintain adequate supplies (mouth pieces, batteries, etc.) to conduct testing.
- e. Correctly record BAT results on DD Form 2808 block 51.
- f. Refer positive applicants to Chief Medical Officer (CMO) for interview.

#### **C-3. Administrative requirements**

- a. For breathalyzers to show accurate readings, applicants must not consume food or liquids, chew gum or breath mints, or use tobacco products for at least 15 minutes before the test.
- b. Inform applicants of eating and drinking restrictions at the beginning of the medical briefing. Do not allow them to leave the room except for illness or emergency. Those who are excused for valid cause and later return must be observed in the room where the medical briefing is conducted for at least 15 minutes before the test to ensure adherence to eating and drinking restrictions.
- c. Administer BATs immediately after the medical briefing in a controlled room or area. Keep applicants under direct control and observation at all times to ensure no substances are consumed.

#### **C-4. Alco-Sensor operating instructions**

Conduct testing in accordance with manufacturer's operating instructions.

#### **C-5. Refusal to test**

- a. Do not attempt to enter results if applicant refuses an alcohol test.
- b. Enter "X" in block 51 under "first test", "ZZ" in drug results block "first test.", and 5Z in HIV results block "first test." Data must be entered in USMIRS first, if any medical processing has been

completed, (i.e. hearing, vision, blood pressure, pulse).

- c. Annotate DD Form 2808 block 79 with status code "N." Date and initial entries.

#### **C-6. BAT results**

- a. Breathalyzer readings of .049 or lower indicate negative results. Actual readings appear as "049," etc., on breathalyzer screen. Applicants with negative results may continue processing.
- b. Breathalyzer readings of .050 or higher indicate positive results. Actual reading appears as "050," etc., on breathalyzer screen. Confirm positive results within 15 to 30 minutes by conducting another breathalyzer. If applicant refuses confirmation testing, use initial positive as score of record, annotate DD Form 2808, and return applicant to Service liaison after record review by CMO.

#### **C-7. Confirmation tests**

- a. Negative confirmation test means applicant may continue processing. Annotate DD Form 2808 block 51.
- b. Positive confirmation test means applicant is disqualified. Do not allow other processing. For positive confirmation tests, use the lower of the initial or confirmation readings as score of record. CMOs or profiling physicians will interview applicants for alcohol dependency when they return for processing.

#### **C-8. Post negative alcohol results**

Annotate DD Form 2808:

- a. Record negative results (.049 or lower) as "NEG" in the first of the two blocks provided in the alcohol section under "first test" in item 51.
- b. Enter "N" in "code block" under "first test." Leave the second block under "first test" blank.

#### **C-9. Posting initial positive alcohol results**

Annotate DD Form 2808 block 51:

- a. Record positive initial test results (.050 or higher) verbatim from breath alcohol analyzer in the first of two results blocks in the alcohol section under "first test" in item 51. For example, record a positive reading of .063 as "063."
- b. Do not make any entries in the code block.

#### **C-10. Posting alcohol test confirmation results**

Annotate DD Form 2808 block 51:

- a. Record confirmation test results verbatim from breath alcohol analyzer and enter in the second of two blocks in the alcohol section under "first test" in item 51.
- b. Circle the lower of the two readings and consider this the score of record.
- c. If the score of record is negative (.049 or lower), circle the lower score and record "N" in code block

for "first test" and complete DD Form 2808 block 51.

d. If score of record is positive (.050 or higher), circle the lower score, and record "A" in code block for "first test."

(1) Annotate item 79 with WK 2, 7, or 8 and status code "J"; date and initial entries.

(2) Enter "3T" in item 74B under "S", and medical disqualification code "51" in item 76, ICD-9 (303.0 acute alcohol intoxication or 303.9 other and unspecified alcohol dependence).

**C-11. Notify adult applicants of positive results**

CMO will notify adult applicants of positive results immediately before conducting a dependency interview. Document notification on DD Form 2808 block 75 a and b.

**C-12. Notify minor applicants of positive results**

CMO will notify minor applicants of positive results immediately before conducting a dependency interview. Document notification on DD Form 2808 block 75 a and b. Advise the applicant that parents will be notified by first class mail of positive results.

**C-13. Notify minor's parents of positive results**

CMO will send the Universal Drug Positive Notification Letter – PARENT of MINOR from Appendix H to parents within one workday after minor receives positive results. Use first class mail to send report of positive result to parent(s).

**C-14. Notify Unit Commander of positive alcohol results**

CMO will send the Universal Drug Positive Notification Letter – Inter-Service Recruitment Committee (IRC) Memo from Appendix H to IRC within one workday, provide a courtesy notification, to the Unit Commander when a military member receives positive alcohol results, even if the test was inadvertently conducted.

**C-15. Testing members of other agencies**

Commanders will not allow the following:

- a. To test members of other agencies for alcohol or drugs unless specified in this regulation.
- b. To volunteer use of the breathalyzer to any other person or agency.
- c. To allow other persons or agency representatives to borrow or use breathalyzers for their testing, whether unit sweep or probable cause.

## **Appendix D Drug Testing**

### **D-1. Training**

Commanders must ensure that coordinators, observers, and verifiers are trained in proper procedures for conducting testing and recording results before allowing them to perform any of their duties. Employees without appropriate training and appointment orders will not perform any portion of drug testing.

### **D-2. Coordinator duties**

Coordinators will conduct drug testing in strict compliance with guidelines established in this regulation and accomplish the following:

- a. Complete USMEPCOM Form 40-8-3-R-E (Urine Sample Custody Document (USCD)) and sign all required entries.
- b. Complete USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and ensure that applicants sign all required entries and observers initial all required entries.
- c. Properly package and ship urine specimens.
- d. Record drug results on DD Form 2808 (Report of Medical Examination) and USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log).

### **D-3. Drug testing observer duties**

Observers will accomplish the following:

- a. Double check to ensure an applicant's medical record contains a signed and dated USMEPCOM 40-8-E (Drug and Alcohol Testing Acknowledgment Form).
- b. Escort applicants to restroom.
- c. Visually observe applicants urinating into specimen collection cups. Observers must see urine leave applicants' bodies and enter specimen collection cups.
- d. Ensure urine specimens are not contaminated in any way. See paragraph 3-8e.
- e. Escort applicants while maintaining sight of all urines specimen cups to coordinator and stay with them until coordinator accepts specimens.
- f. Initial USMEPCOM Form(s) 40-8-20-E (HIV/DAT Testing Control Log) for each specimen whose collection the observer actually observed. The observer will initial the USMEPCOM Form(s) 40-8-20-E (HIV/DAT Testing Control Log) after each group of applicants observed and before they leave the restroom. No more than 6 males or 2 female applicants will be observed in one group.

### **D-4. Verifier duties**

Verifiers will compare USMIRS ZHM002 rosters, DD Forms 2808, USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), or J-3/MOP-CO-MOC ticket(s) to be sure the same results are correctly annotated on all documents. Medical Technicians will not verify their own work; a second person must verify every result, document, form, and label.

**D-5. Specimen numbers**

- a. USMIRS assigns a different specimen number to each applicant at the beginning of processing. MEPS will use the same number for both initial HIV and drug specimens.
- b. Assign a different specimen number for the same applicant when conducting additional tests because of positive result, specimen cancellation, applicant could not provide specimen, or refused to provide a specimen. Do not use a specimen number more than one time. The testing laboratory will cancel all specimens if the specimen number has been previously used.

**D-6. Posting Applicant Drug Results – USMEPCOM Form 40-8-20-E and DD Form 2808**

a. The MEPS Medical section will be responsible for entering the drug results on the USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log). The drug results will be entered into the “RESULT” box on the USMEPCOM Forms 40-8-20-E (HIV/DAT Testing Control Log). To ensure that the correct Date of Result is entered onto the DD Form 2808 the MEPS will use the printed date on the USMIRS ZHM002 roster or other source document provided by J-7/MMD-CO-QSB or J-3/MOP-CO-MOC.

(1) When the drug specimen returns with all six drugs testing negative; the letters “NEG” will be entered into the “RESULT” box of the corresponding specimen number and SSN-match on the USMEPCOM Form 40-8-20-E, (HIV/DAT Testing Control Log). **PRESTAMPING RESULTS ON THE USMEPCOM FORM 40-8-20-E (HIV/DAT TESTING CONTROL LOG) OR DD FORM 2808 IS NOT AUTHORIZED.**

(2) When a drug specimen returns with a positive result, the letters “POS” will be entered. The type of drug that returned positive will also be entered. A positive result for marijuana “POS M” will be entered. A positive result for cocaine “POS C” will be entered. A positive result for any amphetamine “POS A” will be entered. The MEPS will enter a combination of “POS” and the appropriate “M, C, A”, if the result is positive for more than one type of drug. For example, if the results were positive for cocaine and Ecstasy (MDMA), the “Result” box entry would be: “POS C+A.”

b. The MEPS Medical section will also be responsible for appropriately annotating the drug results on the applicant’s DD Form 2808.

(1) When recording results, MEPS will record the drug results in Item 73 (or if no space in item 73, then use item 88; if the latter is used, the MEPS will record in Item 50: “see 88.”

(2) The MEPS may use pre-formatted mailing labels or stamp on the DD Form 2808 on day of physical. The MEPS will complete the date of test block on the day of the physical. When recording results, MEPS will hand write the drug results in Item 73 (or if no space in item 73, then use item 88; if the latter is used, the MEPS will record in Item 50: “see 88.”) The MEPS are authorized to purchase a standard stamp that exactly matches the format shown in figure D-1.

<b>Date of test:</b>						
<b>M</b>	<b>D</b>	<b>L</b>	<b>C</b>	<b>E</b>	<b>H</b>	<b>Initials</b>
<b>Date of result:</b>						

**Figure D-1. Drug test result label/stamp**

(3) After affixing the mailing label or stamp to the DD Form 2808, the drug results will be documented by handwriting the appropriate letter codes; the specific letter (i.e., M, D, L, C, E, and H) for each positive result and the letter N for each negative result. Refusals, cancellations, or voided results are to be entered as X, numeric code, or V, respectfully. The MEPS Medical technician who records the drug results in the DD Form 2808 will also record the "Date of result" (the date that the MEPS received the test results) as well as entering his/her initials. Verifying the correct SSN, specimen number, and date of test is vital to ensuring the correct results are documented.

#### **D-7. Administrative Requirements**

Once medical processing is completed, keep original DD Form 2808 and DD Form 2807-1 (Report of Medical History) in the medical section in a locked cabinet. Do not return records to files room until both HIV/DAT results are posted and verified to the record. Post negative results on DD Forms 2808, verify entries for accuracy, and return record to the files room. Post positive results on DD Forms 2808, verify entries for accuracy, prepare notification letters for CMO signature, return records to files room, and notify Services of disqualifications.

#### **D-8. Applicants who cannot provide urine specimens**

- a. For administrative procedures see chapter 3 of this regulation.
- b. If applicants cannot provide full urine specimens, discard partially filled bottles or use for other medical tests required for that applicant (pregnancy, protein, etc.). Use new specimen collection cups and shipping bottles and have applicants try again before completing medical processing.
- c. Enter 2, 7, or 8, in item 79 of DD Form 2808 and use status code "L." Enter "O" under "S" in item 74B to show an incomplete medical examination for that applicant.
- d. If an HIV specimen has already been collected, send it to the laboratory for testing.

#### **D-9. Prepare USMEPCOM Form 40-8-3-R-E (USCD) and labels**

All MEPS will, without exception, accomplish the following:

- a. Print USMEPCOM Forms 40-8-3-R-E (USCDs) front to back on the same sheet of paper. Laboratory will cancel all specimens listed on USCDs printed on separate sheets of paper and stapled together.
- b. Use bar coded forms and labels for all portions of drug testing. Laboratory will cancel all specimens with handwritten or typewritten information, including social security numbers, or specimen numbers.
- c. All MEPS will, without exception, use Delrina FormFlow to enter all drug testing information for USCDs and bottle labels except signatures. Correct errors by reentering information into FormFlow and reprinting documents and labels. Laboratory will cancel all specimens with handwritten or typewritten information or other corrections.

#### **D-10. Conduct drug testing**

The entire drug collection process must be completed to establish a correct chain of custody. USMEPCOM may not be able to support results if the chain of custody is not followed correctly. The following procedures will establish a strict chain of custody for drug testing specimens:

- a. Double check to ensure medical records contain signed and dated USMEPCOM 40-8-E (Drug and

## Alcohol Testing Acknowledgment) form

- b. Observers must be the same sex as the applicants and will escort applicants to restrooms.
- c. Give applicants urine collection cups. Label cups with USMIRS generated specimen label and filled out with applicant's last name. These are not bottles used to ship specimens to drug testing laboratory. Observers will not handle urine collection cups at any time after specimens have been collected. Once all testing of the urine sample is complete, the applicant label must be removed from the collection cup and destroyed by the medical staff daily to protect the applicants identity from theft.
- d. Visually observe each applicant urinate into a specimen collection cup. Observers must see urine leave applicants' bodies and enter specimen collection cups.
- e. A single observer will not escort and observe more than six male or two female applicants at a time. If MEPS design limits an observer's ability to watch these numbers simultaneously, Commanders can determine a smaller number of applicants to be observed.
- f. After completion of specimen donation, observers will physically escort each group to a coordinator. Merely standing in restroom doors and watching applicants walk down passageways is insufficient. Observers will not turn groups over to another person to be escorted to coordinators; person who observes urine donation must be the same person to escort that group to coordinator.
- g. Applicants will carry their own urine specimens.
- h. Applicants will not set their specimen cups down to wash their hands.
- i. Applicants will give their specimens to coordinators in the presence of their observers.
- j. Coordinators will transfer urine from the collection cup to a specimen bottle in the applicant's presence. Be sure bottle is filled to at least the 45 ML line. Do not use specimen in bottle for any purpose other than drug testing.
- k. Use excess urine in collection cup to perform other testing required for medical examinations (pregnancy, protein/glucose). You do not have to wait until you have placed tamper proof seal on the urine bottle to perform additional testing.
- l. Applicant must print their initials on bottle label immediately before coordinator places label on bottle to verify specimen ownership and certify information shown on label is correct, and then physically observe coordinator placing label on bottle.
  - (1) If applicant initialed the wrong bottle label or there are other mistakes on label, label has already been attached to bottle, and applicant is still present, pour specimen into another bottle, prepare another label, and start verification process over again.
  - (2) If multiple specimen bottles are involved with mismatched or erroneous labels, discard all involved specimens, prepare new labels, and start collection process all over again.
- m. Coordinators will:
  - (1) Attach label to bottle in the presence of applicant who provided specimen. Attach only one

label to the bottle, if error is identified remove label from bottle and attach new label. Laboratory will cancel the specimen if two labels are on bottle.

(2) Complete USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log).

(a) Applicant will sign USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) to verify information matches the bottle label.

(b) Observers will initial USMEPCOM Form(s) 40-8-20-E (HIV/DAT Testing Control Log) only for those entries observed when applicant turns specimen over to coordinator. Observers will initial the USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) after each group of applicants observed and before they leave the restroom. No more than 6 males and 2 female applicants will be observed in one group.

(3) Place tamper proof seal on bottle. Place seal over edge of label, across top of cap and down the other side. Be careful not to cover or obscure any preprinted information or initials with seal. Since tamper proof seals are very fragile, be careful in their application. If seal breaks, apply a new one and annotate "remarks" section of USMEPCOM Form 40-8-3-R-E (Urine Sample Custody Document) to show breakage. Since broken seals and/or replacement seals without remarks section comments suggest tampering, laboratory will cancel those specimens.

(4) Place specimen bottles in a box.

(5) Place matching specimen labels on DD Forms 2808 in item 49 above or to the left of space annotated "Place First Specimen ID Label Here."

(6) Place one copy of the USMEPCOM Form 40-8-3-R-E (Urine Sample Custody Document) inside shipping pack in a waterproof bag on top of specimens inside the box and the second copy inside shipping pack secured to outside of box when all entries are complete. Keep specimens under coordinator control until quality assurance checks and packaging for shipment occurs. Post a memorandum granting access on or near each door of the secure storage area. Only those persons designated in writing have access to a secure area.

**D-11. USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log)**

This is the only document to be used as a drug control log for specimens collected in the MEPS. Its use is mandatory for all MEPS.

a. Technicians will, without exception, complete USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) as follows to show all specimens collected. Complete steps as specimens are drawn--do not wait until the end of the workday.

(1) USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log): Circle DAT at the top of the form

(2) Test date: Verify correct collection date format YYYYMMDD. If necessary, one-line correct the date on the front and back.

(3) Page: Enter page numbers on the front and back.

(4) Label. Attach a USMIRS generated label for each applicant requiring a drug test

(5) Signature applicant. Applicant must sign USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) immediately after initialing a bar code label (acknowledge ownership of specimen number and SSN) and watching technician attach label to a drug specimen bottle. Applicant must not sign this block or initial label in advance. Technicians will instruct applicants to sign names as legible as possible for identification purposes. Use black ink only for applicant signatures and initials on all documents.

(6) Technician/Observer Initials: Observer must initial USMEPCOM Form(s) 40-8-20-E (HIV/DAT Testing Control Log) after each applicant or last applicant in the group of applicants observed and before the next applicant or group of applicants. Initialing or signing this block means technician personally observed the applicant's urine collection process IAW appendix D-10 (c) of this regulation.

(7) The staff members completing the final daily quality control check for the specimens must initial at the bottom of the USMEPCOM Form(s) 40-8-20-E (HIV/DAT Testing Control Log).

b. File USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) copy of air-bill sticker, until results return.

c. Technicians will, without exception, complete USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and complete DD Forms 2808 as results return.

(1) Result: Enter result. Instructions are in Appendix D-6 of this regulation

(2) Date Result Received: Enter date result returned to MEPS by computer interface. MEPS will use printed date on the USMIRS ZHM005 roster, or the date signed by J7/MMD for J-3/MOP-CO-MOC ticket documents.

(3) Source. Technician will identify the source of the results. Enter "ZHM002" for USMIRS generated results or "MOC" for J-3/MOP-CO-MOC ticket documents.

d. Verifiers will, without exception, complete USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) after technician finishes recording results. Initial and date each specimen verified. The verifier will ensure the entries made by the technician are correct. Distribute all properly annotated records with negative results to the files room. Deliver all properly annotated records with positive results to the Medical NCOIC or Sup HT for review, and further submission to the CMO and Commander for further action. Initial these entries as results are verified--do not wait until the end of the day to complete this block.

**Note:** All applicants that have a positive or indeterminate HIV result will not have a release date. The record is not released to the files room.

#### **D-12. Complete USMEPCOM Form 40-8-3-R-E (USCD)**

Use FormFlow to complete USMEPCOM Form 40-8-3-R-E (USCD) as follows and print 3 original documents (laboratory cannot use copies). Below explains the correct entries for the front of a correctly completed USMEPCOM Form 40-8-3-R-E (USCD):

- a. Block 1 - Submitting Unit. Enter MEPS Name
- b. Block 2 - Laboratory name. Enter "NDSL".

- c. Block 3 - Laboratory Batch Number. Leave blank.
- d. Block 4 - Certification. Leave blank.
- e. Block 5 - Name, Signature, and Title of Certifying Official. Leave blank.
- f. Block 6 - Date. Leave blank.
- g. Block 7 (1-12) - MEPS ID/Specimen number. Prefill blocks with bar codes and numeric specimen numbers. Be sure these numbers match those on DD Forms 2808, specimen bottles, and USMEPCOM Form(s) 40-8-20-E (HIV/DAT Testing Control Log(s)). Laboratory will cancel specimen if this information does not match bottles.
- h. Block 8 (1-12) - SSN. Pre-fill blocks with bar codes and numeric SSN. Be sure these numbers match those on DD Forms 2808, specimen bottles and USMEPCOM Forms 40-8-20-E (HIV/DAT Testing Control Log(s)). Laboratory will cancel specimen if this information does not match bottles.
- i. Block 9. Disc Code. Leave blank.
- j. Block 10 - Laboratory Accession. Leave blank.
- k. Block 11 - Results. Leave blank.
- l. Block 12 was deliberately omitted.

**D-13. Complete USMEPCOM Form 40-8-3-R-E (USCD) (Reverse)**

- a. Coordinators will not annotate temporary storage except for overnight storage. Coordinators will not annotate change of custody except when one coordinator turns specimens over to another coordinator. All other specimens collected during the day are considered work in progress.
- b. NORMAL DAYS (INCLUDES SATURDAY OPENINGS). This entry requires one line. Below explains the correct chain of custody for a normal day. The information must be completed correctly or the laboratory may cancel the specimens at J-7/MMD-CO-QSB request.
  - (1) Block 13 line 1. Date - format YYYYMMDD.
  - (2) Block 14 line 1. Released - coordinator signs in signature block **above** typed name.
  - (3) Block 15 line 1. Received – type COURIER in signature block. Leave name block blank.
  - (4) Block 16 line 1. Purpose of change – type SHIPMENT
- c. OVERNIGHT STORAGE. MEPS will use overnight storage ONLY in emergency situations and will make every reasonable effort to ship all specimens every day, even if the courier must come to the MEPS more than once, late at night, etc. Below explains the correct chain of custody for overnight storage with same coordinator. The information must be completed correctly or the laboratory may cancel the specimens at J-7/MMD-CO-QSB request. Overnight storage requires three lines:

- (1) Place specimens into temporary storage and annotate in first line:

(a) Block 13. Date - format YYYYMMDD. This date must match the date on bottle labels.

(b) Block 14. Released - coordinator signs in signature block **above** typed name.

(c) Block 15. Received – type TEMPORARY STORAGE in signature block. Leave name block blank.

(d) Block 16. Purpose of change – type TEMPORARY STORAGE

(2) Remove specimens from temporary storage and annotate in second line:

(a) Block 13. Date - format YYYYMMDD. This entry is the date the MEPS **removes** the bottles from temporary storage for shipment. This **entry cannot be the same date** as on the bottles if specimens remained in temporary storage.

(b) Block 14. Released – type TEMPORARY STORAGE in signature block. Leave name block blank.

(c) Block 15. Received – coordinator (same person as line 1) signs in signature block **above** typed name.

(d) Block 16. Purpose of change – type AWAITING SHIPMENT

(3) Release to courier and annotate in third line:

(a) Block 13. Date - format YYYYMMDD **this date must match the date in the second line.**

(b) Block 14. Released – coordinator (same person as lines 1 & 2) signs in signature block **above** typed name.

(c) Block 15. Received – type COURIER in signature block. Leave name block blank.

(d) Block 16. Purpose of change – type SHIPMENT

d. CHANGE COORDINATORS (NORMAL DAY).

Changing coordinators requires two lines if second coordinator gives specimens to courier on a normal day. Below explains the correct chain of custody for changing coordinators on a normal day.

(1) First coordinator gives specimens to second coordinator and annotates on first line.

(a) Block 13. Date - format YYYYMMDD. This date must match the date on the bottle labels.

(b) Block 14. Released – first coordinator signs in the signature block **above** typed name.

(c) Block 15. Received - second coordinator signs in signature block **above** typed name.

(d) Block 16. Purpose of change - type CHANGE COORDINATORS.

(2) Second coordinator takes responsibility for giving specimens to courier, etc and annotate on second line.

(a) Block 13. Date – format YYYYMMDD. This is the same date as the first line

(b) Block 14. Released - second coordinator signs in signature block **above** typed name.

(c) Block 15. Received – type COURIER in signature block. Leave name block blank.

(d) Block 16. Purpose of change – type SHIPMENT

e. CHANGE COORDINATOR (OVERNIGHT STORAGE). Change in coordinators with overnight storage requires four lines. Below explains the correct chain of custody for changing coordinators and placing specimens into overnight storage.

(1) First coordinator gives specimens to second coordinator and annotate on first line.

(a) Block 13. Date - format YYYYMMDD. This date must match the date on the bottle labels.

(b) Block 14. Released – first coordinator signs in the signature block **above** typed name.

(c) Block 15. Received - second coordinator signs in signature block **above** typed name.

(d) Block 16. Purpose of change - type CHANGE COORDINATORS.

(2) Second coordinator takes responsibility for specimens and annotates on the second line

(a) Block 13. Date format YYYYMMDD. This entry must match date on line 1

(b) Block 14. Released - second coordinator signs in signature block **above** typed name.

(c) Block 15. Received – type TEMPORARY STORAGE in signature block. Leave name block blank.

(d) Block 16. Purpose of change – type TEMPORARY STORAGE.

(3) Remove specimens from temporary storage and annotate on third line:

(a) Block 13. Date –format YYYYMMDD. This entry is the date the MEPS **removes** the bottles from temporary storage and awaiting shipment. This entry **cannot be the same date** as on the bottles if specimens remained in temporary storage.

(b) Block 14. Released – type TEMPORARY STORAGE in signature block. Leave name block blank.

(c) Block 15. Received – second coordinator signs in the signature block **above** typed

name.

(d) Block 16. Purpose of change – type AWAITING SHIPMENT.

(4) Release to courier and annotate on fourth line:

(a) Block 13. Date – format YYYYMMDD. This entry **must match** the date in third line.

(b) Block 14. Released – second coordinator signs in the signature block **above** typed name.

(c) Block 15. Received – type COURIER in the signature block. Leave name block blank.

(d) Block 16. Purpose of change – type SHIPMENT.

f. Leave Block 17, Comments Section, blank except to document broken tamper proof seal replacement, opened and resealed boxes, or explain unusual circumstances involving drug testing. For example, “Specimens collected on January 5, 2009 were held in temporary storage until January 13, 2009 because of severe weather.”

#### **D-14. Prepare specimens for shipment**

Coordinator will prepare specimens as follows:

a. Place specimen bottles in box with absorbent towels (a minimum of three) in the bottom. Do not delay shipment of specimens because box is not full. Leave empty bottles in box, but turn them upside down. Do not label or mark empty bottles to suggest they were ever filled.

b. Place one copy of the USMEPCOM Form 40-8-3-R-E (USCD) inside shipping pack in a waterproof bag on top of specimens inside the box.

c. Close box and seal by tape completely around box to ensure box cannot open during shipment and assure testing laboratory the box has not been tampered with.

d. Insert a completed and signed original USMEPCOM Form 40-8-3-R-E (USCD) in the waterproof self-sticking envelope provided by contractor. Seal envelope and attach to top of box.

e. Place box into a courier-supplied shipping package. Seal shipping package before releasing them to courier.

f. Keep package in a locked cabinet with limited access (only those designated in writing may open) until courier arrives. Post access memorandum on or near cabinet. It is not acceptable to post outside the laboratory.

g. Contract courier will pick up packaged specimens each processing day for delivery to laboratory.

h. Retain third original USMEPCOM Form 40-8-3-R-E (USCD) for files.

#### **D-15. Suspense drug test results**

Suspense drug tests to be sure results are received.

a. Every morning the MEPS should receive drug results on a USMIRS ZHM002 roster. If MEPS do not receive results from an entire day's shipment after 3 working days submit a J-3/MOP-CO-MOC ticket.

b. Suspense individual results for 7 working days, submit a J-3/MOP-CO-MOC ticket for results. When results return by J-3/MOP-CO-MOC ticket, enter results into USMIRS using "BODO" transaction and "MOC" on the USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log).

#### **D-16. Drug test results**

Testing laboratory will transmit results to USMIRS each night through electronic interface. MEPS will receive the results when the USMIRS ZHM002 roster is printed each working day. Honolulu MEPS receives copies of USMEPCOM Forms 40-8-3-R-E (USCDs) from Tripler Army Medical Center (TAMC) with results annotated and manually enters results into USMIRS.

#### **D-17. Canceled/Saved specimens**

a. The laboratory will not test specimens for several reasons. The MEPS will receive a two-position numeric cancellation code. Occasionally, J-7/MMD-CO-QSB and MJA may work with the laboratory to save specimens from cancellation. The MEPS will receive an e-mail from J-7/MMD-CO-QSB with instructions to save the specimens from cancellation.

b. Cancellation codes for drug specimens can be found on the MEPNET under Headquarters; J-7/MMD; Training Tools; General Section.

c. Applicants receiving cancellation codes must provide additional specimens and receive negative results before shipping to training.

d. For all cancelled specimens, it is imperative MEPS employees flag the records to identify applicants that need another drug test. The Service Liaison will arrange for the applicant to return to the MEPS, provide another sample for drug testing and receive negative results prior to the applicant's ship date. If the applicant does not return and provide another sample, the potential exists that the applicant will not ship because the applicable Service Headquarters Operations organizations will not grant an exception to policy to ship the applicant with pending drug results.

#### **D-18. Recording initial drug test results**

Technician will transcribe initial test results from PCN ZHM002 to each applicant's DD Form 2808. Honolulu MEPS will transcribe results from TAMC-provided USCDs to DD Forms 2808 and enter results into USMIRS. Section D-6 has instruction on recording results for negative and positive results.

#### **D-19. Second test procedures and results at recruiting service discretion**

Applicants who initially tested positive and return for second tests at Recruiting Service discretion if deferment/disqualification periods have expired. Second test procedures are similar to those shown for first tests.

a. USMIRS must generate a new specimen number--one never used before for HIV or drug tests. If MEPS reuses a specimen number, the laboratory will cancel that specimen. Only attach specimen number to the DAT field in USMIRS, do not attach specimen number to HIV field.

b. Post results and codes in drug section under "Second Tests." Section D-6 has instructions for posting negative or positive results.

**D-20. Notify Recruiting Service of results**

Provide Recruiting Service liaison offices daily rosters showing drug test results and applicant eligibility status. If Recruiting Service liaison offices have USMIRS interface, MEPS will not provide paper copies.

**D-21. Notify applicants of positive results.**

Chief Medical Officer must notify applicants of positive results by letter and advise them they are ineligible for military service. Signatures of other personnel are prohibited. The universal drug positive letter for notifying applicants can be found on the MEPNET under Headquarters; J-7/MMD; Training Tools; General Section.

a. Maintain a current list of civilian drug and alcohol abuse treatment facilities. Enclose a copy of this list with the notification letter. Just providing an 800 phone number, e-mail address, or web site is insufficient for referral.

b. Place letter in a sealed envelope and use regular first class mail.

**D-22. Notify minor's parents of positive results.**

CMO must notify minor's parents of positive results by letter and advise the parents or guardians their son/daughter are ineligible for military service. Signatures of other personnel are prohibited. The universal drug positive letter for notifying parents of a minor applicant can be found on the MEPNET under Headquarters; J-7/MMD; Training Tools; General Section.

a. Maintain a current list of civilian drug and alcohol abuse treatment facilities in the area of the applicant's address as indicated on the DD Form 2808 block 4. Enclose a copy of this list with the notification letter. Ensure a physical address and phone number are included, just providing an 800 phone number, e-mail address, and/or web site is insufficient.

b. Place letter in a sealed envelope and use regular first class mail.

**D-23. Notify Unit Commander of positive drug results**

Always notify the Unit Commander when a military member receives positive drug results, even if the test was inadvertently conducted. The universal drug positive letter for notifying the Unit Commander can be found on the MEPNET under Headquarters; J-7/MMD; Training Tools; General Section.

**D-24. Communication with drug testing laboratory**

Communication with testing laboratory is deliberately restricted. MEPS will not contact laboratory under any circumstances. Refer all questions or comments concerning testing or laboratory to J-7/MMD-CO-QSB via email to HQ-J7-MMD-DATProgram@mepcom.army.mil

**D-25. Lost shipments**

If results do not return in morning communication, MEPS will need to track their shipment via FedEx website. Print tracking status from website and provide to J-7/MMD-CO-QSB via email to HQ-J7-MMD-DATProgram@mepcom.army.mil for assistance. Whenever a shipment is confirmed by the courier service to be untraceable and lost the MEPS must notify the USMEPCOM FOIA/PA Officer and J-7/MMD within one hour of notification from courier service.

## **Appendix E**

### **Initial HIV Testing**

#### **E-1. Training**

Commanders must ensure that technicians and verifiers are trained in proper procedures for conducting testing and recording results before allowing them to perform any of their duties. Employees without appropriate training and appointment orders will not perform any portion of HIV testing.

#### **E-2. Technician duties**

Technicians will collect HIV specimens in strict compliance with guidelines established in this regulation and accomplish the following:

- a. Complete USMEPCOM Form 40-8-12-R-E (HIV Screening Record) and sign all required entries.
- b. Complete USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and initial all required entries.
- c. Properly package and ship HIV specimens.
- d. Record HIV results on DD Form 2808.
- e. Be familiar with HIV positive and indeterminate procedures.

#### **E-3. Verifier duties**

Verifiers will compare USMIRS ZHM005 rosters, DD Forms 2808, USMEPCOM Forms 40-8-20-E (HIV/DAT Testing Control Log), or J-3/MOP-CO-MOC ticket documents to be sure results are correctly annotated on all documents. Technicians will not verify their own work; a second person must verify every document, form, and label.

#### **E-4. Specimen numbers**

- a. Assign a different specimen number to each applicant at beginning of processing.
- b. Use bar code labels. Do not submit handwritten or typewritten labels to the laboratory under any circumstances.
- c. Assign different specimen labels when additional tests are conducted for the same applicant after expired medical examinations or cancellations--reusing the original number again will cause the laboratory to cancel that specimen.

#### **E-5. DD Form 2808 (Record of Medical Examination)**

Complete block 50 as follows, if not completed for drug testing:

- a. Apply specimen label in the space marked "first specimen."
- b. Specimen label must match USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), USMEPCOM Form 40-8-12-R-E (HIV Screening Record), and serum separator tube.

#### **E-6. USMEPCOM Form 40-8-20-E (HIV Testing Control Log )**

This is the only document to be used as a HIV control log for specimens collected in the MEPS. Its use is mandatory for all MEPS.

- a. Technicians will, without exception, complete USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) as follows to show all specimens collected. Complete steps as specimens are drawn--do not wait until the end of the workday.
- (1) USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log): Circle HIV at the top of the form.
  - (2) Test date: Verify correct collection date format YYYYMMDD. If necessary, one-line correct the date on the front and back.
  - (3) Page: Enter page numbers on the front and back.
  - (4) Label. Attach a USMIRS generated label for each applicant requiring a HIV test.
  - (5) Signature applicant. Applicant must sign USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) immediately after initialing a bar code label (acknowledge ownership of specimen number and SSN) and watching technician attach label to a serum separator tube. Applicant must not sign this block or initial label in advance. Technicians will instruct applicants to sign names as legible as possible for identification purposes. Use black ink only for applicant signatures and initials on all documents.
  - (6) Technician/Observer Initials: Technician must initial or sign USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) for each applicant they personally collect the specimen form that applicant.
  - (7) The staff members completing the final daily quality control check for the specimens must initial at the bottom of the USMEPCOM Form(s) 40-8-20-E (HIV/DAT Testing Control Log).
- b. File USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), copy of air-bill sticker, until results return.
- c. Technicians will, without exception, complete USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and complete DD Forms 2808 as results return.
- (1) Result: Enter result. Codes can be found in chapter 4, paragraph 4-6 of this regulation
  - (2) Date Result Received: Enter date result returned to MEPS by computer interface. MEPS will use printed date on the USMIRS ZHM005 roster, or the date signed by J7/MMD for J-3/MOP-CO-MOC ticket documents.
  - (3) Source. Technician will identify the source of the results. Enter "ZHM005" for USMIRS generated results or "MOC" for J-3/MOP-CO-MOC ticket documents.
- d. Verifiers will, without exception, complete USMEPCOM Forms 40-8-20-E (HIV/DAT Testing Control Log) after technician finishes recording results. Initial and date each specimen verified. The verifier will ensure the entries made by the technician are correct. Distribute all properly annotated records with negative results to the files room. Deliver all properly annotated records with positive results to the Medical NCOIC or Sup HT for review, and further submission to the CMO and Commander for further action. Initial these entries as results are verified--do not wait until the end of the day to complete this block.

**Note:** All applicants that have a positive or indeterminate HIV result will not have a released date. The record is not released to the files room.

### **E-7. Drawing blood**

The following will establish a strict chain of custody for HIV specimens:

- a. Double check to ensure an applicant's medical record contains a signed and dated USMEPCOM 40-8-1-R-E (HIV Antibody Testing Acknowledgment Form.)
- b. Have each applicant print initials legibly on a bar code label. Laboratory will cancel specimens without initials on labels.
- c. Fill the entire 7 ml serum separator tubes with blood.
- d. Apply bar code label to tube just below the rubber cap. Bar code labels must extend lengthwise on tubes. Laboratory will cancel specimens with labels placed horizontally around the tube, torn labels, or wrinkled labels. Specimen labels must match USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), USMEPCOM Form 40-8-12-R-E (HIV Screening Record), and DD Forms 2808.
- e. Allow blood to clot for at least 30 minutes, but not longer than 90 minutes.
- f. Spin blood with centrifuge per manufacturer's specifications for the centrifuge being used. A barrier will form and separate serum from the clot.
- g. If the MEPS medical staff is unable to collect blood from an applicant, they may take the applicant to a military treatment facility or local laboratory. A medical technician from the MEPS must escort the applicant to the laboratory using a government vehicle. The laboratory will collect the blood sample. The medical technician must take the blood tube back to the MEPS and follow steps e and f above, NO EXCEPTIONS. The MEPS should use the government credit card for any charges incurred at the local laboratory.

### **E-8. USMEPCOM Form 40-8-12-R-E (HIV Screening Record)**

Technicians will, without exception, complete two original USMEPCOM Form 40-8-12-R-E (HIV Screening Record) showing all specimens collected. Use computer generated USMEPCOM Form 40-8-12-R-E (HIV Screening Record) for all entries except signatures. Bar coding is mandatory for all MEPS. Print all USMEPCOM Form 40-8-12-R-E (HIV Screening Record) front to back on the same sheet of paper. Testing laboratory will cancel specimens if they have handwritten SSNs or specimen numbers or if they are printed on separate sheets and stapled together. The USMEPCOM Form 40-8-12-R-E (HIV Screening Record) must be completed exactly as follows or the laboratory will cancel the specimens.

a. Backside of form:

- (1) Block 1, Submitting Agency: Enter "USMEPCOM."
- (2) Block 2, Collection Site: Enter MEPS name. Do not enter address or any other information.
- (3) Block 3. Laboratory Name and Address: Enter testing laboratory's name only.
- (4) Block 4. Means of Shipment: Enter name of the laboratory's contract courier.

(5) Block 5, Lock: Enter all digits of lock number from tamper proof seal. If tamper proof seal breaks or must be changed, correct the number and reprint the USMEPCOM Form 40-8-12-R-E (HIV Screening Record) with new lock number.

(6) Block 5. Releasing Official: The technician preparing the specimens for shipment will sign as releasing official. The signature acknowledges:

(a) Personal verification of all specimen numbers and SSNs on tubes with the USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) match.

(b) Personal verification of all specimen numbers and SSNs on tubes with the USMEPCOM Form 40-8-12-R-E (HIV Screening Record) match.

(c) Ensure current date is correct on both forms and tubes.

**Note:** Do not sign this block in advance. All USMEPCOM Forms 40-8-12-R-E (HIV Screening Record) require original signatures.

(7) Testing laboratory will complete all other portions of the USMEPCOM Form 40-8-12-R-E (HIV Screening Record). "For Testing Laboratory Use Only" block refers to the testing laboratory; MEPS will not make any entries in those blocks.

b. Front side of form: Scan bar codes in specimen number order from top left to bottom left, then from top right to bottom right.

c. Testing laboratory will cancel all specimens with specimen number or SSN errors.

d. File a copy of USMEPCOM Form 40-8-12-R-E (HIV Screening Record) with USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and a copy of the courier shipping document until results return.

e. Forward an original USMEPCOM Forms 40-8-12-R-E (HIV Screening Record) with specimens. Copies are unacceptable because the testing laboratory cannot scan them.

### **E-9. Packaging and Shipping specimens**

a. Place properly labeled tubes into foam cube in specimen number order according to USMEPCOM Form 40-8-12-R-E (HIV Screening Record).

b. Ensure foam cube with labeled tubes is inside the box with absorbent pad on the bottom.

c. Insert a completed and signed original USMEPCOM Form 40-8-12-R-E (HIV Screening Record) inside the box.

d. Close the box and place a rubber band around the box.

e. Insert the box inside a zip lock bag, seal the bag.

f. Stand the box upright with sealed end up

g. Fold the edges over to make a smooth surface.

- h. Peel the backing off the tamper proof seal, and attach over the folded edges of the zip lock bag. Ensure the lock number is visible.
- i. Insert a single box into the courier supplied shipping bag.
- j. Complete the courier shipping document and place inside the provided waterproof self-sticking envelope.
- k. Attach the self-sticking envelope to the outside of the courier shipping bag.
- l. Keep package in a locked cabinet with limited access (only those designated in writing may open) until courier arrives. Post access memorandum on or near cabinet. It is not acceptable to post outside the laboratory.
- m. Ensure courier scans package into tracking system before leaving the MEPS. Couriers will not inspect specimens. Use a separate air bill for each container--do not use a single air bill for multiple containers.
- n. Ship to the laboratory by overnight courier.

**E-10. Administrative processing**

Accomplish the following immediately after completion of medical processing:

- a. Retain original DD Form 2808 and DD Form 2807-1 in secure file in medical section. Do not return records to files room until final results return and are posted on appropriate documents.
- b. Every morning the MEPS should receive HIV results on a ZHM005 roster from USMIRS. If MEPS do not receive results from an entire day's shipment after 3 working days, submit a J-3/MOP-CO-MOC ticket.
- c. Suspend individual results for 7 working days, submit a J-3/MOP-CO-MOC ticket for results. When results return by J-3/MOP-CO-MOC ticket, enter results into USMIRS using "BO50" transaction and MOC on the USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log).
- d. Reconcile USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), USMEPCOM Forms 40-8-12-R-E (HIV Screening Records) and DD Forms 2808 at the end of the day to ensure tests were conducted and match appropriate documents.

## **Appendix F**

### **Indeterminate or Positive HIV Test**

#### **F-1. Responsibilities**

##### **a. J-7/MMD**

Provide guidance to MEPS on processing policy for applicants with HIV Indeterminate or HIV positive test results.

##### **b. J-7/MMD-CO-QSB**

Ensure the MEPS has necessary support to conduct processing to standard; report to J-7/MMD-CO-QSB the status of all applicants with HIV indeterminate or positive results until the files are closed; report to J-7/MMD-CO-QSB any concerns with policy or individual applicant processing circumstances with recommendation for resolution and any recommended policy improvements.

##### **c. MEPS Commanders**

Ensure the MEPS staff adheres to the established policy.

#### **F-2. HIV Results**

HIV Indeterminate or HIV Positive results will be transmitted electronically directly to the MEPS from the testing lab through USMIRS.

#### **F-3. HIV Result Processing**

The MEPS will concurrently track the status of each step in the processing of each applicant with positive or indeterminate result using the USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist). Use concurrent tracking so the appropriate part of the checklist will be completed as each task is achieved. The checklist contains guidance on suspense timelines. The original applicant's medical record will be maintained in the medical section. No copies of the medical record will be made with the exception for the service to submit for a waiver.

#### **F-4. Documentation of Initial HIV result in Applicant Electronic Record and Paper File**

The MEPS will ensure electronic record and paper documents are consistent and accurate. For HIV Indeterminate results, the result code "5I" is to be used on paper and electronic records. For HIV Positive results, the result code "5D" is to be used on paper and electronic records.

##### **a. Electronic Record**

USMIRS will post a result code of "5I" (Five-India) or "5D" (Five-Delta) result code representing HIV Indeterminate or HIV Positive status. MEPS will enter for HIV Indeterminate a P=3T, with a Medical Failure Code of 49, an ICD-9-CM Code of 795.71. For HIV Positive a P=3P; with a Medical Failure Code 49; an ICD V08.

##### **b. Paper Record**

The MEPS must enter the HIV Indeterminate or HIV Positive data on USMEPCOM 40-8-20-E (HIV/DAT Testing Control Log) and on DD Form 2808. All staff will initial and date their entries. This includes items 1 and 2 (below) which are performed by the Medical NCOIC/SUP HT, Health Technician or CMO; and items 3-6 (below) that are performed by the CMO or ACMO:

(1) USMEPCOM Form 40-8-20-E: enter "Result" as "5I" or "5D"; Date Result Received; and Source as "ZHM005 or "MOC"; second MEPS member will verify (initial) and secure the original file in Medical Section. The verifier cannot enter a released date, since the record is not released to the files room.

**Note:** The corresponding specimen number from the drug USMEPCOM Form 40-8-20-E will not have a released date.

(2) DD Form 2808 - Item 49: enter the result code for the HIV Indeterminate test as “5I” or for the HIV Positive test as “5D”.

(3) DD Form 2808 - Item 74a: If marked qualified, pen and ink change to record and change to “is not” qualified. Item 75a/b must enter applicant notified by letter and date mailed.

(4) DD Form 2808 - Item 74b: Change the PULHES to P-3T or P-3P, initials, and date.

(5) DD Form 2808 - Item 76: Enter 49, HIV Indeterminate, 795.71, RJ Date, and initials or HIV Positive, V08, and initials.

(6) DD Form 2808 - Item 77: In summary defect box, write “HIV INDETERMINATE (ELISA POS/WB IND)” or “HIV POSITIVE (ELISA POS/WB POS)”

(7) DD Form 2808 – Use Item 88 (preferred) or an attached Standard Form 507, Clinical Record - Continuation Sheet, if other identified space is filled.

#### **F-5. Applicant Initial Notification and Local Recruiting Notice Procedures**

The MEPS will initiate applicant notification and counseling procedures. The MEPS will also notify the local Recruiting Service Commander. HIV indeterminate and positive notification letters and memorandums are located at Appendix G. MEPS will notify J-7/MMD-CO-QSB of any difficulties or concerns encountered during the notification process. Initiation of applicant notification procedures is typically the responsibility of the MEPS that performed the specimen collection; transfer of the notification or counseling responsibilities to another MEPS (most commonly for applicant convenience) requires J-7/MMD-CO-QSB review and approval. The HIV notification process is described below:

##### **a. First Letter Notification HIV (FLN HIV)**

The MEPS will insert the case-specific information into the template FLN HIV and send to the applicant. MEPS must scan the letter and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put “FLN HIV, MEPS Name, (Applicant Last Name)”

**Note:** Template letters have specific signature blocks. The CMO letters will have the CMO/ACMO signature block and must be signed by the CMO/ACMO; if the CMO/ACMO is not present for duty, or there is no assigned MEPS CMO, the MEPS will contact J-7/MMD-CO-QSB.

(1) MEPS will send the FLN HIV to the applicant’s current address of record via the United States Postal Service (USPS) certified mail-return receipt (i.e., the recipient’s signature is required). The USPS will attempt delivery for 15 days and, if the letter is unclaimed, it will be returned to the MEPS for archiving in the applicant’s file.

(2) If applicant is a minor, the MEPS will send a copy of the Parent of Minor Notice (PMN HIV) to the applicant’s home address of record (may be different from the applicant’s current address of record) at the same time as the FLN HIV, also via certified mail-return receipt. **IMPORTANT:** If applicant was a minor at the time the specimen was drawn, but has reached the age of 18 before the date of the FLN HIV, do not send the PMN HIV letter. If the minor is emancipated, the MEPS will confirm with J-7/MMD-CO-QSB no notice of parent is needed. MEPS must scan the letter and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put “PMN HIV, MEPS Name, (Applicant Last Name).”

**Note:** Whenever the term parent is used, legal guardian may be substituted, if appropriate.

(3) If the applicant is a current Service member, the MEPS will immediately notify J-7/MMD-CO-QSB. The MEPS will report the applicant's Unit, Unit Commander, and Unit contact information immediately upon availability or no later than three business days, whichever is sooner.

**b. Recruiting Service Memorandum of Advisement (RS-MOA)**

At the same time the FLN HIV (and PMN HIV letter, if applicable) is sent, the MEPS Commander will send the RS-MOA to the sponsoring- local Recruiting Service Commander using certified mail-return receipt. Attach a copy of the FLN HIV (and PMN HIV letter, if applicable). This memo informs the Recruiting Commander that the applicant will contact a recruiter for transportation to the MEPS. Use this document to ensure that the MEPS has the most current contact information for the applicant, as well as for the parent(s), if applicant is a minor. The MEPS Commander will sign this letter or an Acting MEPS Commander can sign "for" the Commander). The return receipt and a copy of this memo will be maintained in the applicant record. The MEPS Commander will also telephonically contact the Recruiting Commander to advise of the applicant's status and to follow up as needed to ensure the Service's reply endorsement is returned expeditiously to the MEPS and placed in the applicant's medical record. MEPS must scan the letter and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put "RS-MOA HIV, MEPS Name, (Applicant Last Name)"

**c. Outcomes of FLN HIV (and PMN HIV)**

The delivery status of the FLN HIV (and PMN HIV) can be tracked on the USPS website at <http://www.usps.com/shipping/trackandconfirm.htm>. The MEPS can also request that the USPS send shipment updates by e-mail. The MEPS will print a hard-copy of the final delivery status and place in applicant's medical file. If an unclaimed letter or the return receipt (green card) is returned to the MEPS, it will be secured in the applicant's medical record. If:

(1) USPS record shows that the FLN HIV (and/or PMN HIV) was received, and the applicant (and parent, if appropriate) contacts the MEPS for the initial notification counseling, refer to the HIV Indeterminate or HIV Positive initial notification counseling procedures below.

(2) USPS record shows that FLN-HIV was "unclaimed" (and/or, if a minor, PMN HIV was also "unclaimed"), but applicant contacts the MEPS for the initial notification counseling, refer to the HIV Indeterminate or HIV Positive initial notification counseling procedures below.

(3) USPS record shows that applicant received FLN-HIV (or, if a minor, PMN HIV was received), but applicant does not contact the MEPS for counseling within 30 days of the date of the FLN; send Second Letter Notification HIV (SLN HIV) to the applicant and, if applicant is (still) a minor, also send the Second Parent of Minor Notification (SPMN HIV) letter. These letters will be sent certified mail-return receipt requested. Maintain copies and the return receipt notice(s) in the applicant record and complete USMEPCOM Form 40-8-13-E, (HIV Indeterminate or Positive Processing Checklist).

(4) USPS record shows that the FLN was "unclaimed" (and, if a minor, PMH HIV was also "unclaimed") and applicant does not contact the MEPS for counseling within 30 days of the date of the FLN; send Second Letter Notification HIV (SLN HIV) to the applicant and, if applicant is (still) a minor, also send the Second Parent of Minor Notification (SPMN HIV) letter and Recruiting Service Letter of Assistance Required (RS-LOAR). MEPS must scan the letters and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put "SLN/SPMN/RS-LOAR HIV, MEPS Name, (Applicant Last Name)."

**d. Outcomes of SLN HIV (and SPMN HIV)**

The delivery status of the SLN HIV (and SPMN HIV) can be tracked on the USPS website at <http://www.usps.com/shipping/trackandconfirm.htm>. The MEPS can also request that the USPS send shipment updates by e-mail. The MEPS will print a hard-copy of the final delivery status and place in applicant's medical file. If an unclaimed letter or the return receipt (green card) is returned to the MEPS, it will be secured in the applicant's medical record. If:

(1) USPS record shows that the SLN HIV (and/or SPMN HIV) was received, and the applicant (and parent, if appropriate) contacts the MEPS for the initial notification counseling, refer to the HIV Positive or HIV Indeterminate initial notification counseling procedures below.

(2) USPS record shows that applicant received SLN-HIV (or, if a minor, SPMN HIV was received), but applicant does not contact the MEPS for counseling IAW with timeline on USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist) MEPS will skip to the "Completion of Applicant File" section.

(3) USPS record shows that the SLN was "unclaimed" (and, if a minor, SPMH HIV was also "unclaimed") and no contact made for counseling IAW with the timeline on USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist). MEPS will skip to the "Completion of Applicant File" section.

**e. Recruiting Service Letter of Assistance Required (RS-LOAR)**

The MEPS Commander will send the RS-LOAR to notify the sponsoring Recruiting Service members that their assistance is needed to locate the applicant. Request a response from the IRC member within 15-days of the date of the RS-LOAR. A certified mail-return receipt is required for this letter a copy of this memo will be maintained in the applicant record. The MEPS Commander will also telephonically contact the Recruiting Commander to follow up, as needed, to ensure that the Service's reply endorsement is returned to the MEPS and placed in the applicant's medical record. The MEPS Commander will follow up with the Recruiting Commander until a written reply is received. If a new applicant contact address is provided, return to FLN HIV notification process and begin documentation on a new USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist) that will be attached to the original form. If no additional information is provided and the applicant is unable to be located (as indicated in writing from the Recruiting Service Commander), no further notification efforts are required. The MEPS will complete the USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist) section "Completion of Applicant File" and forward to HQ USMEPCOM, ATTN: J-7/MMD-CO-QSB; 2834 Green Bay Road, North Chicago, IL 60064-3094.

**F-6. HIV Positive Initial Notification Counseling**

These procedures apply only to HIV Positive test results on specimens collected by the MEPS and tested IAW USMEPCOM 40-8. The MEPS will not accept notification responsibility for any test conducted outside USMEPCOM unless specifically directed by J-7/MMD-CO-QSB.

**a. Attendance**

A MEPS physician and MEPS Commander must be in attendance. The notification counseling will be conducted by the MEPS CMO in the presence of the MEPS Commander. If the CMO/Assistant CMO is not present for duty the MEPS must contact J-7/MMD-CO-QSB for assistance. A Chaplain can be in the counseling at the applicant's request.

(1) J-7/MMD Field Support Branch surgeon(s) may also provide on-site or telephonic support during the counseling.

(2) Other attendees.

(a) If the applicant is a minor, parent(s) must be present during the counseling.

(b) If the applicant is not a minor (or is an emancipated minor) and is accompanied by a friend/family member/spouse, the person or person(s) will not be present during the HIV initial notification counseling. At the conclusion of the counseling, and only upon expressed verbal consent of the applicant, a spouse or parent can be permitted into the room; at that time, it is the responsibility of the applicant to explain that his/her HIV status (as best as s/he can articulate it), and the CMO can then address any questions or concerns that arise. No other parties are permitted in the counseling.

(c) Recruiting members are specifically excluded unless they are the applicant's parent or spouse.

**b. Initial HIV Positive Notification Counseling**

The MEPS Commander and CMO will use the USMEPCOM Form 40-8-15-E (HIV Positive Initial Notification Counseling Checklist) and will ensure that the following is accomplished during the counseling:

**(1) Applicant Identification Confirmation**

The applicant will be asked to provide his/her full name, SSN, and date of birth (DOB). This will be confirmed and verified with the SSN and DOB on the DD Form 2808. The applicant's identification will be confirmed with their biometric e-Security. If no photo is available, ensure that a photo is taken via webcam (dated and initialed by MEPS staff) and made part of the applicant medical record prior to the start of the counsel. Explain to the applicant that a photo is now a standard component of the medical exam records. If there is any question as to whether the individual who presents for the notification counseling is someone other than the person who presented to the MEPS for initial medical processing, MEPS will notify J-7/MMD-CO-QSB/MJA immediately; i.e., prior to discussion of HIV test results.

**(2) Explanation of HIV Positive Test Result**

The CMO will advise the applicant of the HIV Positive test result. The CMO will explain how this interpretation is made. It will be emphasized that the HIV Positive test result means that the applicant has been exposed to the HIV virus. Proper terminology will be explained and used during the discussion.

**(3) Explanation of Permanent Disqualification and Offer for an Additional Test**

The CMO will inform the applicant of the assignment of a permanent medical disqualification status. The CMO will offer an additional test to confirm the first test result. If applicant refuses to provide a second specimen, consider medical examination complete and permanently disqualify applicant on basis of positive first test. Continue notification process. The CMO must clearly document the counseling process in the medical file and identify the applicant's refusal to redraw.

**(4) Further Health Evaluation**

The CMO will encourage the applicant to contact his/her private medical doctor (PMD) for full evaluation. The CMO will explain why it is important that the applicant see a physician that is accustomed to evaluating individuals with HIV Positive results, not all doctors have had experience in evaluating such circumstances. Applicant may visit their PMD or another physician that the PMD recommends. The CMO will ask the applicant to provide the name of his/her PMD or health clinic and will record same on the USMEPCOM Form 40-8-16-E (HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document). The CMO will also ensure that the applicant is aware of the Center for Disease Control and Prevention's National HIV Testing Resource website,

<http://www.hivtest.org> which provides confidential testing locations that may be near the applicant's home and can be used as possible resources for further information/counseling.

**(5) Blood Donation Deferment**

The CMO will explain that the Food and Drug Administration (FDA) is the agency that is in charge of the safety of the nation's blood supply; the FDA has decided that currently anyone with an HIV Positive test result will be indefinitely deferred from donating blood or blood products.

**(6) PMD Medical Treatment Record Submission**

Encourage the applicant to forward all PMD evaluation documents and copies of test results to the MEPS for the CMO to review and place in the applicant's medical record. Explain that these documents will play an important role in his/her qualification for military service. Also explain that, even if all "outside" HIV testing is negative, that is, confirms no signs of HIV infection, the MEPS and the CMO can take definitive action on test result data only on a blood specimen collected at the MEPS and sent to the designated DoD laboratory for appropriate HIV testing. Regardless, the CMO will emphasize that the applicant should go to their PMD for full evaluation to make sure there is no medical condition that may need closer follow up or treatment.

**(7) Review USMEPCOM Form 40-8-7-R-E, (Facts About HIV)**

Review USMEPCOM Form 40-8-7-R-E (Facts About HIV) with the applicant. It may be most helpful to read aloud USMEPCOM Form 40-8-7-R-E (Facts About HIV), with the applicant following along on his/her copy, in order to ensure the applicant has an understanding of each of the items. How this is best accomplished will be left to the discretion of the CMO. It is critical, however, to emphasize how important it is that the applicant uses safety measures to protect himself/herself and others, not only pending the results of additional testing, but at all times. The CMO should attempt to address all applicant questions; if the CMO does not know the answer to any inquiry, s/he should not be reluctant to state so. The CMO will contact J-7/MMD-CO-QSB to discuss such instances (even during the counseling, if appropriate) and follow up with the applicant if deemed necessary.

**(8) Complete USMEPCOM Form 40-8-16-E (HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document).**

The USMEPCOM Form 40-8-16-E (HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document) Sections A and B can be completed by the applicant or CMO. Section C must be completed by the applicant. Section D must be completed by the MEPS Commander and CMO in attendance during the counseling.

**c. Applicant information packet**

The information packet provided to the applicant will consist of USMEPCOM Form 40-8-7-R-E, (Facts About HIV) and HIV Positive Initial Notification Private Medical Doctor Letter (HIV-POS IN PMD) located at Appendix G, items j and k. The CMO and MEPS Commander will ensure that all forms in the information packet have been reviewed with and provided to the applicant. An envelope will also be provided so that the applicant is able to carry all documents in a confidential manner.

**d. HIV Positive Initial Notification Private Medical Doctor Letter (HIV-POS IN PMD)**

The MEPS will use this document (Appendix G, item k) to communicate test results to the private medical doctor of the applicant's choosing (or of the parent's choosing, if the applicant is a minor).

**(1) Hand-delivered**

This letter is to be provided to the applicant at the time of the in-person, initial notification counseling; or,

**(2) Mailed or Faxed**

(a) Upon receipt of the Release of Information form in response to the initial HIV notification letter(s) and after ensuring that the form has been properly completed and signed, the MEPS will:

(1) Call the number listed and advise the named individual that the release has been received and

(2) Complete the HIV-POS IN PMD letter.

(b) If the MEPS sends the HIV-POS IN PMD letter by USPS, it will be sent certified mail-return receipt requested; confirmation of delivery will be maintained in the applicant file.

(c) If the MEPS faxes the HIV-POS IN PMD, the MEPS will maintain the fax machine confirmation of transmission report in the applicant file and will call the physician/clinic to ensure receipt.

(d) If the MEPS has any concerns that a communication may have been misdirected, (e.g., suspects that the letter or fax was sent to an incorrect recipient), the MEPS will make reasonable effort to secure the misdirected information and will inform J-7/MMD-CO-QSB.

### **F-7. HIV Indeterminate Initial Notification Counseling**

These procedures apply only to HIV Indeterminate test results on specimens collected by the MEPS and tested IAW USMEPCOM 40-8. The MEPS is not to accept notification responsibility for any test conducted outside USMEPCOM unless specifically directed by J-7/MMD-CO-QSB.

#### **a. Attendance**

A MEPS physician and MEPS Commander must be in attendance. The notification counseling will be conducted by the MEPS CMO in the presence of the MEPS Commander. If the CMO/ACMO is not present for duty the MEPS must contact J-7/MMD-CO-QSB for assistance. A Chaplain can be in the counseling at the applicant's request.

(1) HQ-J-7-MMD Field Support Branch surgeon(s) may also provide on-site or telephonic support during the counseling.

(2) Other attendees.

(a) If the applicant is a minor, parent(s) must be present during the counseling.

(b) If the applicant is not a minor (or is an emancipated minor) and is accompanied by a friend/family member/spouse, the person or person(s) will not be present during the HIV Indeterminate initial notification counseling. At the conclusion of the counseling, and only upon expressed verbal consent of the applicant, a spouse or parent can be permitted into the room; at that time, it is the responsibility of the applicant to explain that his/her HIV status (as best as s/he can articulate it), and the CMO can then address any questions or concerns that arise. No other parties are permitted in the counseling.

(3) Recruiting members are specifically excluded unless they are the applicant's parent or spouse.

#### **b. Initial HIV Indeterminate Notification Counseling**

The MEPS Commander and CMO will use USMEPCOM Form 40-8-19-E (HIV Indeterminate Initial

Notification Counseling Checklist), and will ensure that the following is accomplished during the counseling:

**(1) Applicant Identification Confirmation**

The applicant will be asked to provide his/her full name, SSN, and DOB. This will be confirmed and verified with the SSN and DOB on the DD Form 2808. The medical staff will confirm applicant's medical processing photo (if available as part of the DD Form 2808) or biometric photo from E-Security.

**(2) Explanation of HIV Indeterminate Test Result**

The CMO will advise the applicant of the HIV Indeterminate test result. The CMO will explain how this interpretation is made (e.g., screening test is positive and confirmatory test is neither positive nor negative). It will be emphasized that the HIV Indeterminate test result does not necessarily mean that the applicant has been exposed to the HIV virus. The CMO will explain that there are many possible causes for an HIV Indeterminate test result, including but in no way limited to HIV infection. Proper terminology will be explained and used during the discussion. Use the phrase HIV indeterminate or inconclusive.

**(3) Explanation of Temporary Medical Disqualification and Offer to Redraw and Perform Additional Testing after 180 days**

The CMO will inform the applicant of the assignment of a temporary medical disqualification. The CMO will explain that this is not, at this time, in any way a permanent medical disqualification. The CMO will explain that the MEPS will be authorized to collect another blood test 6-months after the first blood specimen was taken; the exact date of eligibility to return to the MEPS for a Redraw for Follow On Testing (R-FOT) will be provided to the applicant. The CMO will explain that it is the applicant's option to have an R-FOT. It will be explained that the applicant record will remain in a temporary medical disqualification unless there is a repeat test or other information becomes available that would require a change in status. The CMO will also explain that it is possible that after follow on testing, that the applicant may be found qualified for military service or possibly eligible for a waiver of the test result by his sponsoring Service.

**(4) Further Health Evaluation**

The CMO will encourage the applicant to contact their private medical doctor (PMD) for full evaluation. The CMO will explain that it is important that the applicant see a physician that is accustomed to evaluating individuals with HIV Indeterminate results – although HIV Indeterminate results are fairly common, not all doctors have had experience in evaluating such circumstances – so the applicant may visit their PMD or another physician that the PMD recommends. The CMO will ask the applicant to provide the name of their PMD or health clinic and will record same on the USMEPCOM Form 40-8-16-E (HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document). The CMO will also ensure that the applicant is aware of the Center for Disease Control and Prevention's National HIV Testing Resource website, <http://www.hivtest.org> which provides confidential testing locations that may be near the applicant's home and can be used as possible resources for further information/counseling USMEPCOM Form 40-8-18-E (Fact Sheet – HIV Antibody Testing Indeterminate Test Result).

**(5) Blood Donation Deferment**

The CMO will explain that the Food and Drug Administration (FDA) is the agency that is in charge of the safety of the nation's blood supply; the FDA has decided that currently anyone with an HIV Indeterminate test result will be indefinitely deferred from donating blood or blood products.

**(6) PMD Medical Treatment Record Submission**

Encourage the applicant to forward all PMD evaluation documents and copies of test results to the MEPS for the CMO to review and place in the applicant's medical record. Explain that these documents will

play an important role in his/her qualification for military service. Also explain that, even if all “outside” HIV testing is negative, that is, confirms no signs of HIV infection, the MEPS and the CMO can take definitive action on test result data only on a blood specimen collected at the MEPS and sent to the designated DoD laboratory for appropriate HIV testing. Regardless, the CMO will emphasize that the applicant should go to their PMD for full evaluation to make sure there is no medical condition that may need closer follow up or treatment.

**(7) Review USMEPCOM Form 40-8-18-E (Facts About HIV Indeterminate)**

Review the form with the applicant. It may be most helpful to read aloud the Fact Sheet provided, with the applicant following along on their copy, in order to ensure that the applicant has an understanding of each of the items, especially the DOs and DON'Ts. How this is best accomplished will be left to the discretion of the CMO. It is critical, however, to emphasize how important it is that the applicant uses safety measures to protect himself/herself and others, not only pending the results of additional testing, but at all times. The CMO should attempt to address all applicant questions; if the CMO does not know the answer to any inquiry, s/he should not be reluctant to state so. The CMO will contact J-7/MMD-CO-QSB to discuss such instances (even during the counseling, if appropriate) and follow up with the applicant if deemed necessary.

**(8) Complete USMEPCOM Form 40-8-16-E (HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document).**

The USMEPCOM Form 40-8-16-E (HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document). Sections A and B can be completed by the applicant or CMO. Section C must be completed by the applicant. Section D must be completed by the MEPS Commander and CMO in attendance during the counseling.

**c. Applicant information packet**

The information packet provided to the applicant will consist of USMEPCOM Form 40-8-18-E (Facts About HIV Indeterminate) and HIV Indeterminate Initial Notification Private Medical Doctor Letter (HIV-IND IN PMD) (Appendix G, item m and n). The CMO and MEPS Commander will ensure that all forms in the information packet have been reviewed with and provided to the applicant. An envelope will also be provided so that the applicant is able to carry all documents in a confidential manner.

**d. HIV Indeterminate Initial Notification Private Medical Doctor Letter (HIV-IND IN PMD)**

The MEPS will use this document (Appendix G, item n) to communicate test results to the private medical doctor of the applicant's choosing (or of the parent's choosing, if the applicant is a minor).

**(1) Hand-delivered**

This letter is to be provided to the applicant at the time of the in-person, initial notification counseling; or,

**(2) Mailed or Faxed**

(a) Upon receipt of the Release of Information form in response to the initial HIV notification letter(s) and after ensuring that the form has been properly completed and signed, the MEPS will:

- (1) Call the number listed and advise the named individual that the release has been received and
- (2) Complete the HIV-IND IN PMD letter.

(b) If the MEPS mails the HIV-IND IN PMD letter by USPS, it will be sent certified mail-return receipt requested; confirmation of delivery will be maintained in the applicant file.

(c) If the MEPS faxes the HIV-IND IN PMD, the MEPS will maintain the fax machine confirmation of transmission report in the applicant file and will call the physician/clinic to ensure receipt.

(d) If the MEPS has any concerns that a communication may have been misdirected, (e.g., suspects that the letter or fax was sent to an incorrect recipient), the MEPS will make reasonable effort to secure the misdirected information and will inform J-7/MMD-CO-QSB.

## **F-8. HIV Positive specimen collection, preparation, and shipping**

### **a. Collection of specimen**

The MEPS will collect a specimen on the day of the initial counseling provided applicant agrees to the collection.

### **b. Specimen Number Assignment**

The MEPS must be absolutely sure that a new (never previously used) specimen number is used for redraw specimens. The specimen number will begin with the MEPS ID number and then will be followed by the next sequential unused "9000" number; e.g., for Chicago MEPS (#54), the first redraw specimen processed under these guidelines will have specimen number "54900001." MEPS personnel must create a tracking log at the MEPS for specimen numbers used. If at anytime you are unsure of the correct number contact J-7/MMD-CO-QSB. Laboratory will cancel specimens bearing the original specimen number without further discussion.

### **c. Forms**

The MEPS will complete all required forms:

(1) DD Form 2808: Apply specimen label to the space marked "second specimen." Specimen label must match labels on USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and USMEPCOM Form 40-8-12-R-E (HIV Screening Record).

(2) USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log): Complete a control log with only this specimen listed as indicated above.

(3) USMEPCOM Form 40-8-12-R-E (HIV Screening Record): Complete a screening record with only this specimen listed as indicated above.

### **d. Collection of blood**

Use the procedures indicated in paragraph E-7 to establish a strict chain of custody for HIV specimens.

### **e. Shipping specimens**

Label and package redraw tube as follows:

(1) Double check to be sure specimen label matches the DD Form 2808, USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and USMEPCOM Form 40-8-12-R-E (HIV Screening Record).

(2) Follow Appendix E, Paragraph E-9 instructions for packing and shipping.

### **f. Administrative processing**

(1) Retain original DD Form 2808 and DD Form 2807-1 in secure file in medical Section. Do not return records to files room.

(2) Suspense files to ensure timely results. If results have not returned within 14 workdays contact J-7/MMD-CO-QSB through J-3/MOP-CO-MOC ticket.

### **F-9. HIV Indeterminate R-FOT specimen collection, preparation, and shipping**

The MEPS will complete the USMEPCOM Form 40-8-17-E (HIV Indeterminate Redraw for Follow on Testing Checklist) whenever a subsequent blood specimen is collected following a MEPS HIV Indeterminate. The MEPS collects a subsequent specimen for follow on testing, one red top tube will be collected. The specimen number used will be IAW instructions below. The specimen will be shipped in the same manner as a “5D” redraw above.

#### **a. Calculation of Return Date**

The earliest return date (RJ) for R-FOT will be the 181<sup>st</sup> day following the date of test for HIV Indeterminate. If this date falls on a MEPS non-processing day, the next subsequent processing date will be the “actual” R-FOT date. If there is an eligibility date in the system that is a:

(1) More recent date than the R-FOT date disqualification, the R-FOT date will take precedence.

(2) More remote date than the R-FOT date the later eligibility date will remain in the system; however, the applicant will be permitted to return to the MEPS for R-FOT testing when eligible. Five business days before the R-FOT date, the MEPS will submit a J-3//MOP-CO-MOC ticket and inform J-7/MMD-CO-QSB of the need to temporarily suspend the longer eligibility date (i.e., create a window for projection); with J-7/MMD approval, J-6/Information Technology Directorate (J-6/MIT) will lift the longer eligibility date. After the R-FOT has been accomplished (or was cancelled or rescheduled), J-7/MMD-CO-QSB will reapply the former (longer) eligibility date with J-6/MIT assistance as required.

#### **b. Specimen Number Assignment**

The MEPS must be absolutely sure that a new (never previously used) specimen number is used for R-FOT specimens. The specimen number will still begin with the MEPS ID number and then will be followed by the next sequential unused “9900” number;” e.g., for Chicago MEPS (#54), the first R-FOT specimen processed under these guidelines will have specimen number “54990001.” The MEPS must create a tracking log at the MEPS for specimen numbers used. If at anytime you are unsure of the correct number contact J-7/MMD-CO-QSB.

#### **c. Forms**

The MEPS will complete all required forms.

(1) DD Form 2808: Apply specimen label to the space marked "second specimen." Specimen label must match labels on USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and USMEPCOM Form 40-8-12-R-E (HIV Screening Record).

(2) USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log): Complete a control log with only this specimen listed as indicated above.

(3) USMEPCOM Form 40-8-12-R-E (HIV Screening Record): Complete a screening record with only this specimen listed as indicated above.

#### **d. Collection of blood**

Use the procedures indicated in Appendix E-7 to establish a strict chain of custody for HIV specimens.

**e. Shipping specimens**

Label and package redraw tube as follows:

- (1) Double check to be sure specimen label matches the DD Form 2808, USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) and USMEPCOM Form 40-8-12-R-E (HIV Screening Record).
- (2) Follow Appendix E-9 instructions for packing and shipping.

**f. Administrative processing**

- (1) Retain original DD Form 2808 and DD Form 2807-1 in secure file in medical Section. Do not return records to files room.
- (2) Suspend files to ensure timely results. If results have not returned within 14 workdays contact J-7/MMD-CO-QSB through J-3/MOP-CO-MOC ticket.

**F-10. HIV Positive Redraw Result Notification****a. Posting positive HIV results**

Accomplish the following within 1 workday:

- (1) Annotate USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) with "POS" beside appropriate specimen numbers and SSN.
- (2) Annotate HIV blocks in item 50 of DD Forms 2808 with "POS." Mark "5D" in code blocks.
- (3) CMO will enter "HIV Positive" in item 78 of DD Form 2808 for medical disqualification and change block 74b entries under "P" in PULHES to "3."
- (4) Generate USMEPCOM PCN 680-3ADP and stamp "WB Positive."
- (5) Deliver all documents to MEPS Commander for final review.

**b. Notification Letters**

The MEPS will prepare letters for applicant and Recruiting Service.

(1) The MEPS CMO will send certified mail-return receipt to the Positive Second Test Applicant Result Letter (Appendix G, item p) and if applicant is (still) a minor, Positive Second Test Parent Result Letter (Appendix G, item q). The return receipt and a copy of this memo will be maintained in the applicant record. MEPS must scan the letter(s) and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put "POS2 HIV, MEPS Name, (Applicant Last Name)."

**Note:** Template letters have specific signature blocks. The CMO letters will have the CMO/ACMO signature block and must be signed by the CMO/ACMO; if the CMO/ACMO is not present for duty, or there is no assigned MEPS CMO, the MEPS will contact J-7/MMD-CO-QSB.

(2) The MEPS Commander will send certified mail-return receipt the Recruiting Service – R-FOT Status Update Memo (R-FOT RS SUM) (Appendix G, item v) to the Local IRC Commander. The MEPS Commander will sign this letter or an Acting MEPS Commander can sign "for" the Commander. The return receipt and a copy of this memo will be maintained in the applicant record. MEPS must scan the letter and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put "R-FOT HIV, MEPS Name, (Applicant

Last Name).”

### **F-11. HIV Indeterminate R-FOT Policy**

Most applicants who have MEPS-collected initial HIV Indeterminate results will be eligible for R-FOT testing. This includes applicants who have other medically disqualifying condition(s) as approved by J-7/MMD.

#### **a. Applicant Option**

There is no absolute requirement for an applicant to return to the MEPS for R-FOT. The applicant has the right to decline to provide a subsequent specimen at the MEPS. For applicants with initial HIV Indeterminate results, no further MEPS processing is authorized (except R-FOT processing) until:

- (1) A MEPS-collected specimen is found to be HIV negative; or
- (2) An appropriate sponsoring Service Medical Waiver Review Authorities (SMWRA) medical waiver has been received.

#### **b. Additional Medical Treatment Records**

Any PMD medical treatment records submitted by the applicant are to be entered into the applicant's record. The CMO will review and consider these records in the qualification determination (e.g., the PMD evaluation of the HIV indeterminate status may reveal disqualifying condition(s)). **IMPORTANT:** qualification action based upon HIV test results themselves will only be made on MEPS-collected specimens that are tested by our DoD-certified lab, unless otherwise directed by J-7/MMD.

#### **c. Processing**

No applicant with HIV Indeterminate results will be placed in the DEP, accessed, or shipped until results from the R-FOT are received, reviewed, and documented. The applicant temporary disqualification (TDQ) status for an HIV Indeterminate result will remain in effect until such time that:

- (1) The R-FOT is found to be HIV negative; or,
- (2) The R-FOT is found to be HIV positive (the TDQ will be changed to a permanent disqualification (PDQ)); or,
- (3) The R-FOT is found to be HIV Indeterminate (the TDQ will be changed to a PDQ); or
- (4) Sponsoring Service has provided proper medical waiver documentation (the TDQ will be changed to a PDQ with waiver).

### **F-12. HIV Indeterminate R-FOT Results Processing**

Documentation of R-FOT results in applicant USMIRS record and paper file. The results will transmit electronically to the MEPS via USMIRS ZHM005 roster. The MEPS will update DD Form 2808 and USMEPCOM 40-8-20-E (HIV/DAT Testing Control Log). While R-FOT results (e.g., “5C”) will be reported to the MEPS via a USMIRS ZHM report, the MEPS should contact J-7/MMD-CO-QSB to verify the reversal results. Once J-7/MMD-CO-QSB has verified the reversal result, the MEPS can continue to the USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist) requirements. **IMPORTANT:** When updating records, do not cross out (on paper documents) or delete (from database) any prior HIV Indeterminate test result information; instead, add the R-FOT results to the official records (paper or database). Remember to update the PUHLES and ICD codes as appropriate to the specific case. The appropriate processing and profile changes are summarized in table F-1:

<b>Table F-1 Processing Outcomes of Redraw for Follow On Testing (R-FOT) Results</b>							
<b>ELISA</b>	<b>Western Blot</b>	<b>Final HIV Result</b>	<b>Notification</b>	<b>Further Processing</b>	<b>Profile</b>	<b>Med Fail Code</b>	<b>ICD</b>
-	-	Negative, "5C" Reversal	By letter (R-FOT CLR) L-	Yes <sup>1</sup>	Enter clear date for P=3T (for prior ICD 795.71)	N/A	N/A
+	-	Negative, "5C" Reversal	By letter (R-FOT CLR) L-	Yes <sup>1,2</sup>	Enter clear date for P=3T (for prior ICD 795.71)	N/A	N/A
-	+	Positive, "5D"	Contact J-7/MMD-CO-QSB for guidance	No	Enter P=3P	49	V08*
+	+	Positive, "5D"	Contact J-7/MMD-CO-QSB for guidance	No	Enter P=3P	49	V08*
-	IND	Indeterminate, "5I"	By letter (R-FOT CIND) L-	No <sup>3</sup>	Enter P=3P	49	795.71
+	IND	Indeterminate, "5I"	By letter (R-FOT CIND) L-	No <sup>3</sup>	Enter P=3P	49	795.71

<sup>1</sup> There may be other reasons that the applicant is not eligible for further processing; HIV status is cleared.

<sup>2</sup> CMO to advise the applicant on the next MEPS visit that the Enzyme-Linked Immunosorbent Assay (ELISA) is still positive and Western Blot (WB) is negative.

<sup>3</sup> Routinely, no further processing is warranted; J-7/MMD approval needed. If Service issues a medical waiver, applicant may be eligible for further processing. J-7/MMD HIV/DAT Program Manager to review and make recommendation if Service/applicant were to submit additional information for CMO review and consideration.

\*If asymptomatic.

### **F-13. Review of R-FOT Result and R-FOT Follow-on Counseling**

All applicants who consent to and provide an R-FOT will receive an R-FOT result notification letter. If the R-FOT is a "5D," the notification process will be IAW Appendix F-5. If the result is a "5C," the CMO will discuss the result in-person only if the applicant returns to the MEPS for additional processing. If the result were a "5I" (HIV Indeterminate), the CMO will discuss the result in-person only if additional processing is authorized (e.g., following receipt of SMWRA waiver).

#### **a. If the R-FOT result is HIV positive ("5D")**

The MEPS will follow current protocols for 5D notification procedures.

(1) The MEPS will also place the file in N-status with the comment, “Medical Hold. No further MEPS processing warranted.”

(2) There will be no additional MEPS testing offered to individuals who are determined to have “5D” result following a “5I” result (i.e., there is no need to perform a repeat test to confirm the R-FOT “5D”).

**b. R-FOT Testing Letter of Clearance (R-FOT L-CLR)**

If the R-FOT result is HIV negative (“5C”), the MEPS will send the R-FOT L-CLR (Appendix G, item r) via certified mail-return receipt to the applicants current address as noted on the HIV Indeterminate Initial Notification Counseling Document (unless a more current address has been provided). MEPS must scan the letter and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put “R-FOT L-CLR HIV, MEPS Name, (Applicant Last Name).”

(1) The MEPS will also place the file in N-status with the comment, “Must see CMO on next MEPS visit.”

(2) If the applicant is a minor, the MEPS will send a copy of the R-FOT Parent of Minor Letter of Clearance (R-FOT PM L-CLR) (Appendix G, item s) via certified mail-return receipt if the result were a “5I” (HIV Indeterminate), the CMO will discuss the result in-person only if additional processing is authorized (e.g., following receipt of SMWRA waiver). MEPS must scan the letter(s) and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put “R-FOT PM L-CLR HIV, MEPS Name, (Applicant Last Name).”

**c. R-FOT Letter of Chronic HIV Indeterminate (R-FOT L-CIND)**

If the R-FOT results is “5I”), the MEPS will send the R-FOT L-CIND (Appendix G, item t) via certified mail-return receipt to the applicants current address as noted on USMEPCOM Form 40-8-19-E, (HIV Indeterminate Initial Notification Counseling Checklist (unless more current address has been provided). MEPS must scan the letter and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put “R-FOT L-CIND HIV, MEPS Name, (Applicant Last Name).”

(1) The MEPS will also place the file in N-status with the comment, “No further processing unless approved by J-7/MMD). Applicant must see CMO on next visit.”

(2) If the applicant is a minor, the MEPS will send a copy of the R-FOT Parent of Minor Letter of Chronic Indeterminate (R-FOT PM L-CIND) (Appendix G, item u) via certified mail with restricted delivery. IMPORTANT: If applicant was a minor at the time the specimen was drawn, but has reached the age of 18 before the date of the R-FOT L-CIND, do not send the R-FOT PM L-CIND letter. MEPS must scan the letter and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put “R-FOT PM L-CIND HIV, MEPS Name, (Applicant Last Name).”

**Note:** whenever the term parent is used, substitute legal guardian, if appropriate.

**d. R-FOT Recruiting Service Status Update Memo (R-FOT RS SUM) (Appendix G, item v)**

On the same day that the R-FOT result letter is sent to the applicant (and parent), the MEPS Commander

will send the R-FOT RS-SUM letter to the sponsoring Service IRC. A certified mail-return receipt and a copy of this memo will be maintained in the applicant record. MEPS must scan the letter and send via encrypted email to J-7/MMD using the group e-mail address (HQ-J7-MMD-HIVProgram@mepcom.army.mil). In the e-mail subject line put "R-FOT RS SUM HIV, MEPS Name, (Applicant Last Name)."

**e. Private Medical Doctor Result Memo (PMD RES)**

(1) Upon receiving the Release of Information form after mailing the R-FOT result letters (for either clearance or chronic indeterminate results) and after ensuring that the form has been properly completed and signed, the MEPS will:

(a) Call the number listed and advise the named individual that the release has been received and

(b) Complete the (PMD RES) letter (Appendix G, item w).

(2) If the MEPS mails the PMD RES by USPS, it will be sent certified mail-return receipt requested; confirmation of delivery will be maintained in the applicant file.

(3) If the MEPS faxes the PMD RES, the MEPS will maintain the fax machine confirmation of transmission report in the applicant file and will call the physician/clinic to ensure receipt.

(4) If the MEPS has any concerns that a communication may have been misdirected, (e.g., suspects that the letter or fax was sent to an incorrect recipient), the MEPS will make reasonable effort to secure the misdirected information and will inform J-7/MMD-CO-QSB.

**F-14. Waiver processing**

In the unlikely event that the SMWRAs are asked to consider an applicant with HIV Indeterminate results for waiver, the mechanism will be the same as for any other waiver request. Any and all supporting documentation the applicant supplies will be reviewed by the CMO, properly annotated as reviewed and considered, and entered into the applicant's record. The Service Liaison then has the option of submitting copies of the entire record for waiver consideration. Any requests from the SMWRA for additional evaluation and/or testing must be reviewed by J-7/MMD-CO-QSB for final approval. Once final approval is granted by J-7/MMD-CO-QSB, the MEPS operations section must ship this applicant on paper copy only. USMIRS will not allow shipping with 5I results in the HIV field. The MEPS will not change any HIV result in USMIRS for any reason.

**a. Certified Copy**

MEPS will only release a certified copy of the medical record to the Service Liaison for waiver processing; each page of the record will be signed, dated and have a page enumeration annotation (i.e., page 1 of 23; page 2/23; etc.) documented by the certifying official (MEPS Operations Officer or other designated officer or Medical NCOIC). MEPS shall only release copies of actual MEPS records, including any submitted PMD records; the MEPS will not release any copies of lab data sheets.

**b. Waiver Document**

MEPS will inform J-7/MMD-CO-QSB if a SMWRA waiver is received for an applicant in TDQ or PDQ status with HIV Indeterminate results. Any waiver document must indicate a waiver of ICD 795.71 or V08, as appropriate. Note: the Service has the authority to issue a waiver without an R-FOT; if this were to occur, the TDQ would be updated to PDQ with ICD 795.71 and a medical qualification Disease

Classification (ICD 9) waiver granted by the Recruiting Command Headquarters level. MEPS will ensure that the USMIRS record and the applicant's paper file are consistent and accurate. **IMPORTANT:** Any medical waiver is valid only for the Service that issued it. If there is a subsequent Service Process For (SPF) change, there must be a subsequent waiver issued by the "new" or gaining Service's SMWRA.

#### **F-15. Record Disposition for Indeterminate and Positive Results**

A copy of all notification/notice letters with the return receipt from mailing will be maintained in applicant's medical record jacket. A copy of the ZHM005 and USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) (with test results of all other applicants' information blackened out) is to be maintained in applicant's record. The applicant's original paper record is to be secured in the medical section files room in a file labeled HIV Positive and Indeterminate Records until one of the following occurs:

##### **a. A MEPS-collected/tested "5C" specimen result is obtained**

(1) The applicant is authorized to continue processing. The medical section will copy the DD Form 2808 and DD Form 2807-1 after the final inspect data is documented; the originals will be forward to the service after the physical inspect to ship. The copies of the medical documents, all letters, memos, mail receipts, USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist), ZHM005, USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), and original medical jacket are to be forwarded to J-7/MMD-CO-QSB using certified mail-return receipt or FedEx. The MEPS will complete USMEPCOM Form 25-51-1-R-E, (Record Cross - Reference Sheet) with statement "original record to service upon shipping, copy forwarded to J-7/MMD."

(2) When an applicant has a "5C" in USMIRS and comes back to the MEPS for processing, the "5C" must be manually changed to a "5B" by J-6/MIT. MEPS must submit a J-3/MOP-CO-MOC ticket to request the "5C" be changed to "5B". The first line of the MOC ticket must state, "Applicant is waiting to ship today." This will ensure the MOC ticket is assigned the appropriate priority for processing the ticket within the Headquarters.

##### **b. A Service-specific medical waiver has been received**

The applicant is authorized to continue processing. The medical section will copy all documents, the original will be forward to the service after the physical inspect to ship. The copies of the medical documents, all letters, memos, mail receipts, USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist), ZHM005, USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), and original medical jacket cover are to be forwarded to J-7/MMD-CO-QSB using certified mail-return receipt or FedEx. The MEPS will complete USMEPCOM Form 25-51-1-R-E (Record Cross - Reference Sheet) with statement "record to service upon shipping via waiver."

##### **c. R-FOT yields in a "repeat 5I" or a "5D"**

The applicant is not authorized to continue processing. The medical section will forward all original medical documents, all letters, memos, mail receipts, USMEPCOM Form 40-8-13-E (HIV Indeterminate or Positive Processing Checklist), ZHM005, USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), and original medical jacket cover to J-7/MMD-CO-QSB using certified mail-return receipt or FedEx. The MEPS will complete USMEPCOM Form 25-51-1-R-E (Record Cross - Reference Sheet) with statement "original record to J-7/MMD-CO-QSB."

#### **F-16. HIV Indeterminate or Positive processing**

For HIV Indeterminate or Positive processing, MEPS will make qualification decisions only on MEPS HIV results; consequently, the MEPS will not make any qualification decision based upon an HIV test result(s) obtained outside of USMEPCOM. The MEPS will conduct redraw testing as outlined in this regulation, unless otherwise authorized in writing by J-7/MMD-CO-QSB. After coordination with

WRAIR-HDL, J-7/MMD may authorize additional specimen collection and testing on a case-by-case basis.

**F-17. Laboratory contact prohibition**

No MEPS, Recruiting Service member, or applicant is authorized to contact the DoD-contract laboratory or WRAIR or other DoD testing lab personnel directly. Any request for information that is required is to be processed through J-7/MMD-CO-QSB.

**F-18. Questions**

It cannot be over-emphasized that any questions or concerns regarding any part of this process, in general or for a specific MEPS applicant, should be forwarded to J-7/MMD-CO-QSB for review and assistance.

**Appendix G****HIV Indeterminate and Positive Notification Letters and Memorandums**

<b>MEPS Notified of Applicant with HIV Indeterminate (IND) or Positive (POS)</b>		
a.	HIV Indeterminate or Positive Processing Checklist	USMEPCOM Form 40-8-13-E (located on the MEPNET)
<b>First Letter Notification – Applicant, Parent/Legal Guardian (if minor), Recruiting Service</b>		
b.	FLN HIV Template	 FLN HIV.doc
c.	PMN HIV Template (Parent/Legal Guardian of minor) <b>Note:</b> Always attach USMEPCOM Form 40-8-14-E (Release of Medical Information)	 PMN HIV.doc
d.	RS-MOA Template	 RS-MOA
<b>Second Letter Notifications – Applicant, Parent/Legal Guardian (if minor), Recruiting Service</b>		
e.	SLN HIV Template <b>Note:</b> Always attach USMEPCOM Form 40-8-14-E (Release of Medical Information)	 SLN HIV.doc
f.	SPMN HIV Template (Parent/Legal Guardian of minor) <b>Note:</b> Always attach USMEPCOM Form 40-8-14-E (Release of Medical Information)	 SPMN HIV.doc
g.	RS-LOAR Template	 RS-LOAR Local Recruiting Service Let
<b>HIV Indeterminate or Positive Initial Notification Counseling Document</b>		
h.	HIV Antibody Testing HIV Indeterminate or Positive Test Results Notification Counseling Document	USMEPCOM Form 40-8-16-E (located on the MEPNET)
<b>HIV Positive Initial Notification Counseling</b>		
i.	HIV Positive Initial Notification Counseling Checklist <b>Note:</b> Complete USMEPCOM Form 40-8-16-E in conjunction with this form. See item h above.	USMEPCOM Form 40-8-15-E (located on the MEPNET)
j.	Facts About HIV	USMEPCOM Form 40-8-7-R-E (located on the MEPNET)
k.	HIV Positive Private Medical Doctor Letter	 HIV Positive Private Medical Doctor letter.

<b>HIV Indeterminate Initial Notification Counseling</b>		
l.	HIV Indeterminate Initial Notification Counseling Checklist <b>Note:</b> Complete USMEPCOM Form 40-8-16-E in conjunction with this form. See item h above.	USMEPCOM Form 40-8-19-E (located on the MEPNET)
m.	USMEPCOM Form 40-8-18-E, Facts About HIV Indeterminate	USMEPCOM Form 40-8-18-E (located on the MEPNET)
n.	HIV Indeterminate Initial Notification Private Medical Doctor Letter	 HIV Indeterminate Initial Notification Priv
<b>HIV Indeterminate Redraw for Follow on Testing Checklist</b>		
o.	HIV Indeterminate Redraw for Follow on Testing Checklist	USMEPCOM Form 40-8-17-E (located on the MEPNET)
<b>HIV Positive Redraw Result Notification – Applicant, Parent/Legal Guardian, Recruiting Service</b>		
p.	Positive Second Test Applicant Result Letter	 Positive 2ND letter applicant.doc
q.	Positive Second Test Parent Result Letter	 Positive 2nd letter to parent.doc
<b>HIV Indeterminate R-FOT Result Notification - Applicant, Parent/Legal Guardian, Recruiting Service</b>		
r.	Applicant Redraw for Follow On Testing Letter of Clearance – “ <b>5B</b> ” <b>Note:</b> Always attach USMEPCOM Form 40-8-14-E (Release of Medical Information)	 R-FOT L-CLR
s.	Parent of Minor Redraw for Follow On Testing Letter of Clearance – “ <b>5B</b> ” <b>Note:</b> Always attach USMEPCOM Form 40-8-14-E (Release of Medical Information)	 R-FOT PMN L-CLR
t.	Applicant Redraw for Follow On Testing Letter of Chronic Indeterminate – “ <b>5I</b> ” <b>Note:</b> Always attach USMEPCOM Form 40-8-14-E (Release of Medical Information)	 R-FOT Examinee L-CIND
u.	Parent of Minor Redraw for Follow On Testing Letter of Chronic Indeterminate – “ <b>5I</b> ” <b>Note:</b> Always attach USMEPCOM Form 40-8-14-E (Release of Medical Information)	 R-FOT PMN L-CIND
v.	Recruiting Service - R-FOT Status Update Memo	 Recruiting Service R-FOT Status Update
<b>Private Medical Doctor Notice of HIV Indeterminate R-FOT Test Results</b>		
w.	Private Medical Doctor Result Notice	 Private Medical Doctor Result Memo

## **Appendix H**

### **Drug and Alcohol Notification Letters and Memorandums**

The universal drug letters are also on the MEPNET under Headquarters; J-7/MMD; Training Tools except for the Unit Commander letter.

Letter that is sent to the applicant using regular first-class mail



Universal Drug  
Positive Notification L

Letter that is sent to the minor applicant parents using regular first-class mail



Universal Drug  
Positive Notification L

Letter that is sent to the local IRC Commander using regular first-class mail



Universal Drug  
Positive Notification L

Letter that is sent to the Unit Commander for military member using certified mail return receipt



Drug Positive Letter  
for Military Member.d

Letter that is sent to the applicant that did not provide a urine specimen after three working days using regular first-class mail



Universal Drug  
Unable to Provide No

**Appendix I**  
**USMIRS Coding****Section I**  
**Alcohol Testing****a. Refused BAT**

- (1) Update USMIRS using Medical Data Screen MD01.
- (2) Enter "B020" with status code "J."
- (3) Enter Height/Weight as 99 inches and 999 pounds, enter all available medical information from tests performed and enter zeros or test not performed in all other medical data fields, enter "0" for all PULHES except for "S=3T", enter "Z" for drug/HIV results, and "X" under BAT results. USMIRS will automatically assign a six month deferment period.

**b. Positive BAT**

(1) If any medical processing is complete i.e. blood pressure, pulse, eye testing, hearing, etc, use MD01 screen to enter all medical data and BAT result.

- (a) Enter "B020" with status code "J."
- (b) Enter Height/Weight as 99 inches and 999 pounds, enter all available medical information from tests performed and enter zeros or test not performed in all other medical data fields, enter "0" for all PULHES except for "S=3T", enter "Z" for drug/HIV results, and "A" with a three digit number for BAT result. Assign appropriate deferment period IAW Chapter 3 paragraph 4 of this regulation.

(2) If only BAT was completed use MD09 screen.

(a) Verify date of test, enter result code "A", and enter the lower of the result from the first or confirmation test

(b) USMIRS will assign appropriate deferment period

**c. Negative BAT**

- (1) Update USMIRS using Medical Data Screen MD01.
- (2) Enter all physical examination information.
- (3) Enter "N" for negative alcohol test result.

**Section II**  
**Drug Testing****a. Refused drug test**

- (1) Update USMIRS using Medical Data Screen MD01.

- (2) Enter "B020" with status code "J."

- (3) Enter Height/Weight as 99 inches and 999 pounds, enter all available medical information from tests performed and enter zeros or test not performed in all other medical data fields, enter "0" for all PULHES except for "S=3T", enter "Z" for HIV result and enter "XX:" for drug result. USMIRS will automatically assign a six month deferment period.

**b. Positive drug test**

USMIRS entered positive drug result; the MEPS staff does not change any entries. If the result is not entered by USMIRS, the MEPS staff will complete the following:

- (1) Enter "B0D0" with status code "J."

- (2) Verify date of test, change result code(s) for the drug(s) positive result returned, and verify the date is the same as the date result received from J-3/MOP-CO-MOC ticket document.

- (3) USMIRS will assign appropriate deferment period

**c. Negative drug test**

USMIRS entered negative drug result; the MEPS staff does not change any entries. If the result is not entered by USMIRS, the MEPS staff will complete the following:

- (1) Enter "B0D0" with status code "J, L, P or R."

- (2) Verify date of test, change result code to "N" for the negative drug result, and verify the date is the same as the date result received from J-3/MOP-CO-MOC ticket document.

**d. Cannot provide urine specimen**

- (1) Update USMIRS using Medical Data Screen MD01.

- (2) Enter all physical examination information.

- (3) Change the drug result on the day of the physical examination to "ZZ" for "Test Not Administered". The applicant has three working days to return IAW chapter 3, paragraph 3-2.

- (4) After three working days, change the "ZZ" to "XX:" for drug result. USMIRS will automatically assign a six month deferment period

**e. MEPS retrieve results from USMIRS**

Drug test results automatically update through electronic interface between the laboratory and USMIRS. Accomplish the following when drug test results return from USMIRS:

- (1) Print USMIRS PCN ZHM002 roster, Drug and Alcohol Processing Eligibility Roster each morning.

- (2) The USMIRS ZHM002 roster prints in specimen number order.

(3) The drug result codes are in two fields:

(a) The first field is Marijuana, d-Methamphetamine, and d-Amphetamine.

(b) The second field is Cocaine, Methylenedioxymethamphetamine, and Methylenedioxyamphetamine.

(c) Codes for positive result will be "M," "D," "L," "C," "E," or "H." Negative result will be "N." If laboratory cannot test specimens, a 2-number cancellation code will appear under the marijuana and cocaine blocks (a number appears in each block).

(4) Medical section will print the report for posting drug results to original DD Form 2808 and USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) daily. The date used for posting the result will be the printed date from the USMIRS ZHM002 roster or the date signed by J7/MMD from the J-3/MOP-CO-MOC ticket document.

### **Section III**

#### **HIV Testing**

##### **a. Refuse HIV test**

(1) Update USMIRS using Medical Data Screen MD01.

(2) Enter "B020" with status code "L."

(3) If not accomplished prior to HIV refusal, enter Height/Weight as 99 inches and 999 pounds, enter all available medical information from tests performed and enter zeros or test not performed in all other medical data fields, enter appropriate number for all PULHES except for "P=0", enter "Z" for HIV result and enter "TT" or "ZZ" for drug result.

##### **b. Positive HIV test**

USMIRS entered positive HIV result; the MEPS staff does not change any entries. If the result is not entered by USMIRS, the MEPS staff will complete the following:

(1) Enter "B050" with status code "R"

(2) Verify date of test, change result code for the HIV positive result returned, and verify the date is the same as the date result received from J-3/MOP-CO-MOC ticket document.

(3) Change the PULHES to P=3P

(4) Use the same steps for the confirmation (second or redraw) test result.

##### **c. Negative HIV test**

USMIRS entered negative drug result; the MEPS staff does not change any entries. If the result is not entered by USMIRS, the MEPS staff will complete the following:

(1) Enter "B050" with status code "J, L, P or R."

(2) Verify date of test, change result code to "5B" for the negative HIV result, verify the date is the same as the date result received from J-3/MOP-CO-MOC ticket document.

**d. MEPS unable to obtain HIV specimen**

(1) Update USMIRS using Medical Data Screen MD01.

(2) Enter all physical examination information.

(3) Change the HIV result on the day of the physical examination to "5Z" for "Test Not Administered". Enter drug specimen as "ZZ" or "TT".

**e. Indeterminate HIV Test**

USMIRS entered indeterminate HIV result; the MEPS staff does not change any entries. If the result is not entered by USMIRS, the MEPS staff will complete the following:

(1) Enter "B050" with status code "J"

(2) Verify date of test, change result code for the HIV indeterminate result returned, and verify the date is the same as the date result received from J-3/MOP-CO-MOC ticket document.

(3) Change the PULHES to P=3T

(4) For the second or redraw test result

(5) Enter "B050" with status code "R"

(6) Verify date of test, change result code for the HIV indeterminate result returned, and verify the date is the same as the date result received from J-3/MOP-CO-MOC ticket document.

(7) Change the PULHES to P=3P

**f. MEPS retrieve results from USMIRS**

HIV test results automatically update through electronic interface between the laboratory and USMIRS. Accomplish the following when HIV test results return from USMIRS:

(1) Print PCN ZHM005, HIV Processing Eligibility Roster each morning.

(2) The USMIRS ZHM005 roster prints in specimen number order.

(3) The HIV result codes are in the HIV field. Codes for HIV results are 5B for negative, 5D for positive, 5C for reversal, or 5I for indeterminate". If laboratory cannot test specimens, a 2-number cancellation code will appear under the HIV blocks.

(4) Medical section will print the report for posting HIV results to original DD Form 2808 and USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log) daily. The date used for posting the result will be the printed date from the USMIRS ZHM005 roster or the date signed by J7/MMD from the J-3/MOP-CO-MOC ticket document.

## **Appendix J**

### **Appointment Orders**

#### **J-1. Authority to issue appointment order**

Authority for issuing appointment orders is restricted to the MEPS Commander for duties discussed in this regulation. Commanders will issue appointment orders only after employees have read this regulation in its entirety, satisfactorily completed all required training, and become completely familiar with all required equipment policy, software, or hardware.

#### **J-2. Prepare appointment order**

a. Commanders will review an employee's personnel and training record to ensure all requirements have been met before authorizing preparation of an appointment order. Once that review is complete, the Medical NCOIC/SUP HT will print the appointment order and have the MEPS Commander sign the order and initial/date the "Duty Assigned" lines for each duty appointed. During the appointment order counsel, the employee will initial and enter their completed training date for each duty assigned. Once all requirements are clear and the employee has initialed appropriate blocks, the employee will print their name under "Print name," sign a legible signature under "Signature," (initialing the signature block is not acceptable), provide initials on the "Initials" line and enter that day's date.

b. If and when an employee who is already appointed to duties requires appointment to one or more other duties, a new appointment order will be generated to supersede the previous appointment order. For duties already assigned, initial and annotate the date the employee was originally assigned to that duty. Initial and annotate the current date for new duties assigned. Follow the procedures above during the appointment order counsel.

c. The Medical NCOIC/SUP HT is responsible for making copies of all appointment orders and providing the order to the employee and MEPS Commander. The Medical NCOIC/SUP HT will also maintain a copy of all appointment orders.

**Note:** each employee assigned to duties will have only one current appointment order which includes all current duties assigned.

#### **J-3. Employment or training record annotation**

Commanders will place a copy of the completed and signed appointment in the employee's MEPS employment and training records. The appointment order will remain in the employee's file for the term of employment at the MEPS.

#### **J-4. Appointed duties**

Commanders will issue an appointment order for each employee involved in the following:

- a. Breath Alcohol Testing (BAT) examiner.
- b. Drug testing observer.
- c. Drug testing coordinator.
- d. Drug results verifier.
- e. HIV technician.
- f. HIV testing coordinator.

- g. HIV results verifier.
- h. HIV/Drug Quality Assurance Officer (requires a separate appointment order)

**J-5. Breathalyzer Technician**

Commanders may appoint any MEPS medical employee to serve as breathalyzer technician, as long as that person has read and understands proper procedures for administering breathalyzer tests in accordance with the manufacturer's instructions. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP HT must confirm that technician has been properly trained in calibrating equipment, conducting testing, and annotating results. The technician must also complete the ALCO-SENSOR FST CD-ROM training and have a certificate of training from the ALCO-SENSOR FST CD-ROM.

**J-6. Drug testing observer**

Commanders may appoint any MEPS employee to serve as drug testing observer, as long as that person has read and understand proper procedures for specimen observation in accordance with this regulation. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP HT must confirm that observer has been properly trained in observing specimen donation and completing the drug testing USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log). Drug testing observer will not serve as both observer and drug testing coordinator on the same day.

**J-7. Drug testing coordinator**

Commanders may appoint any MEPS medical employee to serve as drug testing coordinator, as long as that person has read and understand proper chain of custody procedures for specimen packaging and shipping in accordance with this regulation. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP HT must confirm that coordinator has been properly trained in preparing specimen labels, coordinating specimen collection, preparing specimens for shipment, completing all required chain of custody documents, and submitting specimens to the laboratory. Drug testing coordinator will not serve as both coordinator and observer on the same day.

**J-8. Drug results verifier**

Commanders may appoint any MEPS employee to serve as drug results verifier, as long as that person has read and understands proper chain of custody procedures for specimen packaging and shipping in accordance with this regulation. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP HT must confirm that results verifier knows how to correctly annotate results on DD Forms 2808 and USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), compares both documents to results shown on USMEPCOM PCN ZHM002 rosters, and then dates and initials control logs to show results have been verified. Drug results verifier will not verify results that he or she annotated on any record.

**J-9. HIV technician**

Commanders may appoint any Medical Section member to serve as HIV technician as long as that person has been properly trained in phlebotomy requirements and techniques. Military members must be qualified by military occupational specialty, as shown in their training records. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP HT must confirm that technician has been properly trained in drawing blood and bloodborne pathogen procedures.

**J-10. HIV testing coordinator**

Commanders may appoint any MEPS employee to serve as HIV testing coordinator, as long as that person has read and understands proper chain of custody procedures for specimen packaging and shipping

IAW this regulation. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP HT must confirm that coordinator has been properly trained in preparing specimen labels, coordinating specimen collection, preparing specimens for shipment, completing all required chain of custody documents, and submitting specimens to the laboratory.

**J-11. HIV results verifier**

Commanders may appoint any MEPS employee to serve as HIV results verifier, as long as that person has read and understands proper chain of custody procedures for specimen packaging and shipping in accordance with this regulation. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP HT must confirm that results verifier knows how to correctly annotate results on DD Forms 2808 and USMEPCOM Form 40-8-20-E (HIV/DAT Testing Control Log), compares both documents to results shown on USMEPCOM PCN ZHM005 rosters, and then dates and initials control logs to show results have been verified. HIV results verifier will not verify results that he or she annotated on any record.

**J-12. HIV/Drug Quality Assurance (QA) Officer**

Commanders will appoint a commissioned officer, senior noncommissioned officer (E-6 or GS-7 and above personnel) to perform the daily QA check prior to the specimens being packaged for shipment. A QA checklist will be utilized and signed by both the Officer and the Technician who was the coordinator for that day. The QA checklist is located on MEPNET under Headquarters; J-7/MMD; Training Tools.

**Note:** this duty requires a separate appointment order from other duties assigned

**J-13. Length of appointment**

Appointment orders remain in effect throughout the period of employment at the MEPS unless otherwise revoked by the MEPS Commander. In the event of a change in the MEPS Commander, new appointment orders will be completed. The non-current appointment orders must be maintained for two years and then destroyed at the MEPS.

**J-14. Revoke appointment orders**

MEPS Commanders may revoke appointment orders at their discretion. Although a specific reason for revocation is not required, MEPS Commanders will usually revoke appointment orders for employees who are reassigned within the MEPS or who demonstrate poor performance in that particular duty.

(Letterhead Stationery)

MCO-XXX

(Date)

SUBJECT: Appointment Order

Reference: USMEPCOM Regulation 40-8, Department of Defense (DoD) Preaccession Human Immunodeficiency Virus (HIV) Antibody Testing and Drug and Alcohol Testing (DAT) Programs.

You have satisfactorily completed all required training and are familiar with MEPS testing requirements. Read the reference carefully and perform all duties in strict accordance with its policies and procedures. It is critical that you perform these duties with the utmost accuracy. Poor or negligent performance of these duties is unacceptable and will not be tolerated. You may be required to submit statements or give testimony in legal proceedings concerning MEPS tests. You will not perform the duty of Drug Testing Observer and Drug Testing Coordinator on the same day. You will not perform the duty of HIV Technician and HIV Testing Coordinator on the same day. When serving as a Drug Results Verifier or HIV Results Verifier, you cannot verify results that you annotated on any document.

You are appointed to perform the duties indicated below. This appointment will end with termination of your current assignment or at my discretion. Initial and annotate your training date for each area.

<u>Duty Assigned</u>	<u>Duty Title</u>	<u>Training Completed</u>
_____	Breath Alcohol Testing Examiner	_____
_____	Drug Testing Observer.	_____
_____	Drug Testing Coordinator.	_____
_____	Drug Results Verifier.	_____
_____	HIV Technician.	_____
_____	HIV Testing Coordinator.	_____
_____	HIV Results Verifier.	_____

NAME  
RANK, Branch of Service  
Title

I read and understand the reference and will perform all duties in strict accordance with its provisions.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

Figure J-1. Sample of an Appointment Order

(Letterhead Stationery)

MCO-XXX

(Date)

SUBJECT: Appointment Order as HIV/Drug Quality Control Specimen Verifier

Reference: USMEPCOM Regulation 40-8, Department of Defense (DoD) Preaccession Human Immunodeficiency Virus (HIV) Antibody Testing and Drug and Alcohol Testing (DAT) Programs.

(INSERT NAME) has satisfactorily completed all required training and is familiar with MEPS testing requirements. Read the reference carefully and perform all duties in strict accordance with its policies and procedures. Verify all specimens are properly labeled and documents are prepared for shipment each day. Verify that all procedures have been correctly completed. It is critical that you perform these duties with utmost accuracy. Poor or negligent performance of these duties is unacceptable and will not be tolerated. You may be required to submit statements or give testimony in legal proceedings.

(INSERT NAME) is appointed to perform the duties as HIV/DAT Quality Control Specimen Verifier. This appointment will end with termination of your current assignment or at my discretion.

Name  
Rank, Branch of Service  
Commanding

I have read and understand the reference and will perform all duties in strict accordance with its provisions.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

Figure J-2. Sample of an Appointment Order as HIV/Drug Quality Control Specimen Verifier

## **Appendix K**

### **Management Control Evaluation Checklist - Preaccession Drug and Alcohol Testing**

#### **K-1. Function**

The functions covered by this checklist are procedures for Preaccession Drug and Alcohol Testing (DAT).

#### **K-2. Purpose**

The purpose of this checklist is to assist commanders and medical sections in evaluating key management controls listed below. It is not intended to cover all controls.

#### **K-3. Instructions**

Answers must be based on actual testing of key management controls (e.g., document analysis, direct observation, and sampling). Answers that indicate deficiencies must be explained and corrective actions indicated in the supporting documentation. These controls must be evaluated at least every 2 years. Certification that the evaluation has been conducted will be done on DA Form 11-2-R (Management Control Evaluation Control Evaluation Certification Statement).

#### **K-4. Questions**

a. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs aware of their responsibility for ensuring that alcohol testing and urine specimen collection comply with current regulation? (USMEPCOM Regulation 40-8, ch 3 and Appendix C)

b. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs aware of their responsibility for ensuring that applicant notification complies with current regulation? (USMEPCOM Regulation 40-8, ch 3 and Appendix H)

c. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs aware of their responsibility for ensuring that results reporting procedures? (USMEPCOM Regulation 40-8, ch 3 and Appendix I)

d. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs actively managing this program in accordance with current regulation? (USMEPCOM Regulation 40-8, ch 1)

e. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs conducting command inspection program for this program in accordance with current regulation? (USMEPCOM Regulation 40-8, ch 1)

f. Is an updated copy of USMEPCOM Reg 40-8 on hand within the medical section of the MEPS? (USMEPCOM Regulation 40-8, ch 1)

g. Are all Medical Section employees trained in conducting drug and alcohol testing in accordance with current regulation? (USMEPCOM Regulation 40-8, ch 1)

#### **K-5. Comments**

Users may submit comments to HQ USMEPCOM, ATTN: J-7/MMD, 2834 Green Bay Road, North Chicago, IL 60064-3094

**K-6. Use of DA Form 11-2-R**

DA Form 11-2-R (Management Control Evaluation Certification Statement) is designed to document any management control evaluation. Evaluations of the MEPS Medical Section area must be documented on this form. Fill in the appropriate items, as needed. The assessable unit is the MEPS Medical function. The methodology used to conduct the evaluations could be the management control evaluation checklist and other methods used to review this area. Item 6 lists who completed the evaluation and when it was conducted. Item 7 is used to document and explain the methods used for evaluating this functional area. Item 8 is completed by the assessable unit manager (i.e., the MEPS Commander).

## **Appendix L**

### **Management Control Evaluation Checklist -HIV Testing**

#### **L-1. Function**

The functions covered by this checklist are procedures for HIV testing.

#### **L-2. Purpose**

The purpose of this checklist is to assist commanders and medical sections in evaluating key management controls listed below. It is not intended to cover all controls.

#### **L-3. Instructions**

Answers must be based on actual testing of key management controls (e.g., document analysis, direct observation, sampling). Answers that indicate deficiencies must be explained and corrective actions indicated in the supporting documentation. These controls must be evaluated at least every 2 years. Certification that the evaluation has been conducted will be done on DA Form 11-2-R (Management Control Evaluation Control Evaluation Certification Statement).

#### **L-4. Questions**

- a. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs aware of their responsibility for ensuring that HIV specimen collection procedures are in accordance with current regulation? (USMEPCOM Regulation 40-8, ch 4 and Appendix E)
- b. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs aware of their responsibility for ensuring that applicant notification procedures comply with current regulation? (USMEPCOM Regulation 40-8, ch 4 and Appendix G)
- c. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs aware of their responsibility for ensuring that results reporting procedures comply with current regulation? (USMEPCOM Regulation 40-8, ch 4)
- d. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs aware of their responsibility in maintaining positive and indeterminate applicant files in accordance with current regulation? (USMEPCOM Regulation 40-8, ch 4 and Appendix F)
- e. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP HTs conducting command inspection program for this program in accordance with current regulation? (USMEPCOM Regulation 40-8, ch 1)
- f. Is an updated copy of USMEPCOM Reg 40-8 on hand within the medical section of the MEPS? (USMEPCOM Regulation 40-8, ch 1)
- g. Are all Medical Section employees trained in conducting HIV testing in accordance with current regulation? (USMEPCOM Regulation 40-8, ch 1)
- h. Is the J-7/MMD HIV Program Manager maintaining the status of HIV positive and HIV indeterminate results? (USMEPCOM Regulation 40-8, ch 1)
- i. Is the J-7/MMD HIV Program Manager maintaining applicant files forwarded by the MEPS in a secure area? (USMEPCOM Regulation 40-8, ch 1)

j. Does the J-7/MMD HIV Program Manager have a system to ensure that HIV positive and indeterminate applicant files are being forwarded to J-7/MMD in a timely manner? (USMEPCOM Regulation 40-8, ch 1)

**L-5. Comments**

Users may submit comments to HQ USMEPCOM, ATTN: J-7/MMD, 2834 Green Bay Road, North Chicago, IL 60064-3094

**L-6. Use of DA Form 11-2-R**

DA Form 11-2-R is designed to document any management control evaluation. Evaluations of the MEPS Medical Section area must be documented on this form. Fill in the appropriate items, as needed. The assessable unit is the MEPS Medical function. The methodology used to conduct the evaluations could be the management control evaluation checklist and other methods used to review this area. Item 6 lists who completed the evaluation and when it was conducted. Item 7 is used to document and explain the methods used for evaluating this functional area. Item 8 is completed by the assessable unit manager (i.e., the MEPS Commander).

## **Glossary**

### **Section I Abbreviations**

#### **ACMO**

Assistant Chief Medical Officer

#### **AGR**

Active Guard and Reserve

#### **AIDS**

Acquired Immune Deficiency Syndrome

#### **AR**

Army Regulation

#### **ASVAB**

Armed Services Vocational Aptitude Battery

#### **BAT**

Breath Alcohol Test

#### **BOMO**

No MEPS medical required

#### **CMO**

Chief Medical Officer

#### **CRDB**

centralized relational database

#### **DA**

Department of the Army

#### **DAT**

Drug and alcohol testing

#### **DEP**

Delayed Entry/Entrance Program

#### **DOB**

date of birth

#### **DoD**

Department of Defense

#### **DRMO**

Defense Reutilization and Marketing Office

**ELISA**

Enzyme-Linked Immunosorbent Assay

**ETP**

Exception to Policy

**FB-CMO**

Fee Basis Chief Medical Officer

**FDA**

Food and Drug Administration

**FLN**

First Letter Notification

**FOIA**

Freedom of Information Act

**GC**

Guidance Counselor

**HIPAA**

Health Insurance Portability and Accountability Act

**HIV**

Human Immunodeficiency Virus

**HQ USMEPCOM**

Headquarters, United States Military Entrance Processing Command

**IAW**

In accordance with

**ID**

Identification

**IN**

Initial Notification

**IND**

Indeterminate

**IRC**

Inter-Service Recruitment Committee

**J-3/MOP-CO-MOC**

J-3/Operations Directorate/Current Operations/Operations Center

**J-6/MIT**

J-6/Information Technology Directorate

**J-7/MMD**

J-7/Medical Plans and Policy Directorate

**J-7/MMD-CO-QSB**

J-7/MMD Quality and Standards Branch

**J-8/MRM**

J-8/Resource Management Directorate

**MEPNET**

United States Military Entrance Processing Command Intranet

**MEPS**

Military Entrance Processing Station

**MIG**

Inspector General

**MJA**

Staff Judge Advocate

**MPA**

Public Affairs Officer

**NCO**

Noncommissioned officer

**NCOIC**

Noncommissioned officer in charge

**PA**

Privacy Act

**PCN**

Product control number

**PDQ**

permanent disqualification

**PMD**

private medical doctor

**PMN**

Parent of Minor Notice

**POS**

Positive

**PULHES**

Physical profile categories

**QA**  
Quality assurance

**QC**  
Quality control

**QRP**  
Quality Review Process

**\*R-FOT**  
return for follow on testing

**RJ**  
return date

**RS-LOAR**  
Recruiting Service Letter of Assistance Required

**RS-MOA**  
Recruiting Service Memorandum of Advisement

**SF**  
Standard Form

**SLN**  
Second Letter of Notification

**SMWRA**  
Service Medical Waiver Review Authorities

**SPF**  
Service Process For

**SPMN**  
Second Parent of Minor Notification

**SSN**  
Social security number

**STARNET**  
Station Advisory Reporting Network

**SUP HT**  
Supervisory Health Technician

**TAMC**  
Tripler Army Medical Center

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**\*USMEPCOM-unique**

**TDQ**

Temporary disqualification

**TDRL**

Temporary Disability Retired List

**USCD**

Urine Sample Custody Document

**USMEPCOM**

United States Military Entrance Processing Command

**USMIRS**

United States Military Entrance Processing Command Integrated Resource System

**USPS**

United States Postal Service

**WRAIR**

Walter Reed Army Institute for Research

**Section II**

**Terms**

**Acquired Immunodeficiency Syndrome (AIDS)**

Illness in which the body's ability to defend itself against certain diseases or conditions is impaired.

**Adult**

Applicants who have reached their 18<sup>th</sup> birthday.

**Alcohol**

Any intoxicating liquid containing alcohol.

**Alcohol abuse**

Irresponsible use of alcoholic leading to misconduct, unacceptable social behavior or impairment of performance of duty, physical or mental health, financial irresponsibility, or personal relationships.

**Antibodies**

Molecules in the blood or body fluids that tag, destroy, or neutralize bacteria, viruses, or other harmful toxins.

**Applicant**

Any person applying for enlistment or appointment in any branch of military service.

**Asymptomatic**

Without symptoms--a person with a positive test reactions but without clinical symptoms of disease.

**Body fluids**

Any human body fluid, such as blood, urine, saliva, sputum, tears, semen, mother's milk, or vaginal secretions.

**Cocaine**

A narcotic obtained from coca leaves.

**Concurrent tracking**

Tracking so the appropriate part of a checklist will be completed as each task is achieved.

**Contagious**

An infectious disease capable of being transmitted by casual contact from person to another. Casual contact can be defined as normal day-to-day contact among people at home, school, or work or in the community. A contagious pathogen (e.g., chicken pox) can be transmitted by casual contact. An infectious pathogen (HIV) is transmitted by direct or intimate contact (sex, needle stick, etc.).

**Coordinator**

Person assigned to conduct BAT or DAT.

**Drug**

Any substance which, when inhaled, injected, consumed, or introduced into the body in any manner, alters mood or function.

**Drug abuse**

Illegal, wrongful, or improper use of any narcotic substance or its derivative; cannabis or its derivative; other controlled substances or dangerous drugs. This includes the improper use of prescribed drugs.

**ELISA**

(Enzyme-Linked Immunosorbent Assay). Type of enzyme immunoassay (EIA) to determine the presence of HIV antibodies in blood or oral fluids. Contract laboratory validates repeatedly reactive (two or more) ELISA test results with an independent supplemental test of high specificity, usually Western Blot.

**Emancipated**

Minors who are married, liberated by court order or self-declaration supported by appropriate documentation, or have previously served in the military.

**Employee**

Civilian employees and military members.

**Food and Drug Administration (FDA)**

Department of Health and Human Services agency responsible for ensuring the safety and effectiveness of all drugs, biologics, vaccines, and medical devices.

**Human Immunodeficiency Virus Type 1 (HIV-1)**

Retrovirus recognized as causing or contributing to AIDS.

**Immune Deficiency**

A breakdown or inability of certain parts of the immune system to function, thus making a person susceptible to certain diseases that they would not ordinarily develop.

**Immune Response**

The activity of the immune system against foreign substances.

**Immune System**

The body's natural defense against disruption caused by invading foreign agents (microbes, viruses, etc.).

**Immunity**

A natural or acquired resistance to a specific disease. Immunity may be partial or complete, long lasting or temporary.

**Immunization**

To protect against an infectious disease by vaccination, usually with a weakened (attenuated) or killed form of the disease-causing microorganism. While people are usually immunized against an infectious disease by getting vaccinated, having a disease such as measles, mumps, or rubella one time usually prevents or "immunizes" a person from getting this disease again.

**Immunocompetent**

Capable of developing an immune response or possessing a normal immune system.

**Immunodeficiency**

Breakdown in immunocompetence when certain parts of the immune system no longer function. This condition makes a person more susceptible to certain diseases.

**Infection**

State or condition in which an infectious agent invades part of the body and then multiplies and produces an active infection.

**Infectious**

An infection capable of being transmitted by direct or intimate contact (e.g., sex).

**Marijuana**

Intoxicating products of the hemp plant, cannabis (including hashish).

**Minor**

Applicants who have not reached their 18<sup>th</sup> birthday.

**Observer**

Person assigned to physically escort applicants to latrines, observe urine collection, and then escort them to deliver their specimens to coordinators.

**Overseas Processors**

Applicants processing outside the continental United States, Alaska, Hawaii, or Puerto Rico.

**Parent**

Either parent or legal guardian(s).

**Serum**

Clear, thin, and sticky fluid portion of the blood that remains after coagulation (clotting). Serum contains no blood cells, platelets, or fibrinogen.

**Symptoms**

Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient.

**T Cells**

T Lymphocytes are white blood cells, derived from the thymus gland, that participate in a variety of cell-mediated immune reactions.

**Tetrahydrocannabinol**

Active agent in marijuana or hashish.

**Transmission (disease)**

HIV is spread most commonly by sexual contact with an infected partner and enters the body through the mucosal lining of the vagina, vulva, penis, rectum, or, rarely, the mouth during sex. Transmission likelihood increases through factors that may damage these linings, especially other sexually transmitted diseases that cause ulcers or inflammation. HIV also is spread through contact with infected blood, most often by the sharing of drug needles or syringes contaminated with minute quantities of blood. Children can contract HIV from their infected mothers during pregnancy or birth, or postnatally through breast-feeding.

**Western Blot**

A laboratory test for specific antibodies to confirm repeatedly reactive ELISA or EIA results.