

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND
2834 GREEN BAY ROAD, NORTH CHICAGO, ILLINOIS 60064-3091

*USMEPCOM Regulation

No. 40-8

Effective: September 3, 2019

Medical Services

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

FOR THE COMMANDER:

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Deputy Commander/Chief of Staff

DISTRIBUTION:

Unlimited. This Regulation is approved for public release.

Executive 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).

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 agency of this regulation is HQ USMEPCOM, ATTN: J-7/MEMD-HPO. Users are invited to send comments and suggested improvements on [Department of the Army \(DA\) Form 2028](#), Recommended Changes to Publications and Blank Forms, or memorandum, to HQ USMEPCOM, ATTN: J-7/MEMD-HPO, 2834 Green Bay Road, North Chicago, IL 60064-3091.

Internal Control Process. This regulation is subject to the requirements of [Army Regulation \(AR\) 11-2 Internal Control](#) and contains internal control provisions and identifies key management controls that must be evaluated. Internal control checklists are in [Appendix K](#) and [Appendix L](#).

*This regulation supersedes USMEPCOM Regulation 40-8, March 28, 2017.

Summary of Changes

Minor revisions have been made to this USMEPCOM Regulation (UMR), changes are in **red text**. Information that is obsolete and will be deleted is in **red text** with **strikethrough**.

Incorporating changes effective September 3, 2019

- Throughout: Storage of HIV positive/Indeterminate records for 6 years –in line with the record management regulation (UMR 25-51 para 2-2)
- Paragraph 40-8; 1-4 k (11): Added At the minimum, this must be accomplished every 2 weeks.
- Paragraph 3-4 e (2): Added MEPS medical provider’s discretion to order psychiatric consultation to rule out Substance Use Disorder
- Paragraph 3-5 a, b: Delete marijuana, cocaine, or amphetamines
- Paragraph 4-14 b, (2): Deleted Do not proceed. Added: contact J-7 HIV/DAT Office for guidance
- Paragraph 4-3 (4): Added if the six month deferment period doesn’t populate with “5X”, manually assign the deferment period (RBJ date). Enter appropriate number for all PULHES except for "P=3T and ICD code REF.HV.
- Paragraph 5-9 b: Added the NSN for the new urine bottle
- Appendix C-1 d: Added the power point presentations on SPEAR and the Alco-Sensor FST online training are mandatory requirements for refresher training. The refresher training must be accomplished each fiscal year, not later than the anniversary of the last Alco-Sensor FST online training. The annual CBT certificate must be printed and kept in individual training folder.
- Appendix C-1 e: Added the online breathalyzer certificate for the current Fiscal Year
- Appendix C-7 b: Added MEPS medical providers discretion to order psychiatric consultation to rule out Alcohol Use Disorder
- Appendix D-6 a (1): Removed preferred
- Appendix D-6 a (3): Moved the note to the beginning of the subparagraph
- Appendix D-6 a (4): Deleted print last name and added with handwritten last name to the urine collection cup.
- Appendix D-6 b (6): Deleted program, added PDF and when USMIRS is down or there is loss of connectivity
- Appendix D-7 a: Added DAT Coordinator will ensure SSN, specimen number, and collection date on the specimen label are verified against the label on the DAT control log by the applicant. Added the label must be placed on the bottle before pouring urine into the bottle
- Appendix D-7 a (1): Added Note: Do not use a label with handwritten last name to ship specimens to drug testing laboratory
- Appendix D-7 b: Deleted the use of bottle tightener by drug coordinator
- Appendix D-9 f: Deleted each applicant
- Appendix D-9 h (8): Added the drug coordinator will ensure that the QA officer initials are at the bottom of the HIV/DAT control log and in the appropriate column QC checklist
- Appendix D-16 c (2): Added F for Fentanyl
- Appendix D-16 c (3): Added the positive drug code e.g. “POS F” for positive Fentanyl

- Appendix D-16 c (10) (b): Added Fentanyl and NorFentanyl to the USMIRS drug code table
- Appendix D-19 b: Deleted “MOC” and added annotate the result source as “J-7/MEMD”
- Appendix D-21: Deleted secured and added record transfer requirement
- Appendix E-4 c and E-7 a (7) (f): Added 1200 RCF for 10 minutes
- Appendix E-7 h: Added the QC checklist in the medical department in a locked cabinet
- Appendix E-11: Remove secured and added record transfer requirement
- Appendix F-6 f: Added HIV notification mock drill requirement
- Appendix F-8 a (1): Added Source of Result: Technician will identify the source of the results.

Enter “ZHM005” for USMIRS generated results or “J-7/MEMD” for source document sent from J-7 HIV Program Office.

- Appendix F-8 a (4): DD Form 2808 - Item 79: Annotate 5R work identification (WKID), add date and initials
 - Appendix F-8 b: Added on the same day
 - Appendix I Section III a(3): If the six month deferment period doesn’t populate with “5X”, manually assign the deferment period (RBJ date). Enter appropriate number for all PULHES except for "P=3T and ICD code REF.HV. The applicant will be ineligible to process for 180 days.
 - Appendix J-11: Added QA Officer will initial the “Daily QA Officer” line at the bottom of the HIV/DAT Testing Control Log and the QA officer column on the QC checklist
 - Appendix A Section I: Updated UMR 680-3 title
 - Appendix M Section II: Added applicant definition per UMR 680-3 glossary

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Chapter 1
General

1-1. Purpose

This regulation establishes policies, responsibilities, and procedures for conducting applicant Human Immunodeficiency Virus (HIV) and Drug and Alcohol Testing (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 [Appendix M, Glossary](#).

1-4. Responsibilities

a. USMEPCOM Command Surgeon (MECS)/Director J-7 Medical Plans and Policy Directorate (J-7/MEMD) will:

(1) Establish policy for applicant HIV/DAT programs in USMEPCOM

(2) Represent the command in policy, contractual, and laboratory performance matters pertaining to the applicant HIV/DAT programs.

b. Clinical Operations Division Chief (J-7/MEMD-COD) will:

(1) Provide consultation and assistance with policies and procedures, as requested.

(2) Provide necessary training assistance to Military Entrance Processing Stations (MEPS).

(3) Coordinate with Clinical Quality Division on HIV contract efforts/issues and HIV/DAT business and performance improvement efforts supporting the applicant HIV/DAT programs. Serve as the senior, expert clinician and recommending authority over the HIV/DAT Testing Programs, to include public health and medical preparedness.

(4) Monitor MEPS HIV/DAT programs for compliance with this regulation.

(5) Provide supervision of the HIV/DAT Program Office (J-7/MEMD-HPO).

c. J-7/MEMD-HIV Program Office (HPO) will:

(1) Instruct assigned Chief Medical Officer (CMO) and Medical Non-Commissioned Officer in Charge (NCOIC)/Supervisory Medical Technicians (SUP MTs) technical functions of the HIV/DAT program.

(2) Ensure compliance with applicable standards and regulations, in accordance with (IAW) USMEPCOM policy.

(3) Interact with other agencies or contracted testing laboratory personnel as required.

(4) Manage the HIV state-reporting program for HIV positive/indeterminate results.

(5) Ensure specimen collection and preparation procedures and respective USMEPCOM training programs are compliant with Occupational Safety and Health Administration (OSHA), Code of Federal Regulations (CFR), Department of Transportation (DOT), standards, etc.

(6) Coordinate with DoD and non-DoD entities as needed.

(7) Coordinate with Clinical Quality Division personnel on HIV contractual efforts/issues and HIV/DAT business and performance improvement efforts supporting the applicant HIV/DAT programs.

(8) Ensure completion of MEPS requests for assistance for the applicant HIV/DAT program through USMEPCOM J-3/Operations Directorate/Operations Center (J-3/MEOP-COO) tickets.

d. Accession Medicine Branch (AMB) Medical Management Analysts (MMAs) will:

(1) Be responsible for the operational control of the MEPS medical processing program.

(2) Provide staff assistance and individual training visits to MEPS.

(3) Ensure completion of MEPS requests for assistance for the applicant HIV/DAT program through USMEPCOM J-3/Operations Directorate/Operations Center (J-3/MEOP-COO) tickets.

(4) Review and recommend updates to USMEPCOM Regulations (UMR) and policies concerning the applicant HIV/DAT programs.

(5) Conduct trend analysis on MEPS HIV/DAT medical processes.

(6) Coordinate on HIV contractual efforts/issues and HIV/DAT business and performance improvement efforts supporting the applicant HIV/DAT programs.

e. Clinical Quality Division Chief (J-7/MEMD-QD) will:

(1) Provide consultation and assistance with policies and procedures, as requested.

(2) Provide business and performance process improvement and program evaluation support for the applicant HIV/DAT programs.

(3) Coordinate with the Clinical Operations Division on HIV contract efforts/issues and HIV/DAT business and performance improvement efforts supporting the applicant HIV/DAT programs.

f. Clinical Management Branch Chief (J-7/MEMD-QMD) will:

(1) Provide Contracting Officer Representative (COR) support for the HIV contract.

(2) Ensure HIV contract compliance including being responsible for submission of USMEPCOM monthly inspection reports via Virtual Contract Enterprise (VCE) to the HIV Contracting Officer (KO) at the Center for Healthcare Contracting (CHCC).

(3) Support CHCC efforts for HIV acquisition efforts.

(4) Coordinate with J-4/Facilities and Acquisition Directorate on USMEPCOM acquisition support for the HIV contract.

g. J-7/MEMD-QDP Programs Branch Chief will:

(1) Provide alternate COR support for the HIV contract.

(2) Provide assistance to the Clinical Management Branch for reconciliation of HIV invoice submissions.

h. Quality and Requirements Branch Chief (J-7/MEMD-QDM) will:

(1) Provide business and performance process improvement expertise in studying, analyzing and providing insight for the improvement of the applicant HIV/DAT programs.

(2) Coordinate with J-5/Strategic Planning and Transformation Directorate (J-5/MEPT) for program evaluation support and business improvement initiatives for the applicant HIV/DAT programs.

(3) Provide technical requirements support for Information Technology (IT) solutions impacting the applicant HIV/DAT programs.

(4) Coordinate with J-6/Information Technology Directorate (J-6/MEIT) on software lifecycle development and sustainment efforts supporting the applicant HIV/DAT programs.

i. Battalion Commanders and MEPS Commanders will:

(1) Be ultimately responsible for HIV positive/indeterminate administrative duties.

(2) Ensure HIV/DAT testing is conducted IAW this regulation.

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

(a) Applicant HIV/DAT program orientation.

(b) Training required by this regulation before beginning work and as necessary during employment (located on [SPEAR](#) under J-1 Training Development/Training Standardization)

(c) Understand required personal protective equipment (PPE), practices, and engineering controls IAW [UMR 40-9, Bloodborne Pathogen Program](#).

(4) Ensure all MEPS internal policies and procedures comply with this regulation.

(a) Coordinate with the J-7/MEMD-HPO for initial training with MEPS.

(b) Coordinate with the MEPS CMO, as the MEPS medical expert and authority on the clinical implementation of the MEPS applicant HIV/DAT testing programs.

(c) Include review of applicant HIV/DAT testing programs during routinely scheduled command inspection programs.

(d) Coordinate with J-7/MEMD-HPO and J-7/MEMD-COD physicians and MMAs on clinical and medical service issues associated with the implementation of the applicant HIV/DAT testing programs.

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

(6) Ensure the following for MEPS Medical Department Staff:

(a) CMOs, Assistant CMOs (ACMOs), medical technicians and verifiers are appropriately trained on the proper procedures for HIV/DAT testing, shipping specimens and recording results. Medical technicians and verifiers must be appointed via appointment letter/orders.

(b) Semiannual CMO reviews include the internal evaluation of the applicant HIV/DAT testing programs per the Internal Control Evaluation Checklist ([Appendix L](#)).

(c) Quality of specimens.

(d) Quality of documentation.

(7) Ensure the following documents are complete for positive/indeterminate HIV results. Ensure these documents are forwarded to J7.

(a) [DD Form 2808, Report of Medical Examination.](#)

(b) [DD Form 2807-1, Report of Medical History.](#)

(c) [DD Form 2807-2, Medical Prescreen of Medical History Report \(pages 2-6, without attached medical documents\).](#)

(d) First Letter of Notification (FLN HIV)/Parent of Minor Letter of Notification (PMN HIV).

(e) Recruiting Service Memorandum of Advisement (RS-MOA).

(8) Ensure CMO sends FLN HIV/Minor Letter of Notification PMN HIV via certified mail to applicant and parent/guardian of minor on the same day results are received.

(9) If unsuccessful on first attempt ensure Second Letter of Notification (SLN HIV)/Second Parent of Minor Letter of Notification (SPMN HIV) and is sent via certified mail.

(10) Notify respective Recruiting Service telephonically and via certified letter the same day results are received.

(11) Request Recruiting Service Letter of Assistance Required (RS-LOAR) if unable to contact applicant.

(12) Notify Unit Commander if applicant is currently in the military.

(13) Ensure applicant medical files are maintained in a locked/secure area.

(14) Conduct HIV Positive/Indeterminate Counseling Interviews w/applicants and perform the following:

(a) Confirm applicant identification.

(b) Ensure all required paperwork is present for Positive/Indeterminate counseling (i.e. Checklist).

(c) Ensure the following are conducted properly:

1. Explanation of results.

2. Explanation of permanent disqualification/additional testing.

3. Provide further health evaluation information to local testing resources near applicant home of record (HOR).

4. Private Medical Doctor Letter.

5. Provide Facts about HIV.

j. MEPS CMOs will:

(1) Supervise all medical technicians to ensure the quality of applicant HIV/DAT processing IAW this regulation.

(2) Be the principal MEPS medical staff officer and authority in medical decisions for the execution of the MEPS HIV/DAT testing programs.

(3) Ensure all medical staff is fully trained in conducting all aspects of the MEPS applicant HIV/DAT programs.

(4) Prepare and conduct semiannual training and inspections of the medical department to ensure compliance with USMEPCOM HIV/DAT program policies.

(5) Ensure Occupational Safety and Health Administration (OSHA) requirements are met for all medical personnel.

(6) Ensure all HIV positive/indeterminate lab results are properly annotated on the applicant's [DD Form 2808](#), blocks 77, 78, or 88 and annotate the correct number of additional forms (e.g. lab results) in block 87. Date and sign the results and note "Reviewed & Considered".

k. MEPS Medical Department NCOIC/ SUP MTs will:

(1) Supervise all medical technicians to ensure the quality of applicant HIV/DAT processing IAW this regulation.

(2) Ensure applicant HIV/Drug testing acknowledgements are signed by an applicant prior to the applicant providing specimens.

(3) Ensure all phases of the examination are completed, that quality control of medical records is performed, results are recorded, entries are legible and complete, and current policies are followed before applicants leave the medical department and return to their respective service liaisons.

(4) Schedule and conduct on-the-job training.

(5) Ensure medical technicians are thoroughly familiar with all phases of applicant HIV/DAT program procedures.

(6) Ensure medical equipment is maintained and repairs are timely.

(7) Check medical equipment daily for proper function and calibration.

(8) Ensure compliance with preventive maintenance procedures.

(9) Ensure cleanliness and supervise policing of the MEPS medical examining area.

(10) Ensure supplies are not expired and HIV specimen tubes are rotated in a timely manner so they do not expire.

(11) Ensure HIV supplies are counted and verified against information in Spectra-Path. **At the minimum, this must be accomplished every 2 weeks. If there are any discrepancies, edit your MEPS inventory directly in Spectra-Path at <https://www.spectrapath.net/login.aspx>.** Document and report discrepancies and notify J-7/MEMD-HPO and HIV contract COR in J-7/MEMD immediately.

(12) Ensure HIV/DAT Programs are incorporated into weekly CMO-directed departmental and semi-annual training.

(13) Ensure OSHA and Material Safety Data Sheets (MSDS) requirements are met for all medical personnel.

(14) Complete all required taskings within the established time period.

(15) Ensure all HIV Positive and Indeterminate records are maintained in a locked/secure area.

l. Directors, Special Staff Officers, and Sector Commanders will be knowledgeable of program policies and procedures and coordinate all HIV/DAT-related actions through J-7/MEMD-HPO.

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

n. Director, J-8/Resource Management Directorate (J-8/MERM) and J-1/MEHR will provide financial and logistical support for HIV/DAT courier services.

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- o. Inspector General (MEIG) will monitor compliance with regulations and policies.
- p. Public Affairs Officer (MEPA) will:
 - (1) Coordinate information regarding programs with HIV/DAT Program Manager.
 - (2) Respond to all HIV/DAT media inquiries.

1-5. Internal Control Checklists

This regulation establishes the use of the internal control evaluation checklists at [Appendix K](#) and [Appendix L](#). Users of the checklists will use [Department of the Army \(DA Form 11-2, Internal Control Evaluation Certification Statement\)](#) to document internal control evaluations.

Chapter 2

Administrative Procedures

2-1. Applicant Testing Requirements

All applicants receiving medical examinations at MEPS will receive drug, alcohol, and HIV tests. Refer to [Appendix B](#) for more information. MEPS personnel will not test DoD non-applicants for HIV without a complete medical examination. Exceptions will be coordinated through J-3/MEOP-COO Ticket and J-7/MEMD-HPO. When an applicant's medical examination is deferred due to a significant discrepancy between the medical prescreen form and the medical history or for any other reason, any HIV and/or drug specimens collected from the applicant must be shipped to the respective testing laboratories. All medical forms must be annotated appropriately.

2-2. Testing Procedures

During pre-accession medical examinations, applicants and officer candidates requiring MEPS testing will receive a breath alcohol test, provide a urine sample for drug testing, and a blood test for HIV. MEPS personnel will test applicants for alcohol use per National Highway Traffic Safety Administration (NHTSA). Only NHTSA approved breathalyzers will be utilized. Drug and HIV testing will only be conducted at DoD-certified testing laboratories.

2-3. Refusal to Test

a. Applicants who refuse alcohol, drug, or HIV testing (not to be confused with those that are unable to provide a specimen) 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. Escort applicants who refuse testing to the CMO for evaluation.

b. Applicants who initially refuse Drug, Alcohol and HIV testing are referred to the CMO. The applicant will be allowed to continue processing at the CMO's discretion. Once the applicant physically leaves the MEPS medical department all processing is stopped.

c. Once a refusal to test is entered into the 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 written request from the applicant through the MEPS Commander via J-3/MEOP-COO ticket. 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 computer generated results.

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.

c. If the applicant produces a result from a source other than a Military Treatment Facility (MTF), the MEPS will submit a MOC ticket via J-3/MEOP-COO to J-7/MEMD-HPO.

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. All Services have agreed to accept overseas processors with their medical examinations as completed in the overseas treatment facility 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 if provided using specimen number 99999999 and results from Composite Health Care System (CHCS) printouts. The MEPS must complete a physical inspect on the applicant prior to shipping. If applicants HIV/DAT results are pending the MEPS must submit a J-3/MEOP-COO ticket to J-7/MEMD-HPO.

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

For Army and Army reserve applicants whose medical exam was performed in above name places, please refer to [USAREC Regulation 601-96, Enlistment, Accessions, and Processing Procedures](#) Appendix V for guidance.

2-7. Outside Agencies Requesting Information

- a. MEPS will not release information to any agencies (i.e. State, Local and Counties) under any circumstances. Inquiries should be submitted to J-7/MEMD-HPO Program Manager for release.
- b. HIV State Notification (Refer to [Paragraph 5-3](#) Releasing information to the States).

2-8. Testing Civilian Employees/Military Personnel

- a. [DoDI 1010.9, DoD Instruction Civilian Employee Drug Abuse Testing Program](#), specifically forbids drug and alcohol testing of 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 the local civilian personnel office for assistance.
- b. MEPS will test civilian employees only if processing as an Armed Forces applicant.
- c. Military Personnel assigned to MEPS see [Appendix B](#).

2-9. 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, HIV/DAT testing.

2-10. Temporary Disability Retired List (TDRL) Examinations

Members removed from TDRL and found fit for duty may process through the MEPS. Do not conduct HIV/DAT tests for these applicants. If testing occurs and positive results return, MEPS must immediately notify J-7/MEMD-HPO. If a member with positive HIV results is removed from TDRL and found fit for duty, MEPS must immediately notify the J-7/MEMD-HPO. J-7/MEMD-HPO 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.

2-11. Missing Specimen Shipments

If USMIRS ZHM002/5 rosters do not contain results after 3 working days from date of testing, complete the following:

- a. Track the specimens using the courier's website.
- b. Submit J-3/MEOP-COO ticket to J-7/MEMD-HPO with search results (i.e. Tracking number, Air bills, Control Log/Screening Record, Date of Collection).

2-12. Communication with Testing Laboratory

MEPS will not contact the laboratory directly under any circumstances. Refer all questions or comments concerning testing, laboratory procedures, lost specimens, or laboratory performance to J-7/MEMD-HPO.

2-13. Transcribing Results

a. The validity period of HIV/DAT results is two years or until expiration of the physical examination. Once the physical examination has expired, the HIV/DAT results are also expired. Transcriptions of expired results are not authorized. HIV/DAT specimens must be redrawn and results received prior to accession into active duty or shipping to training center. 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/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/DAT tests, the MEPS Medical Department 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 not 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 DAT and HIV are to be performed.

(2) When performing a new physical, the DAT and HIV must be repeated with the new physical, regardless of the last DAT/HIV test/retest.

(3) If the original physical has been lost and a new physical is being performed, ensure DAT and HIV results are posted prior to accession to active duty or shipping.

Chapter 3 Drug and Alcohol Testing Policy (DAT)

3-1. DoD Policy

Secretary of Defense has approved the DoD Pre-accession DAT testing policy required by Title 10, USC, 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; they must comply with Joint Department of Defense and [Department of Homeland Security Policy, Department of Defense Instruction \(DoDI\) 1010.16, Technical Procedures for the Military Personnel Drug Abuse Testing Program \(MPDATP\)](#).

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. **Note:** [Appendix C](#) and [Appendix D](#) for refusal to provide specimen.

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.

e. MEPS medical departments must complete [DA Form 2823, Sworn Statement](#) when specimen errors occur and the specimens are placed on hold by the testing laboratories. The technician will explain in detail the process of handling specimens. The statement must express whether the specimens were secured at all times or not, and that there were no breaks in the chain of custody. Lastly, the sworn statement should indicate what type of remediation actions/training will be conducted to ensure that the error does not occur again. Include a listing of the specimen(s) affected within the sworn statement and forward to J-7/MEMD-HPO Program Manager.

3-2. Pre-Accession Alcohol and Drug testing

a. Pre-accession alcohol test procedures are located in [Appendix C](#).

b. Specific instructions for urine observation, coordinators' responsibilities, and paperwork completion are located in [Appendix D](#).

c. Medical Processing Day: The MEPS medical examination begins once the applicant has been properly checked into the medical department. If the CMO, ACOMO, or FB-CMO is deferring the applicant medical examination as specified in USMEPCOM regulation 40-1, the CMO/ACMO/FB-CMO will determine which parts of the medical exam (including alcohol and drug tests) can still be completed. Any

applicant who does not provide a specimen within 3 working days will be considered a refusal to provide a drug specimen. The applicant will be placed in a 180-day disqualification period beginning on the day of the medical examination.

Note: Any authorization to return and provide drug specimen beyond 3 working days require an ETP from J-7/MEMD via the MOC system. Discontinuation of applicant processing by the CMO/ACMO/FB-CMO, for a medical reason, is not considered BAT/DAT/HIV refusal.

3-3. 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 should be discharged from the DEP or Reserve Component within 30 days.

b. When applicants receive positive results, they should be discharged from the DEP or Reserve Component within 30 days. 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. The applicant must be discharged in MIRS before providing another urine specimen. Applicants will be allowed to enter the DEP or Reserve Component (if otherwise qualified) pending receipt of negative results.

3-4. Deferment/Disqualification Periods

a. [Title 10, USC Section 978](#) and DODI 1010.16 require disqualification of all persons receiving positive results from further MEPS processing for military service. Those persons must be discharged from the DEP (by the respective Service) immediately or USMIRS will perform discharge within 30 days of receipt of positive results. Positive results and deferment period lengths are not negotiable and cannot be waived. A positive drug test constitutes use. 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:

An applicant with positive drug test results will be found ineligible for further processing until the eligibility period has expired. 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. After the Reevaluation Believed Justified (RBJ) date, 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 [Title 10, USC Section 978](#) and DODI 1010.16, 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.

b. When applicants test positive for alcohol, the following disqualification periods apply:

(1) Disqualification Period (First Positive Test). Applicants testing positive for the first time for alcohol are not eligible for military service for a period of 45 days from the date of the test. Applicants may, at Service discretion, return for subsequent testing and MEPS processing, if appropriate, on the 46th day following the date of the first positive test.

(2) Disqualification Period (Second Positive Test). Applicants testing positive on a subsequent test are not eligible for military service for a period of 24 months (730 days) from the date of the second

positive test. Applicants may, at Service discretion, return for subsequent testing and MEPS processing, if appropriate, on the 731st day following the date of the second positive test.

(3) Disqualification Period (Third Positive Test). Applicants testing positive on a third alcohol test will be permanently disqualified for military service.

(4) Use of Alcohol. The Services may implement more restrictive standards of applicant qualification and disqualification for use of alcohol. If an applicant tests positive for both alcohol and drugs on the same processing day (date of test), this will be counted as one positive test. An applicant testing positive for alcohol on one day and positive for drugs on a subsequent day (or vice versa), will be counted as two positive tests.

(5) Combined Use of alcohol and Drugs. The Services may implement more restrictive standards of applicant qualification and disqualification for use of drugs or alcohol. If an applicant tests positive for both alcohol and drug(s) on the same day, this will be counted as one positive test. An applicant testing positive for alcohol on one day and positive for drug(s) on a subsequent day (or vice versa), will be counted as two positive tests.

c. When applicants test positive for any drug on the testing panel, the following disqualification periods apply:

(1) Disqualification Period (First Test). Applicants testing positive for the first time for any drug on the testing panel are not eligible for military service for a period of 90 days from the date of the test. Applicants may, at Service discretion, return for subsequent testing and MEPS processing, if appropriate, on the 91st day following the date of the first positive test.

(2) Disqualification Period (Second Test). Applicants testing positive for any drug on the testing panel on the second test are permanently disqualified for military service.

d. Applicants testing positive for a combination of testable drugs or alcohol and testable drugs are processed as follows:

(1) An applicant testing positive for a combination of drugs on one specimen will be counted as one positive test and processed pursuant to the drug positive standard covered in Paragraph 3-4 c. (1).

(2) An applicant testing positive for alcohol or drugs on one specimen (at any time) and who subsequently tests positive for drugs will be permanently disqualified from military service.

(3) An applicant testing positive for alcohol and drugs on one specimen (at any time) and who subsequently tests positive for alcohol will be processed pursuant to Paragraph 3-4 b. (2).

(4) If the applicant provides a third positive specimen for alcohol, the applicant will be permanently disqualified for military service pursuant to Paragraph 3-4 b. (3).

e. The Military Services may implement more restrictive standards of applicant qualification and disqualification. Implementation responsibilities are as follows:

(1) The Secretaries of the Military Departments will not process applicants in the (DEP) for military service if they are deemed ineligible under the policies set forth herein. Guidelines for in-service testing programs remain unchanged by this policy memorandum.

(2) The Commander, USMEPCOM has designated the HIV/DAT Program Manager to coordinate with DoD-approved testing laboratories to maximize efficiency of testing. The individual MEPS will notify applicants of positive drug results in writing and encourage the applicant to seek treatment and provide them with a list of appropriate resources. **MEPS medical providers, at their discretion and based upon their level of suspicion for substance misuse, may refer an applicant who tests positive for drug(s) for psychiatric consultation to document that the individual does not meet the criteria for a Substance Use Disorder.**

(3) Applicants who deliberately attempt to contaminate or submit a fraudulent specimen (i.e. diluted, “false bladder”, tampered, or someone else’s specimen) are permanently disqualified and will not be allowed to return to the MEPS to process. (See [Paragraph 3-7](#) and [Appendix D-15](#) for USMIRS coding)

3-5. Test Results

Testing laboratory transmits results to USMIRS each night through electronic interface.

- a. Negative results mean the initial screens were negative for specimens tested ~~for marijuana, cocaine, and amphetamines~~; IAW [DoDI 1010.16](#) and no further tests were performed.
- b. Positive results mean the initial screens detected drug levels that exceeded DoD standards ~~for marijuana, cocaine, or amphetamines~~ and were confirmed IAW [DoDI 1010.16](#).

3-6. Canceled Specimens

- a. Cancellation codes indicate specimens were unsuitable for testing. The laboratory transmits a two-position numeric cancellation code instead of alpha result codes to USMIRS.
- b. Cancellation codes are located on the USMEPCOM Intranet ([SPEAR](#)) under Headquarters; J-7/MEMD-HPO.
- c. Applicants must return to the MEPS for repeat drug testing to receive negative results prior to shipping. MEPS personnel are required to give the record to the CMO. The CMO will update PUHLES (with a zero under the “S”). Flag records using [USMEPCOM Form \(UMF\) 601-23-2-E, Records Flag](#) for all cancelled/positive specimens. The Service Recruiting Headquarters may not grant an exception to policy to ship with results pending. (Refer to [Paragraph 3-8](#) Exception to Policy)

3-7. 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 submit their specimen to the coordinator.
- c. To avoid contamination, transfer urine specimen into a labeled specimen bottle before performing the Urine/Protein/Glucose dip stick test.
- d. Deliberately contaminated specimens are those altered by adding foreign substances such as water,

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soda, soap, juice, bleach, etc. Save deliberately contaminated specimens and immediately notify the J-7/MEMD-HPO Program Manager through a J-3/MEOP-COO ticket. The applicant will be permanently disqualified for tampering with drug specimens. The specimen will be collected and shipped to the laboratory for drug testing. Notify the MEPS Commander who is responsible for obtaining sworn statements by all parties involved. 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. Send copies of sworn statements to the J-7/MEMD-HPO Program Manager. (See [Appendix D](#))

e. Accidentally contaminated specimen. Accidental contamination occurs if applicants drop cups onto floor, into toilet, or into urinal before, during, or after specimen collection. In addition, contamination occurs if coordinator performs urine protein/glucose dipstick test prior to transferring specimen into specimen bottle. Discard accidentally contaminated specimens and have applicant provide another specimen.

f. 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.

3-8. Exception to Policy

Do not access applicants in Regular Component or ship enlistees to basic training or duty stations without negative results or a Service Medical Waiver Authority exception to policy.

a. Only the respective Service Medical Waiver Authority (SWRA) will grant Exception to Policy (ETP) for any portion of the DAT testing program.

b. MEPS Commanders will NOT grant or request exceptions to policy for any portion of the DAT testing program, regardless of circumstances.

c. Service GC/Liaison identifies applicants requiring an ETP to ship pending DAT results. The Service Liaison will contact the respective Service Medical Waiver Authority to obtain an ETP. Once the ETP documentation has been received, it will be forwarded to the MEPS medical personnel. MEPS Medical personnel will submit a J-3/MEOP-CO ticket for the GC. The MEPS will send the following information and documents to the ticket assignee via encrypted e-mail :

- (1) Applicant L/Name, F/Name.
- (2) Applicant SSN.
- (3) Service Processed For (SPF).
- (4) Projected Ship Date.
- (5) Service Medical Waiver Authority copy of ETP approval.
- (6) Reason for ETP to Ship with Result(s) Pending (specify any previous results).
- (7) Applicant DD Form 2807-1 and DD Form 2808
- (8) Applicant DAT control log and Urine Sample Custody Document (USCD)

(9) Copies of any previous MEPS physical exam (if available).

d. **CRITICAL:** When performing a new DAT test, the MEPS Medical NCOIC/SUP MT will ensure a new specimen number is used. Once J-3/MEOP-CO receives the ETP from the MEPS, J-7/MEMD-HPO 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/MEOP-CO. If an ETP is granted, the MEPS must process the applicant manually IAW [UMR 680-3, Entrance Processing and Reporting System Management](#) Follow-on requirements for the MEPS include:

Update the records with accession and ship data in USMIRS after HIV or drug results post.

e. These items do not fall under ETP:

(1) Applicants whose specimens were not taken.

(2) Applicants whose specimens were canceled, but were not retaken.

(3) Applicants receiving positive initial test are not allowed to ship until results are posted or confirmed.

(4) MEPS to MEPS packet transfer will not occur until results are posted and verified by testing MEPS.

3-9. USMEPCOM Form 40-8-1-E Drug, Alcohol, and HIV Testing Acknowledgment Form

[UMF 40-8-1-E](#) is the only document used as a DAT acknowledgment form for specimens collected in the MEPS. Its use is mandatory for all MEPS. This is a 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 DAT tests in the MEPS must complete and sign acknowledgment forms before providing specimens for testing.

a. Briefers will provide each applicant a copy of [UMF 40-8-1-E](#). Briefers will query applicants for 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, sign and fully understand acknowledgment forms. There are no exceptions.

c. Do not allow applicants who refuse to complete and sign form to continue processing.

Note: See [Appendix C](#) and [Appendix D](#) for refusal to provide specimen.

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.

3-10. Notification Responsibility

a. Notify Recruiting Service of results: Service Liaison with authorized access to USMIRS is sufficient for notification of drug results. MEPS will not provide paper copies.

b. Notify applicants of positive results: CMO, ACOMO or Fee Basis CMO 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 [SPEAR](#) under Headquarters; J-7/MEMD-HPO and [Appendix H](#).

(1) The CMO, ACOMO or Fee Basis CMO will ensure that the applicant is aware of confidential testing/counseling locations that may be near the applicant's home and can be used as possible resources for further information/counseling. A list of locations near the applicants' home of record (HOR) from Substance Abuse & Mental Health Services Administration, U.S. Department of Health and Human Services (SAMHSA) website, <http://findtreatment.samhsa.gov> will be printed & included with the notification letter.

(2) Place letter in a sealed envelope and use certified mail. Keep the certified mail receipt (PS Form 3800) original or copy with a copy of the applicant letter.

(3) Maintain a copy of the letter in the applicant's medical record and in a medical administration file maintained by month and year. The medical administration file will be retained under Record Number RN 40/500A, "General Medical Services Files" (may insert applicant info to file by applicant). Keep in office file until record is 2 years old, then destroy (see [Appendix A, Section III](#)).

c. If applicant is a minor send additional letter to parents/guardian. Notify minor's parents of positive results: CMO, ACOMO or Fee Basis CMO must notify minor's parents of positive results by letter and advise the parents or guardians that their son/daughter is 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 [SPEAR](#) under Headquarters; J-7/MEMD-HPO; Training Tools; and [Appendix H](#).

Note: If minor applicant has two parents, Parent of Minor Notice must be sent to both parents. If both parents have the same address and the same last name, the letter may be addressed as Mr. and Mrs.

d. 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 [SPEAR](#) under Headquarters; J-7/MEMD-HPO; Training Tools.

(1) CMO, ACOMO or Fee Basis CMO will notify the parents of all minors receiving positive drug or alcohol results. See the note in sub-Paragraph 3-10c above.

(2) When MEPS collect specimens for drug testing, CMO, ACOMO or Fee Basis (FB) CMO will notify applicants of positive results by mail within 1 workday after receipt of results via USMIRS ZHM002 roster or J-3/MEOP-CO ticket. If results are received at the MEPS on a non-working Saturday, Sunday, or federal holiday, CMO, ACOMO or Fee Basis CMO will notify applicants on the next regularly scheduled workday.

(3) Use letters that are located on [SPEAR](#) under Headquarters; J-7/MEMD-HPO; Training Tools or [Appendix H](#) 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.

(4) Do not pass notification responsibility to another person or command.

(5) CMO, ACOMO or Fee Basis CMO will notify applicants of disqualifying results, and provide a

list of civilian drug treatment facilities. After deferral period applicant may return for Re-DAT at the Service's discretion.

(6) CMO, ACOMO or Fee Basis CMO will evaluate applicants who self-report drug usage or test positive for drugs. For diagnosis of abuse or dependency, document interviews on [DD Form 2808](#), block 73 or 88. CMO will notify applicants of diagnosis and associated disqualification; give applicant a list of civilian drug treatment facilities. **Note:** If specimens are collected outside the MEPS, that testing facility is responsible for notification.

3-11. Test Reconsiderations and Waivers

MEPS Commanders may request retests for persons testing positive for drugs if reasonable doubt exists that MEPS employees utilized proper laboratory testing and collection procedures, or if USMEPCOM or the testing laboratory reported inaccurate results. Requests will be routed through J-3/MEOP-CO (MOC) to J-7 HIV/DAT Program Office

3-12. Waiver Requests (Other Conditions)

Applicant(s) with positive drug results must complete prescribed disqualification periods before medical waivers are allowed. Applicants with positive results will not process or ship.

3-13. Station Advisory Reporting Network (STARNET)

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

3-14. Drug and Alcohol Testing (Probable Cause)

a. Applicants may appear to be intoxicated or impaired by drugs when arriving at MEPS for processing or shipping. [Title 10, USC Section 978](#) and [DoDM 1145.02, 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, ACOMO or Fee Basis CMO for evaluation; CMO, ACOMO or Fee Basis CMO 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, ACOMO or Fee Basis CMO determines that an applicant may be intoxicated, the MEPS may conduct another breath alcohol test IAW [Appendix C](#). If the 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 applicant 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 to be impaired; have passed the alcohol test and are not found to have a potential medical condition by the CMO, ACOMO or Fee Basis CMO will be allowed to continue processing only after consultation with the appropriate Service Recruiting Headquarters.

Chapter 4 HIV Testing

4-1. DoD Policy

[DoDD 6130.03 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 who have repeated indeterminate results on the redraw.

4-2. Persons to be Tested

Test all applicants receiving medical examinations at the MEPS. Applicants who have a current physical examination may also be re-tested as described in [Paragraph 4-15](#) below. HIV specimens will not be collected for:

- a. Recruiting Service personnel.
- b. MEPS staff members.
- c. DoD non-applicants unless scheduled for a complete MEPS physical for the purpose of medical processing.

4-3. Disqualify Applicants

a. Permanently disqualify all applicants confirmed HIV positive or indeterminate under the following conditions:

(1) Applicants who test positive or indeterminate on initial testing, 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 reconsider and return for second tests, and the record has been forwarded to J-7/MEMD-HPO, MEPS will contact J-7/MEMD-HPO for authorization for re-testing. MEPS will submit requests to J-7/MEMD-HPO through J-3/MEOP-CO.

(3) Applicants who refuse to test.

(a) Update USMIRS using Medical Data Screen MD01.

(b) Enter "B020" with status code "J."

(4) 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 9's in all other medical data fields, enter appropriate number for all PULHES except for "P=3T", enter "5X" for HIV result and enter "TT" or "ZZ" for drug result. **If the six month deferment period doesn't populate with "5X", manually assign the deferment period (RBJ date). Enter appropriate number for all PULHES except for "P=3T and ICD code REF.HV.** The applicant will be ineligible for 180 days.

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(5) Once a refusal to test is entered into USMIRS, the applicant is disqualified for 180 days from date of refusal. USMIRS will assign an eligibility date. That disqualification date may be removed only upon written request from the applicant through the MEPS Commander via J-3/MOC ticket.

(6) Applicant must meet with CMO, ACOM or Fee Basis CMO to review disqualification prior to collection of an HIV specimen. Annotate counseling/notes on [DD Form 2808](#) Block 88.

4-4. Identifying Specimens

a. Specimens must be collected and shipped in the same serum separator tube (SST). Tubes must have bar coded labels 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 [UMF 40-8-20-E](#) in the presence of the HIV Technician. If this does not occur, the chain of custody is incomplete and results cannot be supported. Refer to [Appendix E](#) for HIV Testing Procedures.

4-5. Test Results

Testing laboratory will transmit results to USMIRS daily. Result codes are listed on [SPEAR](#) under Headquarters; J-7/MEMD-HPO.

a. Negative results mean the initial screen was negative and no other tests were performed. "5B" indicates negative test results on the USMIRS ZHM005 roster.

b. Positive results mean the initial screen and confirmation tests both were positive. The DoD certified contracting laboratory confirms all positive results and transmits them to USMIRS. The "5D" code indicates positive results. If positive results are received, initiate the PTC integrity [UMF 40-8-13-E](#). See [Appendix F](#) (Indeterminate/Positive Procedures).

(1) 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 the PTC integrity [UMF 40-8-13-E](#). See [Appendix F](#) Indeterminate/Positive Procedures.

(2) A "5C" result is recorded when the applicant's initial screening HIV specimen at the contracting laboratory is reactive with confirmatory screening (Western Blot) negative. This code will be corrected by J-7 HIV Program Office and the MEPS will be sent the appropriate source document.

c. Cancellation codes mean specimens were unsuitable for testing. When this happens, MEPS will receive a two-position numeric cancellation code instead of alpha-numeric result codes. Document the numeric cancellation code on the HIV control log. 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 [UMF 601-23-2-R-E](#), "Records Flag" to flag records for all cancelled specimens so applicants can provide specimens when they return to the MEPS. The CMO will update PULHES on DD Form 2808 with "zero" under the "P" and have USMIRS updated. Cancellation codes can be located on [SPEAR](#) under Headquarters; J-7/MEMD-HPO.

4-6. Exceptions to Policy for HIV

Do not access applicants in Regular Component or ship enlistees to basic training or duty stations without negative HIV results.

a. Only the respective Medical Service Waiver Authority (SWA) will grant Exception to Policy (ETP) for any portion of the HIV testing program.

b. MEPS Commanders will NOT grant or request exceptions to policy for any portion of HIV testing results regardless of circumstances.

c. Service GC/Liaison identifies applicants requiring an ETP to ship pending HIV results. The Service Liaison will contact the respective Service Medical Waiver Authority to obtain an ETP. Once the ETP documentation has been received, it will be forwarded to the MEPS medical personnel. MEPS Medical personnel will submit a J-3/MEOP-CO ticket for the GC. The MEPS will send the following information to the ticket assignee via encrypted e-mail:

- (1) Applicant L/Name, F/Name.
- (2) Applicant SSN.
- (3) Service Processed For (SPF).
- (4) Projected Ship Date.
- (5) Service Medical Waiver Authority copy of ETP approval.
- (6) Reason for ETP to Ship with Result(s) Pending (specify results).
- (7) Applicant DD Form 2807-1 and DD Form 2808.
- (8) Applicant HIV control log and HIV Screening Record.
- (9) Copies of any previous MEPS physical exam (if available).

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

d. **CRITICAL:** When performing a new HIV test, the MEPS Medical NCOIC/SUP MT will ensure a new specimen number is used. Once J-3/MEOP-CO receives the ETP from the MEPS, J-7/MEMD-HPO 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/MEOP-CO. If the ETP is granted, the MEPS must process the applicant manually IAW (USMEPCOM Regulation) [UMR 680-3, Entrance Processing and Reporting System Management](#). Update the records with accession and ship data in USMIRS after HIV results post.

These items do not fall under ETP:

- (1) Applicants whose specimens were not taken.

(2) Applicants whose specimens were canceled.

(3) Applicants receiving positive or indeterminate results on initial testing are not allowed to ship until negative results are posted and confirmed.

4-7. Reversals

Reversals occur when positive or indeterminate first test results are followed by negative second test results. This requires certain documents to be retained in a shadow file.

a. Documents in the shadow file will be sent via encrypted email to J-7/MEMD-HPO:

(1) Letter of Clearance Redraw for Follow on Testing Letter of Clearance (R-FOT-L-CLR).

(2) All certified mailing receipts sent to applicant and recruiting service.

(3) [DA Form 1613, Record Cross-Reference Sheet](#)

(4) Copy of the PTC integrity [UMF 40-8-13-E](#).

(5) Copy of [UMF 40-8-15-E, HIV Positive Initial Notification Counseling Checklist](#).

(6) Copy of [UMF 40-8-16-E, HIV Antibody Testing Indeterminate or Positive Notification](#).

(7) Copy of [UMF 40-8-19-E, HIV Indeterminate Initial Notification Counseling Checklist](#).

b. MEPS are required to maintain a shadow file with the same information for 6 years from the initial test date. Retain shadow file in a secured manner under Record Number 600-110a/600A, "HIV Program Management". Keep in office file for 6 years, then destroy (see [Appendix A, Section III](#)). **Note:** Maintain copies in a locked cabinet in the MEPS Medical Department.

4-8. 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. See [Paragraph 4-6](#).

4-9. USMEPCOM Form 40-8-1-E Drug, Alcohol, and HIV 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. This is a 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 with a copy of [UMF 40-8-1-E](#). Briefers will query applicants for questions and will answer all questions to ensure the form is fully understood before continuing the brief or conducting tests.

b. Do not medically test applicants who fail to complete, sign and fully understand acknowledgment form. No exceptions.

c. Do not allow applicants who refuse to complete and sign the form to continue processing. See

[Paragraph 4-3.](#)

d. Recruiting Service and MEPS employees will not complete any portion of the [UMF 40-8-1-E](#); including stamping, printing, or writing names, dates or SSNs unless forms are computer generated.

4-10. Notification Responsibility

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

a. CMOs, ACMOs, Fee Basis CMO with MEPS Commander approval, will notify applicants of positive and indeterminate results. Commanders or Acting Commanders will be present during all positive and indeterminate HIV notification counseling. The MEPS conducting the initial laboratory tests are responsible for notification. Notification responsibility will not be passed to another person or command. ETPs will be coordinated with the J-7/MEMD-HPO.

b. The original testing facilities are responsible for the applicant notification.

c. The CMO/ACMO/ Fee Basis CMO will be knowledgeable / proficient with the HIV Positive and Indeterminate documentation listed in [Appendix F](#) and [Appendix G](#).

4-11. Unit Commander Notification

Service members (Active or Reserve Components) are not authorized for testing by the MEPS. MEPS Commanders will notify Unit Commanders by certified mail of positive or indeterminate results for service members attached to a unit or processing with a conditional release ([DD Form 368, Request for Conditional Release](#)).

4-12. Advise J-7/MEMD-HPO Program Manager of Positive/Indeterminate Results

a. The MEPS will send copies of the following documents digitally encrypted to J-7 HIV/DAT Program Office immediately after receiving positive/indeterminate results:

- (1) [DD Form 2808](#).
- (2) [DD Form 2807-1](#).
- (3) [DD Form 2807-2 \(without attached medical documents\)](#).
- (4) FLN (First Letter of Notification).
- (5) Minor Letter Notification (If applicable).
- (6) Recruitment Service Memorandum of Advisement (RS-MOA).

b. Receiving the documents above from the MEPS is CRITICAL given the various state timelines for reporting positive and indeterminate HIV cases.

4-13. Sponsoring Service Transportation Obligation

DoD policy requires Recruiting Service personnel to:

- a. Escort applicant to the MEPS for counseling.

- b. Escort applicant home after counseling.

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

4-14. Attendance at Notification Counseling

- a. Notification of adults

(1) Do not notify parents of emancipated minors of Positive or Indeterminate HIV test results. 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. Use standardized letters located on [SPEAR](#) under Headquarters; J-7/MEMD-HPO and [Appendix G](#) to notify applicants of positive or indeterminate HIV test results.

(2) Adult applicants will be notified of results by certified letter immediately upon receipt of test results. Use standardized letters located on [SPEAR](#) under Headquarters; J-7/MEMD-HPO to notify all applicants with Positive or Indeterminate test results.

(3) When the applicant returns to MEPS for results notification, the CMO/ACMO/FB-CMO will conduct the private counseling with MEPS Commander/Acting MEPS Commander and applicant in attendance. MED NCOIC/Sup MT may attend at the Commanders/CMO's discretion. The CMO/ACMO/FB-CMO will provide the preventive health counseling at this time.

(4) Never permit Recruiting Service or MEPS personnel other than those listed in (3) above to attend counseling.

- b. Notification of Minors

(1) Advise applicant that parents/legal guardians will be notified of results by certified letter immediately upon receipt of test results. Use standardized letters located on [SPEAR](#) under Headquarters; J-7/MEMD-HPO or [Appendix G](#) to notify both applicants and parents of minors with Positive or Indeterminate test results by certified mail.

(2) **Parents/legal guardians must attend the notification and preventive health counseling. Do not proceed until the parents/legal guardians are present. If the parents/legal guardians are unable to attend, contact J-7 HIV/DAT Office for guidance.** Conduct private counseling with CMO/ACMO/FB-CMO, MEPS Commander, applicant, and parents/guardians.

(3) Notification responsibility will not be passed to another person or command. Notification responsibility rests with the MEPS conducting the initial laboratory test.

(4) ETP will be coordinated with the J-7/MEMD-HPO.

(5) Outside testing facilities are responsible for their own specimens.

(6) Never permit Recruiting Service or MEPS personnel other than those listed in (3) above to

attend counseling.

4-15. Test Reconsideration

a. Forward requests to Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil.

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

4-16. 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. The MEPS will have specimens picked up on Saturday openings for delivery to the testing laboratory.

4-17. Station Advisory Reporting Network (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. 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 a STARNET if the test in question was conducted at the MEPS.

4-18. HIV Testing (Probable Cause)

If legitimate concerns exist that applicants might actually be positive for HIV; forward inquiries to Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil

4-19. Positive and Repeated Indeterminate HIV Records

MEPS will make copies of all positive and repeated Indeterminate HIV applicant documents upon completion of notification procedures. Ensure all documents are accounted for by completing the Medical Record Assembly/HIV Record Close-out Checklist. Maintain this checklist and record copies as a shadow file. Keep the shadow files in a locked cabinet in the MEPS medical department for 6 years from the initial test date. MEPS will forward all original applicant documents inside the original medical treatment record by UPS 2nd Day Air to USMEPCOM J-7/MEMD-HPO (See [Appendix F](#)). USMEPCOM J-7 will maintain archival files of all original Positive and Indeterminate HIV Records for 7 years from the initial date of test in a secure locked cabinet in the J-7 offices. Positive and Indeterminate HIV Records will be retained in a secured manner under Record Number 600-110a/600A, "HIV Program Management". Keep in J-7 office file for 6 years, then destroy (see [Appendix A, Section III](#)).

Address package to:

**USMEPCOM, ATTN: HIV Program Office;
2834 Green Bay Road; North Chicago, IL 60064-3091.**

The shadow file of all repeat indeterminate and positive HIV records will contain the entire copy of the original record in addition to the following documents:

[TOC](#)

- a. [DA Form 1613, Record Cross-Reference Sheet.](#)
- b. Certified mailing receipts to HQ (J-7/MEMD-HPO).
- c. Signed copy DA Form 200 (acknowledging receipt J-7/MEMD-HPO).

4-20. Mailing Procedures

All MEPS will, without exception use certified mail service to notify applicants of all 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 those, 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/MEMD. Forward copies of appropriate State statutes or regulations to J-7/MEMD-HPO. J-7/MEMD will coordinate those issues with MEJA.

5-2. Releasing Results

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

b. J-7/MEMD 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 USMEPCOM Public Affairs Office (MEOC-PA).

c. Refer all inquiries from attorneys, Department of Health, DoD organizations or government agencies, and other officials representing local, state, and political groups to USMEPCOM FOIA/PA Officer for coordination with J-7/MEMD and MEJA. Handle inquiries from the 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/MEMD-HPO Program Manager. J-7/MEMD-HPO Program Manager will coordinate responses with MEJA 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/MEMD-HPO Program Manager for coordination with Staff Judge Advocate (MEJA). 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 Public Affairs Media Relations/Public Information (MEDC-PAP) for guidance or J-3/MEOP-CO.

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 MEDC-PA.
- b. Do not discuss numbers or events with news media or persons outside the work environment unless authorized by MEDC-PA. Use the response, "DoD will release all statistics for HIV and DAT."
- c. MEPS Commanders may allow the following with consent of the USMEPCOM Commander and MEDC-PA coordination:
 - (1) Media access to the medical department 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 J-7/MEDC-PAP.
 - (2) MEPS members, other than Commanders, to be counseling or filmed as DoD representatives without prior MEDC-PI approval.
 - (3) Speculation on any portion of HIV and DAT programs.

5-7. After Action Report (AAR)

Concerned or involved parties should submit reports for each media contact showing caller's name, media affiliation, data requested, and action taken to MEDC-PA.

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, absorbent material, 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.
- e. MEPS must physically inventory all supply shipments received to ensure the number of supplies received are reflected accurately in the Path-Tec portal (SpectraPath). All supplies MUST be counted.
- f. MEPS will report all supply issues/discrepancies to J-7 (MEMD-HPO) using the MOC ticket system or email immediately as they occur. **Note:** All MEPS personnel have access to the MOC ticket system via SPEAR.

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 plastic specimen cups with tops (see the [Medical Materiel Allowance List](#) (MMAL)), 3-ounce urine specimen shipping bottles with NSN 6640-01-681-3575 (effective October 1, 2019); attach tamper-evident seals, clear plastic bags, 1-inch adhesive pressure-sensitive tape, absorbent material, and packing list envelopes. MEPS will acquire and maintain sufficient operating supplies to support drug testing IAW the [MMAL](#).
- c. MEPS will use the courier service designated by J-7/MEMD-HPO and payment authorization procedures designated by J-8/MERM-BD.
- 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 two gas cylinders (primary and back-up cylinder). MEPS may order breathalyzer mouthpieces and gas cylinders from Intoximeters, Inc.
- b. Maintain and repair breath alcohol analyzers IAW [UMR 750-1, Maintenance of Equipment](#).

Appendix A
References

Section I

Publications referenced in or related to this regulation

AR 601-210

Active and Reserve Components Enlistment Program

AR 600-110

Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV)

DoD Directive 1010.9

DoD Civilian Employee Drug Abuse Testing Program

DoD Directive 6130.3

Physical Standards for Appointments, Enlistment, and Induction

DoD Instruction 1010.16

Technical Procedures for the Military Personnel Drug Abuse Testing Program

DoD Instruction 6485.1

Human Immunodeficiency Virus

DoDM 1145.02

Military Entrance Processing Station (MEPS)

Secretary of Defense Pre-Accession Drug and Alcohol Testing Policy

OSD 04684-06 dated 12 June 2006

USMEPCOM Regulation 680-3

~~United States Military Entrance Processing Command Integrated Resource System (USMIRS)~~
~~Entrance Processing and Reporting System Management~~

USMEPCOM Regulation 750-1

Maintenance of Equipment

USMEPCOM Regulation 10-1

United States Military Entrance Processing Command

Section II

Forms referenced in or related to this regulation

DA Form 11-2

Internal Control Evaluation Certification Statement

DA Form 200

Transmittal Record

DD Form 2807-1 (USMEPCOM Overprint)
Report of Medical History

DD Form 2807-2
Medical Prescreen of Medical History Report

DD Form 2808 (USMEPCOM Overprint)
Report of Medical Examination

DA Form 2823
Sworn Statement

HDRL (HDRL) Serology Clinical Test Request Form

HIV QC Checklist

Standard Form 507
Clinical Record - Continuation Sheet

USMEPCOM Form 601-23-2-R-E
Records Flag

DA Form 1613
Record Cross - Reference Sheet

USMEPCOM Form 40-8-1-E
Drug, Alcohol, and HIV Testing Acknowledgment Form

USMEPCOM Form 40-8-2-E
Breath Alcohol Analyzer Calibration Record

USMEPCOM Form 40-8-3
Urine Sample Custody Document

USMEPCOM Form 40-8-7-R-E
Facts about HIV

USMEPCOM Form 40-8-12-E
HIV Screening Record

USMEPCOM Form 40-8-13-E
PTC integrity 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 40-8-18-E

Facts about HIV Indeterminate

USMEPCOM Form 40-8-19-E

HIV Indeterminate Initial Notification Counseling Checklist

USMEPCOM Form 40-8-20-E

HIV/DAT Testing Control Log

USMEPCOM Form 40-8-22-E

Label Disposal Log

Section III

Recordkeeping Requirements

RN 40/500A: “General Medical Services Files” (may insert applicant info to file by applicant)

PA: N/A

Keep in office file until record is 2 years old, then destroy.

(Referenced in [Paragraph 3-10b\(3\)](#), [Appendix D-9i](#), [Appendix D-10h](#), [Appendix D-21](#), [Appendix E-7a\(7\)\(h\)](#), [Appendix E-9b\(2\)\(g\)](#), [Appendix E-11](#), and [Appendix H](#)).

RN 600-110a/600A: “HIV Program Management”

PA: N/A

Keep in J-7 office file for 6 years, then destroy.

(Referenced in [Paragraph 4-7b](#), [Paragraph 4-19](#))

RN 11-2a3/800B, “Management Control Program”

PA: N/A

Keep in office file until next management control evaluation, then destroy.

(Referenced in [Appendix K-6](#) and [Appendix L-6](#))

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 and CMOs 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.

a. Each MEPS was issued a CD with the new Alco-Sensor FST. The CD contains the operator's manual, an E-manual, and In-Service Computer Based Training (CBT). All MEPS medical staff who administer breath alcohol tests (BATs) will successfully complete the CBT Operator training module before performing any applicant BATs. The Medical NCOIC/SUP MT and Lead Medical Technician (at a minimum) and any technician who is responsible for calibration adjustment will complete the CBT Operator/Supervisor module.

b. The CBT takes approximately one hour to complete. The name each member uses to start the CBT is the same name that will appear on the certificate upon completion of the CBT (contact MEPS IT Specialist for any printing issues).

c. There are two sections in the CBT, "Running Passive Subject Tests" and "Running Quick Screen Tests" that are not applicable to MEPS BAT processing but are required to be completed as part of the CBT session. A training certificate will not be generated without completion of these two sections. The passive and quick tests are not performed as part of applicant screening, however, if a situation arises during processing where the trained MEPS staff feels one of these two tests should be used, contact J-7/MEMD-HPO via J-3/MEOP-COO ticket to request an exception to policy (ETP) authorization approval.

d. There are two PowerPoint presentations on the [SPEAR](#) under J-7/MEMD-HPO, Alcohol section. These PowerPoint presentations will be viewed by everyone as part of the training in addition to the manufacturer-supplied CBT for the Alco-Sensor FST. **The PowerPoint presentations on SPEAR and the Alco-Sensor FST online training are mandatory requirements for refresher training. The refresher training must be accomplished each Fiscal Year, not later than the anniversary of the last Alco-Sensor FST online training. The annual CBT certificate must be printed and kept in individual training folder.** The PowerPoint presentations provide specific J-7/MEMD-QD guidelines for performing the calibration and accuracy checks to the Alco-Sensor FST analyzers. MEPS will accomplish refresher training ~~annually and~~ more frequently, as necessary, or when directed following an ITV/SAV or when recommended by Inspector General (MEIG).

e. All Breath Alcohol Test (BAT) examiners must have ~~a current~~ **the online** breathalyzer certificate **for the current Fiscal Year** on file. BAT training may also be completed individually or as a group online via intoximeter training website <http://training.intox.com/asfst/>. BAT training certificate will be signed by one of the following: MEPS Commander, CMO/ACMO, or NCOIC/SupMT. BAT training will be documented as specified in [UMR 40-1](#).

C-2. Breathalyzer Examiner Duties

Examiners will conduct BAT and accomplish the following:

a. Check and complete daily accuracy checks on all breathalyzers being used that day according to manufacturer's instructions. Instructions are located on the [SPEAR](#) under Headquarters; J-7/MEMD-HPO;

Alcohol. They are additionally located on [SPEAR](#) Development/Training Standardization.

b. Complete monthly calibrations checks within the first seven calendar days of the month on all breathalyzers.

c. Enter daily accuracy check results for all breathalyzers being used that day and monthly check results for each breathalyzer monthly on [UMF 40-8-2-E](#); Breath Alcohol Analyzer Calibration Record. **Note:** If calibration adjustments are required annotate in remarks section and take out of service if not within standard value of +/-0.003.

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 where the medical briefing was conducted. 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

If an applicant refuses alcohol test, refer applicant to CMO, ACMO or Fee Basis CMO for profiling. Have applicant meet with CMO, ACMO or Fee Basis CMO to document disqualification until an alcohol test is provided. Annotate counseling/notes on [DD Form 2808](#) Block 88.

a. Enter "X" in block 51 of the DD Form 2808 and USMIRS A (alcohol) results block "first test". Enter "ZZ" in HIV/drug results block "first test", and data must be entered in USMIRS first, if any medical processing has been completed (i.e. hearing, vision, blood pressure, pulse). USMIRS will automatically assign a 180 day RJ date for refusal.

b. Annotate DD Form 2808 block 79 (WKID) with USMIRS code BO2OJ. Date and initial entries.

C-6. BAT Results

a. Medical technicians are required to wear gloves while performing breathalyzer test. Applicant must open the tube wrapper and hand the tube to the technician for proper placement on the breathalyzer. To

avoid contamination of the tube, each applicant must open the tube in the presence of the technician. Once the test is completed, have applicants remove tube from the Alco-Sensor FST and dispose in the trash, then sanitize their hands.

b. 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.

c. 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 (Confirmation Test). Keep applicant under direct observation and control. 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, ACOM or Fee Basis CMO. Enter results into USMIRS. Applicant will no longer continue processing.

d. All results will be shown to the applicant directly from the breathalyzer.

C-7. Confirmation Tests

a. Negative confirmation test means the applicant may continue processing. Annotate [DD Form 2808](#) block 51. (Show applicant results of confirmation test)

b. Positive confirmation test means the applicant is disqualified. Do not allow further processing. For positive confirmation tests, use the lower of the initial or confirmation readings as score of record. CMO, ACOM or Fee Basis CMO or profiling physicians will interview applicants for alcohol dependency. Show applicant results of the confirmation test. **MEPS medical providers, at their discretion and based upon their level of suspicion for alcohol misuse, may refer an applicant who tests positive for alcohol for psychiatric consultation to document that the individual does not meet the criteria for Alcohol Use Disorder.**

C-8. Post Negative Alcohol Results

Annotate [DD Form 2808](#) block 51:

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) 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 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), record "N" in code block for "first test".
- 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 Block 79 [DD Form 2808](#) with WK 2, 7, or 8 and status code "J"; date and initial entries.

(2) Enter "3T" in Block 74B of DD Form 2808 under "S"(PULHES), and medical disqualification code "51" in Block 76, ICD-10 (F10.229 acute alcohol intoxication or F10.20 other and unspecified alcohol dependence).

C-11. Notify Adult Applicants of Positive Results

CMO, ACOMO or Fee Basis CMO will notify applicants of positive results immediately before conducting a dependency interview. Applicant must acknowledge notification of positive results by signing/date on [DD Form 2808](#) block 75 a and b. Give the applicant positive alcohol notification letter while at the MEPS or mail the letter to the applicant.

C-12. Notify Minor Applicants of Positive Results

CMO, ACOMO or Fee Basis CMO will notify minor applicants of positive results immediately before conducting a dependency interview. Applicant must acknowledge notification of positive results by signing/date on [DD Form 2808](#) block 75 a and b. Advise the applicant that parents/guardians will be notified by first class mail of positive results.

C-13. Notify Minor's Parents of Positive Results

CMO, ACOMO or Fee Basis CMO will send the Alcohol Positive Notification Letter – PARENT of MINOR from [Appendix H](#) to parents/guardians within one workday after minor receives positive results. Use first class mail to send report of positive result to parent(s)/guardians. Provide alcohol treatment facility locations.

C-14. Notify Unit Commander of Positive Alcohol Results

CMO, ACOMO or Fee Basis CMO will send the Alcohol 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 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 and CMOs 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. Commanders will have at least one person review drug results daily to ensure results have been received and posted correctly to all required documents.

D-2. Communication with Drug Testing Laboratory

Communication with all testing laboratories is prohibited. MEPS will not contact laboratories under any circumstances. Refer all questions or comments concerning testing to J-7/MEMD-HPO via email to Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil.

D-3. Specimens Numbering

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. Use bar code labels. Do not submit handwritten or typewritten labels to the laboratory under any circumstances.

c. Assign a different specimen number for the same applicant when conducting additional tests because of positive result, specimen cancellation, or if the 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. Apply Drug Result Label or stamp on the [DD Form 2808](#), Block 73

e. If the physical exam is discontinued before a specimen number is issued, use specimen number “99999999” to input the medical data into USMIRS. Z-out the specimens in USMIRS.

D-4. Re-DAT at Recruiting Service Discretion

Applicants who initially test positive may return for a second test if deferment/disqualification periods have expired at the Recruiting Service discretion.

a. USMIRS must generate a new specimen number--one never used before. 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. The specimen number for HIV, if attached in error to the HIV field, then it must be entered as “5Z” in USMIRS.

b. Post results and codes in drug section under “Second Tests” on [DD Form 2808](#) Block 73.

D-5. Refused Drug Test

a. Have applicant meet with CMO, ACOM or Fee Basis CMO to document disqualification until a drug specimen is provided. Annotate counseling/notes on [DD Form 2808](#) Block 88.

b. Update USMIRS using Medical Data Screen MD01.

c. Enter "B020" with status code "J."

d. Enter Height/Weight as 99 inches and 999 pounds if not obtained, enter all available medical information from tests performed and enter 9's in all other medical data fields, enter "0" for all PULHES except for "S=3T", use ICD code REF.DG. USMIRS will automatically assign a six month deferment period once the pending drug result (TT) is changed to refusal (XX).

D-6. 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. Drug testing observer duties.

Observers will accomplish the following in this order:

(1) Immediately prior to taking applicant(s) into the bathroom, double check to ensure an applicant's medical record contains a signed and dated [UMF 40-8-1-E](#). Ensure applicants have completed the medical briefing before providing urine specimens. Bathroom assignments will be made based on applicant's ~~preferred~~ gender identified by the sponsoring Service. **Note:** Cell phones, mobile electronic devices, or any other object or equipment that may serve as a distraction will not be used in the bathroom.

(2) Observers must be the **same** (gender) as the applicants and will escort applicants to restrooms.

(3) ~~Direct the applicant to remove bulky outer garments (hoodies, sweat shirts, roll-up long sleeve shirts and jackets) that would impede clear observation by the DAT observer.~~ A single observer will not escort and observe more than 6 male or 2 female applicants at a time. Commanders may determine a smaller number of applicants to be observed if MEPS facility design limits an observer's ability to watch these numbers simultaneously. ~~**Note:** Direct applicant to remove bulky outer garments (hoodies, sweat shirts, roll-up long sleeve shirts and jackets) that would impede clear observation by the DAT observer.~~

(4) Give applicants a urine specimen cup and top (lid). Have the applicant ~~apply print last name on the a~~ USMIRS generated specimen label ~~with handwritten last name to the urine collection cup.~~ Have the applicant apply label to the urine collection cup. Do not use the collection cups to ship specimens to drug testing laboratory. Observers will not handle urine collection cups at any time after specimens have been collected.

(5) Visually observe applicants urinating into specimen collection cups. Observers must see urine leave applicants' bodies and enter specimen collection cups.

(6) Ensure urine specimens are not contaminated in any way. See [Paragraph 3-7](#).

(7) Applicants will apply lid to the urine collection cup and carry their own specimens.

(8) Escort applicants while maintaining sight of all urine specimen cups to coordinator and stay with applicants until coordinator accepts specimens.

- (9) Applicants will not set their specimen cups down to wash their hands.
- (10) Have applicants dispose of excess urine after protein/glucose testing.
- (11) Drug Coordinator will remove USMIRS generated label from applicant specimen collection cup.
- (12) Drug Coordinator will attach applicant labels to [UMF 40-8-22-E, Label Disposal Log](#). Drug Coordinator will destroy/dispose/shred the Label Disposal Log sheet at the end of each processing day.
- (13) The observer will initial the [UMF 40-8-20-E](#) Log after each group of applicants observed. Circle "Observer" on the Control Log. The coordinator must ensure the observer initials the control log after the last applicant of the group and before the next applicant or group of applicants.

b. Coordinator Duties

- (1) Conduct drug testing in strict compliance with guidelines established in this regulation and accomplish the following:
 - (2) Complete [UMF 40-8-3, Urine Sample Custody Document](#) (USCD) and sign all required entries and copies.
 - (3) Complete [UMF 40-8-20-E, HIV/DAT Testing Control Log](#) and ensure that applicants sign all required entries/copies and observers initial all required entries.
 - (4) Complete [DAT Quality Control Checklist](#) located on [SPEAR: J-7/MEMD-HPO](#).
 - (5) Properly package and ship urine specimens (i.e. with courier shipping label).
 - (6) Utilize HIV/DAT 5 ~~program including PDF and manual processing procedures~~ when USMIRS is down or there is loss of connectivity (See [SPEAR: HIV/DAT, Manual Processing Headquarters/J-7 MEMD/Clinical Operations Division/HIVDAT Office/Miscellaneous](#)).
 - (7) Attach applicant labels to [UMF 40-8-22-E](#). Destroy/dispose/shred the Label Disposal Log sheet at the end of each processing day.

D-7. Collecting/Receiving Urine Specimens

- a. ~~DAT Coordinator will ensure the SSN, specimen number, and collection date on the specimen label are verified against the label on the DAT control log by the applicant.~~ Applicant must print their initials on bottle label immediately before coordinator places label on the bottle. ~~The label must be placed on the bottle before pouring urine into the bottle.~~ DAT Coordinator will ensure SSN, specimen number, and collection date accuracy.
 - (1) Attach label to bottle in the presence of applicant who provided specimen. ~~Note: Do not use a label with handwritten last name to ship specimens to drug testing laboratory.~~
 - (2) If applicant initialed the wrong bottle label or there are other mistakes on label, prepare another label, and start the verification process over. The laboratory will cancel the specimen if two labels are on

the bottle.

(3) If multiple specimen bottles are involved with mismatched or erroneous labels, discard all involved specimens, prepare new labels, and start collection process over again.

b. Coordinators will transfer urine from the collection cup to a specimen bottle in the applicant's presence. Be sure bottle is filled to about **45 ML** line. Do not use urine in specimen bottle for any purpose other than drug testing. ~~The bottle tightener must be used by the drug coordinator to tighten the urine bottle cap.~~ If a urine bottle cap is found defective, it must be replaced with another cap. All defective caps and bottles will be mailed to J-7 HIV/DAT Office weekly.

c. Use excess urine in collection cup to perform other testing required for medical examinations (pregnancy, protein/glucose).

d. 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 the seal. Since tamper proof seals are very fragile, be careful in their application. If seal breaks, apply a new one and annotate in the "comments" section of [UMF 40-8-3](#), Urine Sample Custody Document to show breakage. Since broken seals and/or replacement seals without comments section annotations suggest tampering, the laboratory will cancel those specimens.

e. Place specimen bottles in a box. (See J-1 Training Development/Training Standardization located on [SPEAR](#))

f. Coordinator will initial [UMF 40-8-20-E, HIV/DAT Testing Control Log](#).

Note: **DAT Coordinator initials** only for each group of applicants processed by the coordinator.

g. Ensure matching specimen labels are placed on [DD Forms 2808](#) in item 49 above or to the left of space annotated "Place First Specimen ID Label Here."

D-8. Prepare USMEPCOM Form 40-8-3 (USCD) and Labels

All MEPS will, without exception, accomplish the following:

a. Print [UMF 40-8-3](#), 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. Except signature(s), laboratory will cancel all specimens on UMF 40-8-3 (USCD) with any handwritten or typewritten information, including social security numbers, or specimen numbers. Voided specimen number(s) must not appear on USCD.

c. USMEPCOM Form 40-8-3 is available on SPEAR.

D-9. 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.

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

- a. UMF 40-8-20-E, HIV/DAT Testing Control Log: Circle DAT at the top of the form.
- b. Test date: Verify correct collection date format YYYYMMDD. If necessary, one-line correct the date on the front and back.
- c. Page: Enter page numbers on the front and back.
- d. Label: Attach a USMIRS generated label for each applicant requiring a drug test in numerical specimen number order. This should be completed before processing applicants in the lab.
- e. Signature applicant: Applicant must sign UMF 40-8-20-E, HIV/DAT Testing Control Log immediately after initialing a bar code label (acknowledge ownership of specimen number, specimen collection date, and SSN) and watch technician attach label to a drug specimen bottle. Applicant must not sign this block or initial label prior to providing a urine sample. 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.
- f. Technician/Observer Initials: Observer must initial UMF 40-8-20-E, HIV/DAT Testing Control Log after ~~each applicant or~~ the last applicant in the group of applicants observed and before the next applicant or group of applicants. Initialing this block means technician personally observed the applicant's urine collection process IAW [Appendix D](#) of this regulation.
- g. DAT Coordinator Initials: preparing specimen labels, coordinating specimen collection, preparing specimens for shipment, completing all required parts of the chain of custody documents accurately, and submitting specimens to the laboratory.
- h. Daily QC: The Drug Coordinator must complete the final daily quality control check and initial at the bottom of the page on the "Daily QC line" of the HIV/DAT Testing Control Log. Ensure the following is reviewed during QC:
 - (1) Test Date and page number are correct.
 - (2) Applicant signed for all specimens.
 - (3) Observers initialed for all specimens.
 - (4) Ensure accountability for every specimen identified on HIV/DAT control log is physically present.
 - (5) All errors or stray marks are lined out initialed and dated.
 - (6) Ensure bottles do not leak.
 - (7) Ensure specimen labels are legible and not smeared.
 - (8) QA Officer: will initial "Daily QA Officer" ~~line at the bottom of the~~ [UMF 40-8-20-E](#), HIV/DAT Testing Control Log See [Appendix J](#).

(9) Drug Coordinator: will ensure that, QA officer initials are at the bottom of the HIV/DAT control log and in the appropriate column on the drug testing QC checklist.

i. Retain UMF 40-8-20-E, HIV/DAT Testing Control Log and copy of air-bill sticker in numerical order by month and day under Record Number 40/500A, "General Medical Services Files". Keep in office file for 2 years, then destroy (see [Appendix A, Section III](#)).

j. Technicians will, without exception, complete UMF 40-8-20-E, HIV/DAT Testing Control Log and complete [DD Forms 2808](#) as results return. **PRESTAMPING/POSTING RESULTS ON THE [UMF 40-8-20-E](#), HIV/DAT TESTING CONTROL LOG OR [DD FORM 2808](#) IS NOT AUTHORIZED.**

(1) Result: Enter result. Instructions are in [Appendix D](#) of this regulation.

(2) Date Result Received: Enter date result returned to MEPS by computer interface. MEPS will use printed date on the USMIRS ZHM002 roster, or the date signed by J-7/MEMD for J-3/MOC ticket documents.

(3) Source: Technician will identify the source of the results. Enter "ZHM002" for USMIRS generated results or "J-7/MEMD" for source document sent from J-7 HIV Program Office.

k. Verifiers will, without exception, on the same day complete [UMF 40-8-20-E](#), HIV/DAT Testing Control Log after the technician finishes recording the results. Initial and date each specimen verified. The verifier will ensure the entries made by the technician are correct. The Medical NCOIC/SupMT or anyone acting in these positions must review the HIV/DAT Testing Control Log every two weeks for accuracy. Contact J-7/MEMD via MOC ticket for any pending results. 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 MT for review, and further submission to the CMO, ACOMO or Fee Basis CMO and Commander for action. Initial these entries as results are verified--do not wait until the end of the day to complete this block. The verifier and the technician who records the results cannot be the same person.

D-10. Prepare Specimens for Shipment

Coordinator will prepare specimens as follows:

a. During packaging, each urine bottle will be placed in a self-adhesive specimen bag (secondary container) containing an absorbent pad. The self-adhesive specimen bag containing the urine bottle and absorbent pad will then be sealed and placed in the shipping box with absorbent paper 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.

Note: Ensure bottles are inspected for cracks/leakage.

b. Place one copy of a completed/signed [UMF 40-8-3](#), inside shipping pack in a waterproof bag on top of specimens inside the box.

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

d. Insert a completed/signed original [UMF 40-8-3](#), in the waterproof self-sticking envelope provided

by contractor. Seal envelope and attach to top of box. Place box in a plastic bag and tape closed.

e. Place box into a courier-supplied shipping package. Seal shipping package before releasing them to courier. Gloves must be worn by drug coordinator until the shipping packages are sealed.

Note: Drug packages are considered sealed when they are placed in courier shipping bags and sealed.

f. Keep specimens under coordinator control until quality assurance checks and packaging for shipment occurs. Keep package in a locked cabinet in the medical department with limited access (only those designated in writing may open) until courier arrives. Post a memorandum granting access on or near each door of the secure storage area. Only those persons designated in writing by the MEPS Commander have access to a secure area.

g. Contract courier will pick up packaged specimens each processing day for delivery to laboratory. 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. Ensure courier scans package into tracking system before leaving the medical department. UPS drivers are required to scan the UPS Lab Specimen Placard and each outgoing UPS Specimen package at the time of pick-up.

h. Retain third original [UMF 40-8-3](#), (USCD) under Record Number 40/500A, "General Medical Services Files". Keep in office file for 2 years, then destroy (see [Appendix A, Section III](#)).

i. 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 courier 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.

D-11. Complete USMEPCOM Form 40-8-3 (USCD)

Complete [UMF 40-8-3](#), (USCD) as follows and print 3 original documents (laboratory will not accept copies). Below explains the entries for the front of a correctly completed [UMF 40-8-3](#), (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. Pre-fill blocks with bar codes and numeric specimen numbers. Be sure these numbers match those on [DD Forms 2808](#), specimen bottles, and [UMF 40-8-20-E](#), HIV/DAT Testing Control Log(s). Laboratory will cancel specimens 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 UMF 40-8-20-E, HIV/DAT Testing Control Log(s). Laboratory will cancel specimens 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-12. Complete USMEPCOM Form 40-8-3 (USCD) (Reverse side)

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/MEMD-HPO 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 correctly completed or the laboratory may cancel the specimens at J-7/MEMD-HPO 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.

(4) 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

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replacement, opened and resealed boxes, or explain unusual circumstances involving drug testing. For example: “Specimens collected on January 5, 20XX were held in temporary storage until January 13, 20XX because of severe weather.”

D-13. Applicants who cannot Provide Full Urine specimens

a. If applicants cannot provide full urine specimens, discard partially filled bottles or use for other medical tests required for that applicant (pregnancy, protein, etc.).

b. Applicants have until the end of medical processing to provide a urine specimen (at MEPS discretion) based on time, workload and staffing.

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 (PULHES) to show an incomplete medical examination for that applicant.

D-14. Applicants Unable to Provide Specimens for Pre-accession Drug Testing

These procedures are for applicants who cannot provide a urine specimen for drug testing on medical processing day at the MEPS.

a. Any applicant who cannot provide a urine specimen by the time medical processing is completed for that day will be allowed to return one additional time within three workdays to provide a specimen. (Examples: If applicant cannot provide a specimen on a Friday before a non-working weekend, applicant has until Wednesday to provide a specimen. If it were a working Saturday, the applicant has until Tuesday.) This will allow applicants who have already been scheduled for medical consultations to provide a specimen when they return for the consultation appointment, rather than make a trip to the MEPS for the sole purpose of providing a specimen. The applicant must provide a specimen on the day of return or will be considered a refusal to drug test.

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, USC 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. (See Refusal to Test, [Chapter 2](#)). When applicant returns to the MEPS after the 180-day disqualification period, the applicant must provide a urine specimen on the day of return. If the applicant 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 F19.20).

c. The MEPS must document all information regarding the applicant and the inability or refusal to provide a drug specimen. Medical technician will document on the applicant’s [DD Form 2808](#), block 73 and in USMIRS the inability or refusal to provide a drug specimen. Applicant will be counseled on the three working day process and have the MEPS provider document on the DD Form 2808, block 78 (include applicant’s signature/date).

(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, ACOMO or Fee Basis CMO) should interview the

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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 medical processing, document on the [DD Form 2808](#). The applicant is considered a refusal to drug test. Annotate on the DD Form 2808, enter “see 73” 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 (TT) 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 [SPEAR](#) under Headquarters; J-7/MEMD-HPO; 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 be allowed to provide 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) Per UMR 40-1 para 3-11, MEPS Commander must request exception to policy (ETP) in writing to USMEPCOM J-7 by submitting a CA ticket (MOC) for approval to allow another urine specimen and remove the eligibility date.

Required documents in addition to the CA ticket include the following:

(a) Commander’s request memo (approved by Sector commander or designee). A template is available on [SPEAR](#).

(b) Applicant’s 680-3ADP (both pages).

(c) Applicant’s signed Drug and Alcohol Testing Acknowledgment Form.

(d) The applicant’s [DD Form 2808](#) and [DD Form 2807-1](#).

(e) Applicant’s written, signed statement (if applicable).

Submit these documents to the J-7 HIV/DAT office via encrypted email. The applicant must provide a specimen on 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 F19.20)

D-15. USMIRS Coding for Contaminated or False Bladder

Use the following guidance: Issue P=3P and use Med Fail Code of 50 and ICD code R39.19 (Other symptoms involving urinary system); additionally, issue an RBJ of 2099-12-31.

D-16. Posting Applicant Drug Results – UMF 40-8-20-E and DD Form 2808 Block 73

a. The MEPS medical department will be responsible for entering the drug results on [UMF 40-8-20-E](#), HIV/DAT Testing Control Log. The drug results will be entered in the “RESULT” box on UMF 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 date printed on the USMIRS ZHM002 roster or other source document provided by J-7/MEMD-HPO or J-7 Medical Management Analyst (MMA).

b. 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 for 3 positive or negative drug results.

(b) The second field is for 3 additional positive or negative drug results.

(c) Codes for positive results for example will be “C”, “D”, “E”, or “M”. Negative results will be “N.” If laboratory cannot test specimens, a 2-number cancellation code will appear under the first and fourth blocks (a number appears in each block).

MIRS Abbreviation of Results:	M	D	D	C	E	E
Test:	Marijuana	d-Methamphetamine	d-Amphetamine	Cocaine	Methylenedioxy-methamphetamine	Methylenedioxyamphetamine
Abbreviation:	THC	d-MET	d-AMP	BZE	MDMA (Ecstasy)	MDA

c. Medical department will print the report for posting drug results to original [DD Form 2808](#) and [UMF 40-8-20-E](#), daily. The date used for posting the result will be the printed date from the USMIRS ZHM002 roster or the date signed by J-7/MEMD-HPO or J-7 Medical Management Analyst (MMA).

(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 UMF 40-8-20-E, HIV/DAT Testing Control Log. **PRESTAMPING RESULTS ON THE UMF 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 will be entered as

“POS M”. A positive result for cocaine will be entered as “POS C”. A positive result for d-Amphetamine or d-Methamphetamine will be entered as “POS D”. A positive result for ecstasy (MDMA) or MDA will be entered as “POS E”. The MEPS will enter a combination of “POS” and the appropriate “B”, “C”, “D”, “E”, “M”, “O”, “R”, “S” “F”, or “Y”, 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 will be: “POS C+E.” If the results were positive for both Amphetamine and Marijuana, the “Result” box entry would be: “POS D+M.”

The MEPS must enter the Drug results on UMF 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 3 and 4 (below) which are performed by the Medical NCOIC/SUP MT, Medical Technician or CMO; and items 5-7 (below) that are performed by the CMO, ACOMO, or FB-CMO.

(3) UMF 40-8-20-E, HIV/DAT Testing Control Log: enter “Result” as POS **and the positive drug code e.g. “POS F” for positive Fentanyl** or “NEG” **for negative result**: CANCELLATION: annotate cancellation numeric code. Date Result Received; and Source as “ZHM002 or J-7/MEMD”; Second MEPS member will verify (initial). Secure the original file in medical department until released to the files room.

(4) [DD Form 2808](#) - Item 50: enter see 73.

(5) 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.

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

(7) DD Form 2808 - Item 76: Enter 50, “Positive Drug”, ICD-10 code (e.g. F12.10), RJ Date, check disqualified and initial.

(8) DD Form 2808 – 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.”

(9) The MEPS will use mailing labels or stamp on the DD Form 2808 when recording drug results.

(10) When recording results: Document results on drug result mailing label or stamp on the [DD Form 2808](#), Block 73.

(a) NEGATIVE: [DD Form 2808](#) Block 73. When a drug specimen returns with negative results, document by **handwriting** the appropriate letter codes with the letter N on the day of ZHM002 roster.

Date of test:						
DRUG RESULTS						Initials
N	N	N	N	N	N	
Date of result:						

(b) POSITIVE: [DD Form 2808](#) Block 73. When a drug specimen returns with a positive result, hand write the appropriate drug designator letter. Example marijuana (MNNNNN).

Examples of how to interpret and document drug test results on DD Form 2808 Block 73:

DRUG RESULTS						Interpretive Comment
M	N	N	N	N	N	Positive Marijuana, only
C	N	N	N	N	N	Positive Cocaine, only
D	N	N	N	N	N	Positive for Amphetamine, only
D	M	N	N	N	N	Positive for Amphetamine and Marijuana
E	N	N	N	N	N	Positive for Designer Amphetamine only
3			1			DAT specimen cancelled, broken seal
N	N	N	N	N	N	No drugs tested were found above DoD cutoff levels
V			V			Voided Specimen (USMIRS CRDB-applied code)
X			X			Refused to provide urine DAT
Z			Z			Specimen not collected (Test Not Administered)

NOTE: Document drug test result codes on DD Form 2808 in the same order as they appear on ZHM002 roster.

Drug Codes / USMIRS Category Cross Reference.

MIRS DRUG CODE	REPORTED DRUG USE	ICD-10 CODES
B	Benzodiazepine	F13.90
C	Cocaine	F14.20
D	Amphetamine	F15.10
E	Designer Amphetamine	F15.10
M	Marijuana (Cannabinoid)	F12.10
F	Fentanyl/Norfentanyl	F11.90
O	Opiate	F11.90
R	Heroin (6-monoacetylmorphine)	F11.90
S	Synthetic Cannabinoid	F12.90
Y	Semi-Synthetic Opiate	F11.90

(c) CANCELLATION: If you receive a numeric cancellation code from the testing lab annotate results on [DD form 2808](#) Block 73.

Date of test:						
DRUG RESULTS						Initials
2			3			
Date of result:						

(d) REFUSAL: If the applicant refuses to provide a specimen annotate "XX" on [DD Form 2808](#), block 73 (DRL), for example:

Date of test:						
DRUG RESULTS					Initials	
X			X			
Date of result:						

D-17. Verifier Duties

Verifiers will compare USMIRS ZHM002 rosters, [DD Forms 2808](#) Block 73, [UMF 40-8-20-E](#), HIV/DAT Testing Control Log, or J-3/MEOP-COO (MOC) ticket(s) daily to ensure the same results/dates 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-18. 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/MEMD-HPO and MEJA may work with the laboratory to save specimens from cancellation. The MEPS will receive an e-mail from J-7/MEMD-HPO with instructions to save the specimens from cancellation.

b. Cancellation codes for drug specimens can be found on the [SPEAR](#) under Headquarters; J-7/MEMD-HPO.

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. Enter “O” under “S” in item 74B (PULHES) to show an incomplete medical examination for that applicant. Enter 8 in item 79 of [DD Form 2808](#) and use status code “L.” 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-19. Missing Drug Test Results

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 from the specimen collection date submit a J-3/MEOP-COO (MOC) ticket.

b. Missing individual results for 10 working days from specimen collection date, submit a MOC ticket for results. When results return by J-3/MEOP-COO (MOC) ticket, **J-7 HIV/DAT office will** enter the results into USMIRS using “BODO” transaction. **and “MOC” Annotate the result source as “J-7/MEMD”** on the [UMF 40-8-20-E](#), HIV/DAT Testing Control Log.

D-20. Lost Shipments

If results do not return on the USMIRS ZHM002 roster, MEPS will need to track their shipment via courier website. Print tracking status from website and provide to J-7/MEM-HPO Office via email to [Osd.north-](#)

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chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.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/MEMD-HPO within one hour of notification from courier service.

D-21. Administrative Requirements

Once medical processing is complete, keep original medical jacket DA Form 3444 or DA Form 8005 series to include all forms in the medical department in a ~~secured~~ locked cabinet. Do not return records to the files room until DAT results are posted and verified to the record, **except if the record is requested by the files room for immediate transfer to another MEPS due to a change in the permanent ownership of the record. In this case, the drug result will be posted by the gaining MEPS. Contact J-7 HIV/DAT Program Office to obtain the lab result source document to post the result on the DAT control log.**

Post negative results, verify entries for accuracy, and return record to the files room. Post positive results, verify entries for accuracy, prepare notification letters for MEPS Commander/CMO, ACOMO or Fee Basis CMO signature, and return record DA Form 3444 or 8005 series to files room. If applicant is present at the MEPS when positive result returns, give the applicant positive drug notification letter while at the MEPS or mail the letter to the applicant.

USMIRS ZHM002 roster will be attached to each **daily** [UMF 40-8-20-E](#), HIV/DAT Testing Control Log and [UMF 40-8-3](#), Urine Sample Custody Document (USCD), Quality Assurance (QA) checklist, and courier shipping label. Filed by month and day and retained in a secure manner under Record Number 40/500A, "General Medical Services Files". Keep in office file for 2 years, then destroy (see [Appendix A, Section III](#)).

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. Communication with HIV Testing Laboratory

Communication with the testing laboratory is strictly prohibited. MEPS will not contact the laboratory under any circumstances. Refer all questions or comments concerning testing or laboratory to J-7/MEMD-HPO via email to Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil.

E-3. Specimen Numbering

- a. USMIRS assigns a different specimen number to each applicant at the beginning of medical processing. MEPS will use the same number for both initial HIV/DAT specimens.
- b. Use bar code labels. Do not submit handwritten or typewritten labels to the laboratory under any circumstances. Utilize the HIVDAT5 pdf program to generate specimen labels during manual medical processing procedures. (See [SPEAR](#): J-7 Clinical Ops/HIV/DAT office/Miscellaneous/HIV/DAT5).
- c. Assign a different specimen number if you are unable to obtain a blood specimen, if the applicant refuses blood draw, if there is a specimen cancelation, or positive results. **Do not use a specimen number more than one time.** The testing laboratory will cancel all specimens if the specimen number was previously used.

E-4. HIV Technician/Coordinator Duties

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

- a. Print USMIRS generated specimen labels for applicants and attached to Standard Form 507.
- b. Complete [UMF 40-8-20-E](#), HIV/DAT Testing Control Log.
- c. Ensure blood specimens are spun to manufacturer's instructions **or 1200 RCF for 10 minutes.**
- d. Complete [UMF 40-8-12-E](#).
- e. Print/complete [HIV Quality Control Checklist](#) located on [SPEAR](#).
- f. Ensure shipments are addressed to the appropriate laboratory.

E-5. UMF 40-8-20-E, HIV and DAT Testing Control Log

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

Complete steps as specimens are drawn. Do not wait until the end of the workday.

- a. Circle HIV at the top of the form.

- b. Test date: Verify correct collection date format YYYYMMDD. If necessary, one-line correct the date on the front and back.
- c. Page: Enter page numbers on the front and back.
- d. Label: Ensure a USMIRS generated label is attached in numerical specimen number order by specimen for each applicant requiring a HIV test. This should be completed before processing applicants in the lab.
- e. Applicant must sign [UMF 40-8-20-E](#), HIV/DAT Testing Control Log immediately after initialing a bar code label (acknowledging ownership of specimen number, specimen collection date, and SSN) and watching the 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.
- f. Technician must initial or sign UMF 40-8-20-E, HIV/DAT Testing Control Log immediately after collection. Circle HIV Technician on the control log.

E-6. Blood Draw

Fainting. Vasovagal syncope (vay-zoh-VAY-gul SING-kuh-pee) is one of the most common causes of fainting. Vasovagal syncope occurs when your body overreacts to certain triggers, such as the sight of blood or extreme emotional distress.

The vasovagal syncope trigger causes a sudden drop in your heart rate and blood pressure. That leads to reduced blood flow to your brain, which results in a brief loss of consciousness.

Vasovagal syncope is usually harmless and requires no treatment. It is possible the applicant might injure themselves during a vasovagal syncope episode.

MEPS Medical Departments will take the additional steps to better mitigate risks associated with applicant fainting (Vasovagal syncope). There is no feasible way to eliminate the potential vasovagal reaction. We can however prevent secondary injury due to fainting episodes.

All staff members performing phlebotomy duties will be trained on venipuncture procedure and the "AWARE" initiative. Document completion (with date and signature) in individual training record. The applicant instruction poster and other AWARE documents are available on SPEAR under Clinical Operations Accession Medicine Branch. Hang the applicant instruction poster within each lab area where it can be easily seen by all applicants during their blood draw procedure. The AWARE initiative includes:

1. Medical Technician/Phlebotomist Protocol
2. Medical Staff Protocol
3. Pre-Draw Applicant Questionnaire

NOTE: For infection control and antiseptic cleansing, alcohol pads or alcohol free benzalkonium chloride pads must be used to clean veins before venipuncture. After blood draw, sterile gauze (sponge surgical) or cotton ball (Ball Absorbent Cotton specified in the MMAL on SPEAR) must be used to cover the venipuncture site.

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

Immediately prior to blood draw, double check to ensure an applicant's medical record contains a signed and dated [UMF 40-8-1-E](#). **Form will be maintained in the applicant's medical record.**

Have each applicant print initials legibly on a bar code label. Laboratory will cancel specimens without initials on labels. Have applicant sign the [UMF 40-8-20-E](#), HIV/DAT Testing Control Log.

a. 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.

(1) Specimen labels must match UMF 40-8-20-E, HIV/DAT Testing Control Log.

(2) Fill the entire 7 ml serum separator tubes with blood.

(3) Technician will initial control log and circle "technician".

(4) Ensure blood clots for at least 30 minutes, but no longer than 90 minutes to prevent hemolysis.

(5) Spin blood with centrifuge per manufacturer's specifications. A barrier will form and separate serum from the clot.

b. 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 with the following supplies: USMIRS generated specimen label and blood tube. 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 4 and 5 above; NO EXCEPTIONS. The med tech who escorted the applicant to the outside lab may initial the control log when they return to the MEPS or write the name of the outside lab/lab tech who drew the blood in the technician initial block on the HIV control log. For any charges incurred at the local laboratory follow the published consult procedures for payment processing.

c. Ensure specimen label is affixed to [DD Forms 2808](#) block 49.

E-7. UMF 40-8-12-E (HIV Screening Record)

Technicians will, without exception complete two original HIV Screening Records showing all specimens collected. Use computer generated HIV Screening Record for all entries except signatures. Bar coding is **mandatory** for all MEPS. Print all HIV Screening Records 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 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 and address.

(4) Block 4. Means of Shipment: Enter name of the laboratory's contract courier.

(5) Block 5. HIV Coordinator: The technician preparing the specimens for shipment will sign. The signature acknowledges:

(a) Personal verification of all specimen numbers and SSNs on tubes with the [UMF 40-8-20-E](#).

(b) Personal verification of all specimen numbers and SSNs on tubes with the [UMF 40-8-12-E](#).

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

(d) Certify that HIV specimens were correctly labeled, properly spun, packaged, sealed, securely stored and released for shipment.

Note: Do not sign the signature block in advance. All [UMF 40-8-12-E, HIV Screening Record](#) require original signatures.

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

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

(b) Testing laboratory will cancel all specimens with specimen number or SSN errors.

(c) File a copy of [UMF 40-8-12-E, HIV Screening Record](#) with [UMF 40-8-20-E, HIV/DAT Testing Control Log](#) and a copy of the courier shipping document until results return.

(d) Forward an original UMF 40-8-12-E with specimens. Copies are unacceptable because the testing laboratory cannot scan them.

(7) Daily QC: The HIV Coordinator must complete the final daily quality control check and initial at the bottom of the page on the "Daily QC line" UMF 40-8-20-E, HIV/DAT Testing Control Log.

Ensure the following is reviewed during QC:

(a) Test Date and page number are correct.

(b) Applicant signed for all specimens.

(c) Technician initialed for all specimens.

(d) Ensure accountability for every specimen identified on HIV/DAT control log is physically present.

(e) All errors or stray marks are lined out initialed and dated.

(f) All specimens are spun per manufacturer's specifications **or 1200 RCF for 10 minutes.**

(g) Complete/file [HIV Quality Control Checklist](#) located on [SPEAR](#).

(h) File UMF 40-8-20-E, HIV/DAT Testing Control Log and [UMF 40-8-12-E](#), along with a copy of the air-bill sticker, **and the QC checklist in the medical department in a locked cabinet** under Record Number 40/500A, "General Medical Services Files". Keep in office file for 2 years, then destroy (see [Appendix A, Section III](#)).

(i) All specimens drawn should be listed and input in USMIRS.

(8) QA Officer: will initial "Daily QA Officer" UMF 40-8-20-E, HIV/DAT Testing Control Log. See [Appendix J](#).

E-8. Packaging and Shipping Specimens

a. Place properly labeled tubes into foam cube in specimen number order according to [UMF 40-8-12-E](#). Gloves must be worn by HIV coordinator until the shipping packages are sealed.

Note: HIV packages are considered sealed when they are placed in courier shipping bags and sealed.

b. Ensure foam cube with labeled tubes is placed into the 95kPa bag provided (do not remove the absorbent sheets from inside the bag). Place sealed 95kPa bag with foam and tubes inside the box. Include additional packing material if needed.

c. Insert a completed and signed original [UMF 40-8-12-E](#), HIV Screening Record with applicant specimen/SSN data on top of the 95kPa bag inside the box. Close kit box (no rubber band required).

d. Insert a single box into the courier supplied shipping bag.

e. Attach the self-sticking plastic air-bill to the outside of the courier shipping bag.

f. Keep package in a locked refrigerator in the medical department 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. All MEPS must make every effort to ship specimens to the testing lab on the same day they are collected. If UPS fails to pick-up HIV specimens, notify J-7 HIV/DAT office immediately via email at: osd.north-chicago.usmepcom.list.hq-j7-memd-hiv-dat-pgm-office@mail.mil. In the event of an emergency that causes delayed shipping of HIV specimens to HDRL, specimens must be kept in a locked refrigerator (36-46° or 28°C) in the medical department for overnight storage pending shipment to HDRL. This action will maintain the viability of specimens and ensure accurate testing and outcomes. Chain of custody document is not required for delayed shipment of HIV specimens.

g. Ensure courier scans package into the tracking system before leaving the medical department. Couriers will not inspect specimens. Use a separate air bill for each container; **do not** use a single air bill for multiple containers.

h. Ship to the laboratory by overnight courier.

Note: On **Saturday** processing days and the processing day before the **fourth of July** and **Thanksgiving holidays**, all blood specimens collected must be shipped to HDRL with insulated shipping boxes containing

ice packs. The insulated boxes will be delivered to the MEPS prior to the specimen collection date. Upon receipt of the supplies, or at least 8 hours prior to collecting the specimens, place the ice packs in the freezer. Completely surround the specimens with the frozen ice packs. In accordance with HDRL policy, specimens collected at the MEPS must be received by the lab and tested within 48 hours. The implementation of the insulated boxes to preserve specimen integrity extends the test window to 7 days (if kept at 36-46° F or 2-8° C). Continue to follow the procedures for packaging and shipping specified in the insulated box instructions and this regulation. **The shipping procedure specified in this note does not apply to specimens shipped to HDRL on other regular processing days.**

E-9. Posting Applicant HIV Results – UMF 40-8-20-E, HIV/DAT Control Log and DD Form 2808

Technicians will, without exception, complete [UMF 40-8-20-E](#) and complete DD Forms 2808 the day results return.

a. 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 (ELISA reactive; Western Blot negative), 5U (needs additional testing), or 5I for indeterminate. If laboratory cannot test specimens, a 2-number cancellation code will appear under the HIV blocks. Submit a MOC ticket to J-7/MEMD-HPO for 5C results.

(4) Medical department will annotate the report for posting HIV results to original [DD Form 2808](#) and [UMF 40-8-20-E, HIV/DAT Testing Control Log](#). The date used for posting the result will be the printed date from the USMIRS ZHM005 roster or the date signed by J-7/MEMD-HPO on the source document.

b. Record HIV results:

(1) 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/MEMD-HPO (Source Document).

(2) Annotate results:

(a) Verify specimens' number on ZHM005 compare number to UMF 40-8-20-E, HIV/DAT Testing Control Log and [DD form 2808](#).

(b) Enter result on control log as 5B, 5I, or 5D.

(c) Enter result on [DD form 2808](#). NEG-5B, IND-5I, POS-5D, page 2, block 49; **NOTE: PRESTAMPING/POSTING RESULTS ON THE UMF 40-8-20-E, HIV/DAT TESTING CONTROL LOG OR [DD FORM 2808](#) IS NOT AUTHORIZED.**

(d) Generate a new 680-3 ADP place in the medical jacket.

(e) Date Result Received: MEPS will use **PRINTED** date on the USMIRS ZHM005 roster,

or the date signed by J-7/MEMD-HPO (Source Document).

(f) Source. Technician will identify the source of the results. Enter “ZHM005” for USMIRS generated results or “J-7/MEMD” for source document sent from J-7 HIV Program Office.

Note: Be familiar with HIV positive and indeterminate procedures. See [Appendix F](#).

(g) USMIRS ZHM005 roster will be attached to each daily [UMF 40-8-20-E](#), [UMF 40-8-12-E](#), and air-bill filed by month/day under Record Number 40/500A, “General Medical Services Files”. Keep in office file for 2 years, then destroy (see [Appendix A, Section III](#)).

E-10. Verifier Duties

Verifiers will compare USMIRS ZHM005 rosters, [DD Forms 2808](#), UMF 40-8-20-E; or J-7/MEMD-HPO (Source document) to ensure results are correctly annotated on all documents. Technicians will not verify their own work; a second person must verify every document, form, and label.

Verifiers will, without exception on the **same day** complete UMF 40-8-20-E, after technician finishes recording results. Initial and date each specimen verified. The verifier will ensure the entries made by the technician are correct. Medical NCOIC/SupMT or anyone acting in these positions must review the HIV/DAT Testing Control Log every two weeks for accuracy. Contact J-7/MEMD via MOC ticket for any pending results. Distribute all properly annotated records with negative results to the files room. Deliver all properly annotated records with positive/indeterminate results to the Medical NCOIC or SUP MT for review, and further submission to the CMO, ACOMO or Fee Basis CMO and MEPS Commander for further review/action.

E-11. Administrative Processing

Once medical processing is complete, keep original medical jacket (DA Form 3444 or 8005) series to include all forms in the medical department in a ~~secured~~ locked cabinet. Do not return records to the files room until HIV results are posted and verified to the record, **except if the record is requested by the files room for immediate transfer to another MEPS due to a change in the permanent ownership of the record. In this case, the HIV result will be posted by the gaining MEPS. Contact J-7 HIV/DAT Program Office to obtain the lab result source document to post the result on the HIV control log.**

Post negative results. Verify entries for accuracy, and return record to the files room. Post positive results. Verify entries for accuracy; medical technicians will prepare notification letters for MEPS Commander/CMO, ACOMO or Fee Basis CMO signature. Commander/CMO, ACOMO or Fee Basis CMO will verify accuracy of the prepared notification letters (check addresses, names, minor, etc. according to the [DD Form 2808](#)). Retain record (DA Form 3444 or 8005 series) in medical department in a locked cabinet until record disposition.

USMIRS ZHM005 roster will be attached to each **daily** [UMF 40-8-20-E](#), [UMF 40-8-12-E](#), Quality Assurance (QA) checklist and courier shipping document. Filed in a secure manner by month/day under Record Number 40/500A, “General Medical Services Files”. Keep in office file for 2 years, then destroy (see [Appendix A, Section III](#)).

E-12. Missing HIV Test Results

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- a. Every morning the MEPS should receive HIV results on a USMIRS ZHM005 roster. If MEPS do not receive results from an entire day's shipment after 3 working days submit a MOC ticket.
- b. If missing individual HIV result for 10 working days from the specimen collection date, submit a /MOC ticket. When results are received from the lab, the HIV office will enter results into USMIRS using "BO5O" transaction. The MEPS will annotate result source as "J-7/MEMD" on the UMF 40-8-20-E.
- c. Reconcile UMF 40-8-20-E, UMF 40-8-12-E, and DD Forms 2808 at the end of the day to ensure tests were conducted and match appropriate documents. Ensure results are entered into USMIRS.

Appendix F Indeterminate or Positive HIV Test

F-1. Responsibilities

a. J-7/MEMD-HPO provides guidance to MEPS on processing policy for applicants with HIV Indeterminate or HIV positive test results.

b. J-7/MEMD-HPO ensures the MEPS have the necessary support to conduct processing to standard. The MEPS will report to J-7/MEMD-HPO the status of all applicants with HIV indeterminate or positive results until files are closed. The MEPS will report to J-7/MEMD-HPO any concerns with policy or individual applicant processing circumstances. J-7/MEMD-HPO will recommend resolutions and/or policy improvements.

c. MEPS Commanders are ultimately responsible for ensuring all tasks are completed and documented properly. The MEPS Commander will ensure the MEPS staff adheres to established policy.

F-2. Laboratory Contact Prohibited

No MEPS, Recruiting Service member, or applicant is authorized to contact the DoD-contract laboratory or HIV Diagnostic Reference Laboratory (HDRL) or other DoD testing lab personnel directly. Any request for information will be processed directly through J-7/MEMD-HPO.

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 results using the HIV Indeterminate or Positive Processing Checklist, the PTC integrity [UMF 40-8-13-E](#). 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 shadow file of the applicant's medical record will be maintained in the MEPS medical department as outlined in Paragraph 4-7. No copies of the shadow file will be made with the exception for the service to submit for a waiver.

F-4. Documentation of Initial HIV Indeterminate and Positive Results

a. In the electronic record USMIRS, post a result code of "5I" (Five-India) or "5D" (Five-Delta) result code representing HIV Indeterminate or HIV Positive status. MEPS will enter P=3P for HIV Indeterminate, with a Medical Failure Code of 49, and an ICD-10 Code of R75. For HIV Positive, MEPS will enter P=3P; with a Medical Failure Code 49 and an ICD-10 Code of Z21.

b. In the hard copy paper record, the MEPS must enter the HIV Indeterminate or HIV Positive data on [UMF 40-8-20-E](#) 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 MT, Medical Technician or CMO, ACMO or Fee Basis CMO; and items 3-6 (below) that are performed by the CMO or ACMO:

(1) UMF 40-8-20-E: enter "Result" as "5I" or "5D"; Date Result Received; and Source as "ZHM005" or "J-7/MEMD"; second MEPS member will verify (initial) and secure the original file in the Medical Department.

(2) [DD Form 2808](#) - Item 49: enter the result for HIV indeterminate as "IND" under First Test with result code "5I" or enter the result for HIV positive as "POS" under First Test with result code of "5D".

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

(4) DD Form 2808 - Item 74b: Change the PULHES to 3P under the “P” column, initials and date.

(5) DD Form 2808 - Item 76: Enter 49, HIV Indeterminate, R75, and initials. “HIV Positive”, Z21, 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)”. Item 84a and b must be completed and signed regardless of any other physical exam profile (such as “3T and/or “O”).

(7) DD Form 2808 - Item 79: Annotate 5R work identification (WKID), add date and initials.

(8) DD Form 2808 – Use Item 88 (preferred) or an attached [Standard Form 507, Clinical Record - Continuation Sheet](#), if indicated space is filled.

(9) Remove current 680-3 ADP. Generate a new USMEPCOM PCN 680-3ADP. Place new 680-3ADP and place in the applicant’s medical jacket.

F-5. Applicant Initial Notification

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 in [Appendix G](#). MEPS will notify J-7/MEMD-HPO (HIV/DAT) of any difficulties or concerns encountered during the notification process. Initiation of applicant notification procedures is ultimately the responsibility of the MEPS Commander. Transfer of the notification or counseling responsibilities to other MEPS is prohibited. ETP will be coordinated via J-3/MEOP to the J-7/MEMD-HPO (HIV/DAT) for review/approval. The HIV notification process is described below:

a. First Letter Notification HIV (FLN HIV)

Verify the applicant’s address on [DD Form 2808](#) and 680-3 ADP. The MEPS will insert the applicant demographics into the template and send letter to the applicant. MEPS must scan the letter and send via encrypted email to J-7/MEMD-HPO using the group e-mail address Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil.

Note: Template letters have specific signature blocks. The CMO letters will have the CMO/ACMO/FB CMO signature block and must be signed by the CMO/ACMO/FB CMO once demographics are verified.

(1) MEPS will send the FLN HIV to the applicant’s current address of record via the United States Postal Service (USPS) certified mail. 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. **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/MEMD-HPO no notice

of parent is required. MEPS must scan the letter and send via encrypted email to J-7/MEMD-HPO using the group e-mail address Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil.

Note: Whenever the term parent is used, legal guardian may be substituted, if appropriate. Note: If applicant has two parents, Parent of Minor Notice must be sent to both parents. If both parents have the same address and the same last name, the letter may be addressed as Mr. and Mrs.

(3) Recruiting Service Memorandum of Advisement (RS-MOA)

(a) For applicant notification, the MEPS will immediately notify the applicant's Recruiting Service Commander ([Appendix G](#)) with a 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. 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)/guardian(s), if applicant is a minor. The MEPS Commander will sign this letter or an Acting MEPS Commander may sign "for" the Commander. The certified mail receipt and a copy of this memo will be maintained in the applicant record. The MEPS Commander will also telephonically contact the Recruiting Service 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. In addition to sending certified mail, the MEPS commander may also send a copy of the letter to the Recruiting Service Commander via encrypted email or fax and obtain the return endorsement through any of these mediums as well. MEPS must scan letters along with copies of [DD Form 2808](#), and [DD Form 2807-1](#), and [DD Form 2807-2](#) via encrypted e-mail to J-7/MEMD-HPO using the group e-mail address Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil.

(b) For current service member notification, the MEPS will immediately contact J-7/MEMD-HPO using the group e-mail address Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil for further guidance.

b. Second Letter of Notification and Second Parent of Minor Notification (SLN and SPMN). If the applicant does not contact the MEPS within 7 calendar days of the date of the FLN, send a Second Letter of Notification, plus a Second Parent of Minor Notification if applicant is still a minor. These letters will be sent certified mail. Maintain copies and the certified mail receipt notice(s) in the applicant record and continue the PTC integrity [UMF 40-8-13-E](#). Prepare and send a Recruiting Service Letter of Assistance Request (RS-LOAR). In addition to sending letter via certified mail, the MEPS commander will also send a copy of the letter to the recruiting service commander via encrypted email or fax and obtain the return endorsement through any of these mediums as well. MEPS must scan the letter and send via encrypted email to J-7/MEMD-HPO using the group e-mail address Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil.

Note: If applicant has two parents, Parent of Minor Notice must be sent to both parents. If both parents have the same address and the same last name, the letter may be addressed as Mr. and Mrs.

c. Recruiting Service Letter of Assistance Request (RS-LOAR)

The MEPS Commander will send the RS-LOAR to notify the sponsoring Recruiting Service members that their assistance is required to locate the applicant.

(1) Request a response from the IRC member within 7 days of the date of the RS-LOAR.

(2) A certified mail is required for this letter. A copy of this memo will be maintained in the applicant record.

(3) 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.

(4) If a new applicant contact address is provided, return to FLN HIV notification process.

(5) 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 PTC integrity [UMF 40-8-13-E](#); section "Completion of Applicant File" and forward to HQ USMEPCOM, ATTN: HIV Program Manager; 2834 Green Bay Road, North Chicago, IL 60064-3091.

d. Outcomes of HIV notification letters and memorandums. The delivery status of all HIV notification letters and memorandums must be tracked on the [USPS website](#). The MEPS may 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 the applicant's medical file. If an unclaimed letter is returned to the MEPS, it will be secured in the applicant's medical record: Refer to the PTC integrity [UMF 40-8-13-E](#).

F-6. HIV Indeterminate/Positive Initial Notification Counseling

These procedures apply to HIV Indeterminate/Positive test results on specimens collected by the MEPS and tested. The MEPS will not accept notification responsibility for any test conducted outside USMEPCOM unless specifically directed by J-7/MEMD-HPO. Refer to [UMF 40-8-19-E](#), for indeterminate result. Refer to [UMF 40-8-15-E](#); for positive results.

A MEPS physician and MEPS Commander must be in attendance. The notification counseling will be conducted by the MEPS CMO/ACMO/FBP/HQ USMEPCOM Physician in the presence of the MEPS Commander/Acting MEPS Commander. MEDNCOIC/Supervisory Health Tech attendance is optional per the MEPS Commander/CMO discretion. For Las Vegas Remote Processing Station (RPS), the location of HIV positive/ indeterminate notification and redraw will be determined by the overseeing MEPS Commander with the input of the Chief Medical Officer or ACMO.

a. J-7/MEMD-HPO Accession Medicine Branch surgeon(s) may also provide on-site or telephonic support during counseling.

Other attendees.

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

(2) If the applicant is not a minor (or is an emancipated minor) and is accompanied by family/friends they will not be present during the HIV initial notification counseling. At the conclusion of the counseling, and upon verbal consent of the applicant, family/friends may be permitted into the room at that time. It is the responsibility of the applicant to explain his/her HIV status. The CMO may address any questions or concerns that arise.

(3) Recruiting members are specifically excluded unless they are the applicant's parent/guardian and the applicant is a minor.

b. 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 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/MEMD-HPO/Staff Judge Advocate -MEJA immediately; i.e., prior to discussion of HIV test results.

(1) Explanation of HIV Indeterminate/Positive Test Result

The CMO, ACMO or Fee Basis CMO will advise the applicant of the HIV Indeterminate/Positive test result. The CMO, ACMO or Fee Basis 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.

(2) Explanation of Permanent Disqualification and offer an Additional Test. The CMO, ACMO or Fee Basis CMO will inform the applicant of the assignment of a permanent medical disqualification status. The CMO, ACMO or Fee Basis 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 the applicant on basis of positive first test. Continue notification process. The CMO, ACMO or Fee Basis CMO must clearly document the counseling process on [DD Form 2808](#) Block 73 or 88 and identify the applicant's refusal to redraw. In addition; document on counseling checklist in the comments section [UMF 40-8-19-E](#), and [UMF 40-8-15-E](#).

(3) Further Health Evaluation. The CMO, ACMO or Fee Basis CMO will encourage the applicant to contact his/her private care provider (PCP) for full evaluation. The CMO, ACMO or Fee Basis CMO will explain why it is important that the applicant see a physician that is accustomed to evaluating individuals with HIV Indeterminate/Positive results. Not all doctors have had experience in evaluating such circumstances. Applicant may visit their PCP or another physician that the PCP recommends. The CMO, ACMO or Fee Basis CMO will ask the applicant to provide the name of his/her PCP or health clinic and will record the same on the [UMF 40-8-16-E](#); Counseling Document Section A (4). The CMO, ACMO or Fee Basis 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.

(4) Blood Donation Deferment. The CMO, ACMO or Fee Basis 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.

(5) PCP Medical Treatment Record Submission. Encourage the applicant to forward all PCP evaluation documents and copies of test results to the MEPS for the CMO, ACMO or Fee Basis 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. Outside test results are not accepted. The MEPS and the CMO, ACMO or Fee Basis CMO can take action on blood specimens collected at the MEPS, and sent to DoD laboratories for appropriate HIV testing. CMO, ACMO or Fee Basis CMO will emphasize that the applicant should go to their PCP for full evaluation to ensure there are no medical conditions that may need closer follow up and/or treatment.

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(6) Review [UMF 40-8-7-E](#), Facts about HIV UMF 40-8-7-E with the applicant. Read aloud, with the applicant following along on with his/her copy, in order to ensure the applicant has an understanding of each item. It is critical to emphasize how important it is that the applicant uses safety measures to protect him/her and others: not only pending the results of additional testing, but at all times. The CMO, ACOMO or Fee Basis CMO should attempt to address all applicant questions. If the CMO, ACOMO or Fee Basis CMO does not know the answer to any inquiry, he/she should not be reluctant to state so. The CMO, ACOMO or Fee Basis CMO will contact J-7/MEMD-HPO to discuss such instances (even during the counseling, if appropriate) and follow up with the applicant if deemed necessary.

c. Applicant information packet. The information packet provided to the applicant will consist of:

(1) [UMF 40-8-7-E](#).

(2) HIV Indeterminate/Positive Initial Notification Letter.

(3) HIV PCP Result Letter located at [Appendix G](#) item k.

(4) [UMF 40-8-14-E](#).

(5) Printed list of confidential testing/treatment locations near the applicant's home found at <http://www.hivtest.org>.

(6) Copies of [DD Forms 2808](#) and [DD Form 2807-1](#).

d. The CMO, ACOMO or Fee Basis 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 the applicant is able to carry all documents in a confidential manner.

e. HIV PCP Result Letter. The MEPS will use this document ([Appendix G](#) item v) to communicate test results to the primary care provider of the applicant's choosing (minor parent's choosing) after redraw result is received. The Release of Information Form ([UMF 40-8-14-E](#)) must be completed before sending test results to any outside provider(s).

Mailed or Faxed:

(1) If the Release of Information Form ([UMF 40-8-14-E](#)) is completed and returned to the MEPS.

(2) Call the number listed and advise the named individual that the release has been received. Complete the HIV PCP Result Letter.

(3) HIV-PCP Result Letters sent by USPS will be sent by certified mail; confirmation of delivery will be maintained in the applicant file.

(4) MEPS will maintain fax machine confirmations of transmission for HIV-PCP Result Letters sent via fax in the applicant file and will call the physician/clinic to ensure receipt.

(5) If concerns arise that any communications may have been misdirected, (e.g., suspects that the letters or faxes may have been sent to an incorrect recipient), the MEPS will make reasonable effort to secure the misdirected information. Please refer to [Tasker Message T-13-09SEP-060](#) for Personally Identifiable Information Breach.

f. **Mock Drill: HIV positive/Indeterminate mock drill must be conducted twice each Fiscal Year. The MEPS Medical NCOIC/SupMT may contact J-7 HIV/DAT Office to initiate a mock drill, or the MEPS may conduct a mock drill internally. Any mock drill conducted by the MEPS (whether it's initiated by J-7 HIV/DAT Office or internally) must be documented IAW the training documentation requirements in UMR 40-1. Additionally, the MEPS may use a real (actual) HIV positive notification to meet the mock drill requirement, but the mock drill must be documented per UMR 40-1 for inspection purposes.**

F-7. HIV Indeterminate/Positive Redraw

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:

(1) Positive Redraw: The MEPS must ensure that a new specimen number is used for redraw specimens. The USMIRS generated specimen number will begin with the MEPS ID 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." USMIRS will automatically generate HIV positive specimen number/label for the MEPS.

(2) Indeterminate Redraw: The MEPS must ensure that a new specimen number is used for redraw specimens because USMIRS will not generate a 5I redraw specimen number. The specimen number will begin with the MEPS ID number and then followed by the next sequential unused "9900" number;" e.g., for Chicago MEPS (#54), the first redraw specimen processed under these guidelines will have specimen number "54990001." The MEPS must create this number in the applicants USMIRS record. The MEPS must also create a 5I tracking log for specimen numbers used in order to keep sequential track of specimen numbers used and what specimen number is to be manually in putted next. If at any time you are unsure of the correct number contact J-7/MEMD-HPO. **Note:** Commit the specimen number in USMIRS prior to applicant departure from the floor.

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 [UMF 40-8-20-E](#), HIV/DAT Testing Control Log, [UMF 40-8-12-E](#), HIV Screening Record and HIV Diagnostic and Reference Laboratory (HDRL) Serology Clinical Test Request Form.

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

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

(4) HIV Diagnostic and Reference Laboratory ([HDRL Serology Clinical Test Request Form](#)).
NOTE: No hand-written information is authorized on HDRL Serology Clinical Test Request Form.

d. Complete with only this specimen listed as indicated above. The MEPS will ship the redraw specimen directly to HDRL using the HDRL shipping label. Package the specimen(s) using current packing procedures and ensure there is enough packing material to insulate single tubes from breaking. Specimen shipments from MEPS within CONUS to include Alaska and Hawaii must be marked for next day delivery

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via courier Priority Overnight. Specimen shipments from San Juan must be marked for next day delivery via courier International Priority. **When scheduling the applicant for a redraw, do not schedule the day immediately preceding a Holiday; HDRL is not open on holidays.**

(1) Use the following mailing address:

**HIV Diagnostics and Reference Laboratory (HDRL)
9100 Brookville Rd
Silver Spring, MD 20910**

(2) Include the HDRL form located on SPEAR.

(a) The MEPS will complete the following areas on the form:

1. Specimen Requirement (circle room temp)
2. Draw Tube (circle SST)
3. Patient identification - Applicant information (Name, SSN, DOB). Include the MEPS name and the USMIRS-generated specimen number. ****Please disregard the FMP and maintain a copy of the completed form in the applicant's medical jacket (DA Form 3444 or 8005 series).**

e. Collection of blood:

Use the procedures indicated in [Appendix E](#) to establish a strict chain of custody for HIV specimens.

f. Shipping specimens:

(1) Label and package redraw tube as follows.

(2) Double check to ensure specimen label matches the [DD Form 2808](#), [UMF 40-8-20-E](#) HIV/DAT Testing Control Log, [UMF 40-8-12-E](#), HIV Screening Record and HIV Diagnostic and Reference Laboratory (HDRL) Serology Clinical Test Request Form.

(3) See the above shipping instructions for HDRL.

(4) Ensure applicant information is entered into USMIRS before applicant leaves medical department.

g. Administrative processing:

(1) Retain the entire medical treatment record to include the original [DD Form 2808](#) and [DD Form 2807-1](#) in a dedicated locked file cabinet in the medical department. Do not return records to files room.

(2) If results are not received within 10 workdays contact J-7/MEMD-HPO through J-3/MEOP-COO (MOC) ticket.

F-8. HIV Indeterminate/Positive Redraw Result Notification

a. Posting indeterminate/positive HIV results: Accomplish the following Day 0 after results received:

(1) Annotate [UMF 40-8-20-E](#), HIV/DAT Testing Control Log with "5B" "5D" or "5I" beside

appropriate specimen numbers and SSN. **Source of Result: The technician will identify the source of the results. Enter “ZHM005” for USMIRS generated results or “J-7/MEMD” for source document sent from J-7 HIV Program Office.**

(2) Annotate HIV blocks in item 49 of [DD Forms 2808](#) with "POS" or "IND". Mark "5D" or "5I" in code blocks.

(3) CMO/ACMO /FBP CMO will enter "Second Test HIV Positive" or "HIV Indeterminate" in item 77 of DD Form 2808 for medical disqualification, annotating that a change was made to block 74b entries under "P" in PULHES to "3P."

(4) Remove **the old current** 680-3 ADP. Generate a new USMEPCOM PCN 680-3ADP. **DD Form 2808 - Item 79: Annotate 5R work identification (WKID), add date and initials.**

(5) Deliver all documents to **MEPS Commander** for final review.

b. Notification Letters. The MEPS will prepare letters for applicant and Recruiting Service **on the same day results are received.**

(1) The MEPS CMO, ACOMO OR Fee Basis CMO will send Positive Second Test Result Letter ([Appendix G](#)) via certified mail to the applicant, and if applicant is (still) a minor, a Positive Second Test Parent Result Letter ([Appendix G](#)) to the parent or guardian. The certified mail 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/MEMD HIV/DAT using the group e-mail address Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil. **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 /FBP.

(2) The MEPS Commander will send certified mail to the Recruiting Service –R-FOT Status Update Memo (R-FOT RS SUM) ([Appendix G](#)) to the Local IRC Commander. The MEPS Commander will sign this letter. An Acting MEPS Commander can sign “for” the Commander. The certified mail 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/MEMD-HPO using the group e-mail address Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil.

c. Applicant Option. There is no requirement for an applicant to return to the MEPS for follow on testing. The applicant has the right to decline to provide a subsequent specimen at the MEPS. For applicants with initial HIV Indeterminate/Positive results, no further MEPS processing is authorized (except R-FOT processing) until MEPS-collected redraw specimen is found to be HIV negative; or an appropriate sponsoring Service Medical Waiver Review Authorities (SMWRA) medical waiver has been received for indeterminate results.

F-9. Review of Result and Follow-on Counseling

All applicants who consent to and provide a redraw will receive a notification letter. If the follow on testing is a “5D,” the notification process will be IAW [Appendix G](#). If the follow on testing is a “5B”, the notification process will be IAW [Appendix G](#). If the result is a “5I” (HIV Indeterminate), the CMO, ACOMO or Fee Basis CMO will discuss the result in-person only if additional processing is authorized (e.g., waiver).

a. Redraw Testing Letter of Clearance (R-FOT-L-CLR). If the redraw result is HIV negative, the MEPS will send a letter ([Appendix G](#)) via certified mail to the applicant’s current address as noted on the HIV Indeterminate Initial Notification Counseling Document.

If the applicant is a minor, the MEPS will send a copy of the minor clearance letter to the parents/guardians via certified mail. ([Appendix G](#))

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 redraw letter, do not send the parent letter. MEPS will place the applicant in N-status in USMIRS with the comment “Must see CMO, ACOMO or Fee Basis CMO on next MEPS visit.” MEPS must scan the letter and send via encrypted email to J-7/MEMD, HIV/DAT using the group e-mail address (Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil).

b. Follow on testing Letter of Chronic HIV Indeterminate. If the redraw result is “5I”, the MEPS will send the letter ([Appendix G](#)) via certified mail to the applicant’s current address as noted on [UMF 40-8-19-E](#). MEPS must scan the letter and send via encrypted email to J-7/MEMD-HPO using the group e-mail address (Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil). If the applicant is a minor, the MEPS will send a copy of the letter to parent(s)/guardian(s). ([Appendix G](#)) via certified mail. If the result is a “5I” (HIV Indeterminate), the CMO, ACOMO or Fee Basis CMO will discuss the result in-person only if additional processing is authorized (e.g., following receipt of SMWRA waiver).

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 redraw letter, do not send the parent letter. The MEPS will also place the applicant in N-status in USMIRS with the comment, “No further processing unless approved by J-7/MEMD-HPO).

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

c. Redraw result is HIV positive (“5D”). If the redraw result is “5D”, the MEPS will send the letter ([Appendix G](#)) via certified mail restricted delivery to the applicant’s current address as noted on [UMF 40-8-19-E](#). MEPS must scan the letter and send via encrypted email to J-7/MEMD-HPO using the group e-mail address (Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil). If the applicant is a minor, the MEPS will send a copy of the letter ([Appendix G](#)) via certified mail.

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 redraw letter, do not send the parent letter.

(1) The MEPS will also place the applicant in N-status in USMIRS 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” or “5I” results.

d. Redraw Recruiting Service Memo ([Appendix G](#)) on the same day that the redraw result letter is sent to the applicant (and parent), the MEPS Commander will send the redraw recruiting service memo to the sponsoring Service IRC. A certified mail 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/MEMD HIV/DAT using the group e-mail address (Osd.north-chicago.usmepcom.list.hq-J7-memd-hiv-dat-pgm-office@mail.mil).

e. Primary Care Provider Letter. Upon receiving the Release of Information form after mailing the redraw result letters 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.
- (2) Complete the Primary Care Provider Letter ([Appendix G](#)).
- (3) HIV-PCP Result Letters sent by USPS will be sent by certified mail; confirmation of delivery will be maintained in the applicant file.
- (4) MEPS will maintain fax machine confirmations of transmission for HIV-PCP Result Letters sent via fax in the applicant file and will call the physician/clinic to ensure receipt.
- (5) If concerns arise that any communications may have been misdirected, (e.g., suspects that the letters or faxes may have been sent to an incorrect recipient), the MEPS will make reasonable effort to secure the misdirected information.

F-10. Waiver Processing Refer to USMEPCOM 40-1 Medical Waivers

Note: If a Service-specific medical waiver has been received contact J-7/MEMD-HPO for further guidance through J-3/ MEOP-COO (MOC).

- a. Certified Copy. MEPS will only release a certified copy of the medical record to the Service Liaison for waiver processing once approved by J-7/MEMD-HPO. 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. Applicants with redraw results of “5I” or a “5D” are not authorized to continue processing.

F-11. Record Disposition for Repeated Indeterminate and Positive Results

- a. MEPS ITS will insert the following field into USMIRS TU02 Valid Packet Tracking Locations:
 - (1) Under Location Code ADD HQM.
 - (2) Under Location Description add HQ Medical J-7/MEMD.
- b. The MEPS Commander and MED NCOIC/Supervisory Medical Tech will QC the HIV medical record prior to forwarding to J-7/MEMD-HPO using the [HIV Close-out Checklist](#). Perform a proper QC of the record to ensure all documents are present / complete. The HIV Close out Checklist will assist in accounting for the required documents. Include the original [HIV Close-out Checklist](#) and a printed copy of the PTC integrity USMEPCOM Form 40-8-13-E in the medical jacket. Charge applicant packet out in USMIRS to J-7/MEMD for 6 years from the date of initial test.
- c. Do not forward any loose documents; forward record with the original medical jacket. (DA Form 3444 or DA Form 8005 series). All MEPS Medical Departments will ship their repeated indeterminate and HIV positive records to Headquarters, J-7/MEMD via UPS 2nd Day Air.
- d. To reduce official mail costs and allow for the proper tracking of packages, please follow these important courier guidelines when shipping:
 - (1) San Juan – Use International Economy.
 - (2) Honolulu and Anchorage – Use UPS 2nd Day Air.

(3) Remaining MEPS – Use UPS 2nd Day Air.

e. Ensure the MEPS will complete [DA Form 1613, Record Cross-Reference Sheet](#) with statement “original record to J-7/MEMD-CO-QSB.” and maintain the following documents in shadow file for 6 years (see [Paragraph 4-19](#)).

f. Counseling Checklist (all applicants with HIV indeterminate / positive results). If an applicant cannot be notified for any reason or refuses a redraw, the MEPS Commander/CMO will annotate in the comment blocks of [UMF 40-8-19-E](#) or [UMF 40-8-15-E](#) as to the circumstances (what proactive steps the MEPS took to notify the applicant. Commander/CMO will print their name and sign the explanation. These copies will be maintained for 6 years in the locked cabinet in the MEPS medical department.

IMPORTANT: When updating records, do not cross out (on paper documents) or delete (from database) any prior HIV Indeterminate test result information.

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

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

HIV Indeterminate Initial Notification Counseling		
l.	HIV Indeterminate Initial Notification Counseling Checklist Note: Complete UMF 40-8-16-E in conjunction with this form. See item h above.	UMF 40-8-19-E ; located on the SPEAR
m.	UMF 40-8-18-E , Facts About HIV Indeterminate	UMF 40-8-18-E , (located on the SPEAR)
n.	HIV Indeterminate Initial Notification Private Medical Doctor Letter	HIV Indeterminate Initial Notification
HIV Positive Redraw Result Notification – Applicant, Parent/Legal Guardian, Recruiting Service		
o.	Positive Second Test Applicant Result Letter	Positive 2nd Letter Applicant
p.	Positive Second Test Parent Result Letter	Positive 2nd Letter Parent
HIV Indeterminate R-FOT Result Notification - Applicant, Parent/Legal Guardian, Recruiting Service		
q.	Applicant Redraw for Follow On Testing Letter of Clearance – “ 5B ”	R-FOT L-CLR
r.	Parent of Minor Redraw for Follow On Testing Letter of Clearance – “ 5B ”	R-FOT PMN L-CLR
s.	Applicant Redraw for Follow On Testing Letter of Chronic Indeterminate – “ 5I ”	R-FOT Examinee L-CIND
t.	Parent of Minor Redraw for Follow On Testing Letter of Indeterminate – “ 5I ”	R-FOT PMN L-CIND
u.	Recruiting Service - R-FOT Status Update Memo	Recruiting Service R-FOT Status Update
Private Medical Doctor Notice of HIV Indeterminate R-FOT Test Results		
v.	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 [SPEAR](#) under Headquarters; MEMD-HPO Training Tools except for the Unit Commander letter.

Letter that is sent to the applicant using certified mail:

[Universal Drug Positive Notification Letter - Applicant](#)

Letter that is sent to the minor applicant parents using certified mail:

[Universal Drug Positive Notification Letter Minor Applicant](#)

Letter that is sent to the local IRC Commander using certified mail:

[Universal Drug Positive Notification Letter to IRC Commander](#)

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

[Drug Positive Letter for Military Member](#)

Letter that is sent to the applicant that did not provide a urine specimen after three working days using certified mail:

[Universal Drug Unable to provide a urine sample Letter](#)

Mail original letters to the applicant, maintain a copy in the applicant's medical record, and maintain a copy in the administration file under Record Number 40/500A, "General Medical Services Files". Keep in office file for 2 years, then destroy (see [Appendix A, Section III](#)).

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 9's 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.
- (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 9's in all other medical data fields, enter "0" for all PULHES except for "S=3T", enter "Z" for DAT/HIV results, and "A" with a three digit number for BAT result. (Assign ICD 9 code 303).

c. If only BAT was completed use MD09 screen.

- (1) Verify date of test, enter result code "A", and enter the lower of the result from the first or confirmation test.
- (2) USMIRS will assign appropriate deferment period.

d. 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 9's in all other medical data fields, enter "0" for all PULHES except for "S=3T", enter "Z" or 5A for HIV result and enter "XX" for drug result. USMIRS will automatically assign a six month deferment period.

b. Positive drug result. USMIRS entered positive drug result; the MEPS staff does not change any entries.

c. Negative drug result. USMIRS entered negative drug result; the MEPS staff does not change any entries.

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.

(4) The MEPS must document all information regarding the applicant and the inability or refusal to provide a drug specimen. Medical technician will document on the applicant's [DD Form 2808](#), block 73 and in USMIRS the inability or refusal to provide a drug specimen. Applicant will be counseled on the three working day process and have the MEPS provider document on the DD Form 2808, block 78 (include applicant's signature/date).

(5) If the applicant does not return after 3 working days, change "ZZ" to "XX". USMIRS will automatically assign a six month deferment period. This is considered a refusal to test.

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.

Section III HIV Testing

- a. Refuse HIV test
 - (1) Update USMIRS using Medical Data Screen MD01.
 - (2) Enter "B020" with status code "J".
 - (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 9's in all other medical data fields, enter appropriate number for all PULHES except for "P=0", enter "5X" for HIV result and "ZZ" for drug result **if not collected**. USMIRS will automatically assign a six month deferment period. **If the six month deferment period does not populate with "5X", manually assign the deferment period (RBJ date). Enter the appropriate number for all PULHES except for "P=3T and ICD code REF.HV. The applicant will be ineligible to process for 180 days.**
- 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 after 10 working days post test date, contact J-7/MEMD-HPO.
- c. Negative HIV test. USMIRS entered negative HIV result; the MEPS staff does not change any entries. If the result is not entered by USMIRS after 10 working days post test date, contact J-7/MEMD-HPO.
- 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 contact J-7/MEMD-HPO.

Appendix J Appointment Orders

J-1. Authority to Issue Appointment Order

Authority for issuing appointment orders is restricted to the MEPS Commander for duties and responsibilities contained in this regulation.

Commanders will issue appointment orders only after employees have:

- a. Read the following regulations:
 - (1) UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program.
 - (2) [UMR 40-9, Bloodborne Pathogen Program](#).
- b. Satisfactorily complete all required training (guidance located on [SPEAR](#) J-1/MEHR-WTC Development/Training Standardization):
 - (1) Blood Born Pathogen Program.
 - (2) Breath Alcohol Test (BAT).
 - (3) Drug Testing Program.
 - (4) HIV Testing Program.
- c. Document all required training in staff training records.

J-2. Prepare Appointment Order

- a. Initial and date duties as the employee acquires task completion. The employee is only authorized to perform tasks that have completion training dates and initials from the trainer and MEPS Commander. MEPS Commander will sign/initial appointment order once employee completes training. Final signature from the MEPS Commander confirms the employee is fully trained in all duties identified on the CTO.
- b. Commanders will review an employee's personnel and training record to ensure all requirements have been met before final signature of the Confirmed Training order (CTO) see [Figure J-1](#). Once that review is complete, the MEPS Commander will sign the appointment order. 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. **Note:** Each employee assigned to duties will have only one appointment order which includes all current duties assigned.
- c. HIV/DAT Quality Assurance (QA) Officer; this duty requires a separate appointment order (see [Figure J-2](#))
- d. Commanders will place a copy of the completed and signed appointment order in the employee's training record as specified in [UMR 40-1](#). The appointment order will remain in effect for the term of employment at the MEPS unless otherwise revoked by the MEPS Commander.

J-3. 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 results verifier.
- g. HIV coordinator.
- h. HIV/DAT Quality Assurance Officer (requires a separate appointment order).

J-4. Breathalyzer Technician

Commanders may appoint any MEPS medical employee to serve as a 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 MT 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-5. Drug Testing Observer

Commanders may appoint any MEPS employee to serve as drug testing observer, as long as that person has read and understands proper procedures for specimen observation in accordance with this regulation, DoD HIV Testing Program and Drug and Alcohol Testing Program. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP MT must confirm that observer has been properly trained in observing specimen donation and completing the drug testing [UMF 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-6. Drug Testing Coordinator

Commanders may appoint any MEPS medical employee to serve as drug testing coordinator, as long as that person has read and understands proper chain of custody procedures for specimen packaging and shipping in accordance with this regulation, DoD HIV Testing Program and Drug and Alcohol Testing Program. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP MT 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-7. Drug Results Verifier

Commanders may appoint any MEPS medical 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, DoD HIV Testing Program and Drug and Alcohol Testing Program. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP MT must confirm that results verifier knows how to correctly annotate results on [DD Forms 2808](#) and [UMF 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-8. HIV Technician

Commanders may appoint any MEPS medical employee 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 MT must confirm that technician has been properly trained in drawing blood, AWARE initiative, and blood borne pathogen procedures IAW with this regulation, DoD HIV Testing Program and Drug and Alcohol Testing Program and [UMR 40-9](#).

J-9. HIV Coordinator

Commanders may appoint any MEPS medical 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 MT 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-10. HIV Results Verifier

Commanders may appoint any MEPS medical 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, DoD HIV Testing Program and Drug and Alcohol Testing Program. Before the MEPS Commander appoints a person to this position, Medical NCOIC/SUP MT must confirm that results verifier knows how to correctly annotate results on [DD Forms 2808](#) and [UMF 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-11. HIV/Drug Quality Assurance (QA) Officer

Commanders will appoint a commissioned officer, non-commissioned 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 the QA Officer and the Technician who was the coordinator for that day. The QA checklists are located on [SPEAR](#) under Headquarters; J-7/MEMD-HPO. **The QA Officer will initial the “Daily QA Officer” line at the bottom of the HIV/DAT Testing Control Log and the “QA Officer” column on the QC checklist and then** attach the completed QA checklists to the appropriate control logs daily. Note: Only MEPS personnel E-6 or GS-7 and above and MEPS assigned commissioned officers are authorized to perform the duties of HIV/Drug Quality Assurance (QA) Officer.

Note: This duty requires a separate appointment order from other duties assigned.

J-12. Length of Appointment

Appointment orders remain in effect throughout the period of employment at the MEPS unless otherwise revoked by the MEPS Commander. Transcribe date of training to new appointment orders.

Figure J-1. Sample of a Confirmed Training Order (CTO)

(Letterhead Stationery)

MCO-XXX (Date)

SUBJECT: Confirmed Training Order

Reference: USMEPCOM Regulation 40-8, Department of Defense (DoD) Pre-accession 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 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 sworn 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. When serving as a Drug Results Verifier or HIV Results Verifier do not verify results that you annotated.

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>Initial Training Date</u>	<u>Duty Title</u>	<u>Trainee/Trainer Initials</u>	<u>Commanders Initials</u>
_____	Breath Alcohol Testing Examiner	_____	_____
_____	Drug Testing Observer.	_____	_____
_____	Drug Testing Coordinator.	_____	_____
_____	Drug Results Verifier.	_____	_____
_____	HIV Technician.	_____	_____
_____	HIV Coordinator.	_____	_____
_____	HIV Results Verifier.	_____	_____

NAME
RANK, Branch of Service
MEPS Commander

I read and understand the reference and will perform all duties in strict accordance with its provisions.

Employee Name (Print) Signature _____ Initials _____ Date _____

Figure J-2. Sample of an Appointment Order as HIV/Drug Quality Assurance (QA) Officer

(Letterhead Stationery)

MCO-XXX (Date)

SUBJECT: Appointment Order as HIV/Drug Quality Assurance (QA) Officer

Reference: USMEPCOM Regulation 40-8, Department of Defense (DoD) Pre-accession 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. (Insert Name) has read the references and may perform all duties in strict accordance with these policies below:

- (1) Verify that all specimens and shipping packages are properly labeled
- (2) All specimens in shipping package are listed on USCD and HIV Screening record
- (3) All documents are properly prepared for shipment each day
- (4) HIV/Drug Quality Control Checklist is properly completed

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 sworn statements or give testimony in legal proceedings.

(INSERT NAME) is appointed to perform the duties as **HIV/Drug Quality Assurance (QA) Officer**. This appointment will end with termination of your current assignment or at my discretion.

Name
Rank, Branch of Service
MEPS Commander

I have read and understand the references and will perform all duties in strict accordance with all provisions.

Printed Name Signature _____ _____ _____

Initials Date

Figure J-2. Sample of an Appointment Order as HIV/Drug Quality Assurance (QA) Officer

Appendix K**Internal Control Evaluation Checklist – Pre-accession Drug and Alcohol Testing****K-1. Function**

The functions covered by this checklist are procedures for Pre-accession Drug and Alcohol Testing (DAT).

K-2. Purpose

The purpose of this checklist is to assist Commanders and medical departments in evaluating key internal controls listed below. It is not intended to cover all controls.

K-3. Instructions

Answers must be based on actual testing of key internal 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 every 2 years. Certification that the evaluation has been conducted will be accomplished on [DA Form 11-2](#).

K-4. Questions

a. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP MTs aware of their responsibility for ensuring that alcohol testing and urine specimen collection comply with current regulation? UMR 40-8, DoD HIV/DAT [Chapter 3](#), [Appendix C](#), and [Appendix D](#)

b. Are MEPS Commanders, Operations Officers, CMOs, and NCOIC/SUP MTs aware of their responsibility for ensuring that applicant notification complies with this current regulation? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 3](#) and [Appendix H](#)

c. Are MEPS Commanders, Operations Officers, CMO, ACOM or Fee Basis CMOs, and NCOIC/SUP MTs aware of their responsibility for results reporting procedures? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 3](#) and [Appendix I](#)

d. Are MEPS Commanders, Operations Officers, CMO, ACOM or Fee Basis CMOs, and NCOIC/SUP MTs actively managing this program in accordance with current the regulation? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 1](#)

e. Are MEPS Commanders, Operations Officers, CMO, ACOM or Fee Basis CMOs, and NCOIC/SUP MTs conducting command inspection program in accordance with the current regulation? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 1](#)

f. Is an updated copy of UMR 40-8, Department of Defense (DoD) Human Immunodeficiency Virus (HIV) Testing Program and Drug and Alcohol Testing (DAT) Program on hand within the medical department of the MEPS? UMR 40-8, Department of Defense (DoD) Human Immunodeficiency Virus (HIV) Testing Program and Drug and Alcohol Testing (DAT) Program [Chapter 1](#)

g. Are all Medical Department employees trained in conducting drug and alcohol testing in accordance with current regulation? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 1](#)

[TOC](#)**K-5. Comments**

Users may submit comments to HQ USMEPCOM, ATTN: J-7/MEMD HIV/DAT, 2834 Green Bay Road, North Chicago, IL 60064-3091.

K-6. Use of DA Form 11-2

[DA Form 11-2](#) is designed to document any internal control evaluations. Evaluations of the MEPS Medical Department 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 internal 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). Completed DA form 11-2 will be retained under Record Number 11-2a3/800B, "Management Control Program". Keep in office file until next management control evaluation, then destroy (see [Appendix A, Section III](#)).

Appendix L

Internal 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 departments in evaluating key internal controls listed below. It is not intended to cover all controls.

L-3. Instructions

Answers must be based on actual testing of key internal 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 every 2 years. Certification that the evaluation has been conducted will be accomplished on [DA Form 11-2](#).

L-4. Questions

a. Are MEPS Commanders, Operations Officers, CMO, ACMO or Fee Basis CMO s, and NCOIC/SUP MTs aware of their responsibility for ensuring that HIV specimen collection procedures are in accordance with current regulation? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 4](#) and [Appendix E](#).

b. Are MEPS Commanders, Operations Officers, CMO, ACMO or Fee Basis CMO s, and NCOIC/SUP MTs aware of their responsibility for ensuring that applicant notification procedures comply with current regulations? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 4](#) and [Appendix G](#).

c. Are MEPS Commanders, Operations Officers, CMO, ACMO or Fee Basis CMO s, and NCOIC/SUP MTs aware of their responsibility for ensuring that results reporting procedures comply with current regulation? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 4](#).

d. Are MEPS Commanders, Operations Officers, CMO, ACMO or Fee Basis CMOs, and NCOIC/SUP MTs aware of their responsibility in maintaining positive and indeterminate applicant files in accordance with current regulation? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 4](#) and [Appendix F](#).

e. Are MEPS Commanders, Operations Officers, CMO, ACMO or Fee Basis CMOs, and NCOIC/SUP MTs conducting command inspection program in accordance with current regulation? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 1](#).

f. Is an updated copy of UMR 40-8 on hand within the medical department of the MEPS? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 1](#).

g. Are all Medical Department employees trained in conducting HIV testing in accordance with current regulation? UMR 40-8, DoD HIV Testing Program and Drug /Alcohol Testing Program [Chapter 1](#).

[TOC](#)

h. Is the MEPS Commander maintaining the status of HIV positive and HIV indeterminate results? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 1](#).

i. Is the MEPS Commander ensuring that applicant files are maintained in a secure area? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 1](#).

j. Does the MEPS Commander have a system to ensure that HIV positive and indeterminate applicant files are being forwarded to J-7/MEMD-HPO in a timely manner? UMR 40-8, DoD HIV Testing Program and Drug and Alcohol Testing Program [Chapter 1](#).

L-5. Comments

Users may submit comments to HQ USMEPCOM, ATTN: J-7/MEMD HIV/DAT, 2834 Green Bay Road, North Chicago, IL 60064-3091.

L-6. Use of DA Form 11-2

[DA Form 11-2](#) is designed to document any internal control evaluations. Evaluations of the MEPS Medical Department 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 internal 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). Completed DA form 11-2 will be retained under Record Number 11-2a3/800B, "Management Control Program". Keep in office file until next management control evaluation, then destroy (see [Appendix A, Section III](#)).

Appendix M
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

CTO

Confirmed Training Order

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

DRL

Drug Result label

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

HDRL

HIV Diagnostic and Reference Laboratory

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/MEOP-COO (MOC)

J-3/Operations Directorate/Current Operations/Operations Center

J-6/MEIT

J-6/Information Technology Directorate

J-7/MEMD

J-7/Medical Plans and Policy Directorate

J-8/MERM

J-8/Resource Management Directorate

MEDCOM

Medical Command

MEPS

Military Entrance Processing Station

MEPS JUMPER

An applicant who has a valid examination at another MEPS but has not disclosed the examination

MEIG

Inspector General

MEJA

Staff Judge Advocate

MMAL

Medical Materiel Allowance List

MEDC-PA

Public Affairs Officer

MSDS

Material Safety Data Sheets

NCO

Noncommissioned officer

NCOIC

Noncommissioned officer in charge

PA

Privacy Act

PCN

Product control number

PCP

Primary Care Provider

PDQ

Permanent disqualification

PMN

Parent of Minor Notice

POS

Positive

PULHES

Physical profile categories

QA

Quality assurance

QC

Quality control

QRP

Quality Review ~~Process~~ Program

RBJ

Reevaluation Believed Justified

R-FOT

Return for follow on testing

RJ

Return Justified

RS-LOAR

Recruiting Service Letter of Assistance Required

RS-MOA

Recruiting Service Memorandum of Advisement

SF

Standard Form

SLN

Second Letter of Notification

SWA

Service Waiver Authority

SPEAR

Sharing Policy Experience and Resource (USMEPCOM Intranet)

SPF

Service Processing For

SPMN

Second Parent of Minor Notification

SSN

Social security number

STARNET

Station Advisory Reporting Network

SUP MT

Supervisory Medical Technician

TAMC

Tripler Army Medical Center

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 18th 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~~

A person who relinquishes personally identifiable information (PII) for the purpose of applying for acceptance and formal affiliation to a DoD component, as confirmed by acknowledgment of a privacy statement as to the purpose, collection, use, and retention of application information for processing at an approved USMEPCOM processing location, including Enlistees, Recruits, Shippers, Registrants, Inductees, Officer Candidates and those individuals approved by DUSD/MPP (e.g., FBI candidates).

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 one 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.

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 18th 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 postnatal through breast-feeding.

Western Blot

A laboratory test for specific antibodies to confirm repeatedly reactive ELISA or EIA results.

Appendix N Summary of Changes Archive

Changes previously implemented effective November 8, 2018:

- Throughout: Incorporated Tasking Message -T-17-09SEP-059 regarding the PTC integrity HIV Indeterminate or Positive Processing Checklist (USMEPCOM Form 40-8-13-E)
- Throughout: Replaced Battalion Support Branch (BSB) positions with Accession Medicine Branch (AMB) to reflect updates in UMR 40-1, July 24, 2017.
 - Paragraph 3-4a: Deleted which is the date (on or after) that and added this is the date after which
 - Paragraph 3-8a and c: and 4-6 a & c. Deleted Recruit Training Commands
 - Paragraph: 4-5c: Added document the numeric cancellation code on HIV control log.
 - Paragraph: 5-8e: Added to ensure the numbers are the same as the MEPS supply inventory
 - Paragraph: 5-10a: Added two (primary and back-up cylinders)
 - Appendix C-6a: Added applicant must open the tube wrapper and hands it over to the technician for proper placement on the breathalyzer. To avoid any contamination of the tube, each applicant must open the tube in the presence of the technician.
 - Appendix D-3e: Added If the physical exam is discontinued before a specimen number is issued, use specimen number “99999999” to input the medical data into USMIRS.
 - Appendix D-6a: (1) Added bathroom assignments will be made based on applicant's preferred gender identified by the sponsoring Service. NOTE: Cell phones, other mobile electronic devices, or any other object or equipment that may serve as a distraction will not be used in the bathroom.
 - Appendix D-6a: (2) Added gender, deleted “sex”
 - Appendix D-7b: Incorporated the intent of INFO-18-06JUN-139 (Mitigation of Specimen Leakage Policy)
 - Appendix D-9k: Added medical NCOIC/SupMT or anyone acting in these positions.
 - Appendix D-10a: Incorporated the intent of INFO-18-06JUN-139 (Mitigation of Specimen Leakage Policy)
 - Appendix D-10g: Incorporated the intent of INFO-17-07JUL-152.
 - Appendix D-14a: Added the applicant must provide a specimen the day of return or be considered a refusal to drug test.
 - Appendix D-14b: Added when the applicant returns to the MEPS after the 180-day disqualification period, the applicant must provide a urine specimen that day.
 - Appendix D-14c(3): Added “see 73”, deleted “X”
 - Appendix D-14d(2): Added (approved by Sector commander or designee). The medical ETP template is available on SPEAR.
 - Appendix E-3b: Incorporated the intent of INFO-17-08AUG-165 for generating specimen labels during medical manual processing.
 - Appendix E-8f: Incorporated the intent of INFO-17-08AUG-178.
 - Appendix E-8h: Incorporated the intent of INFO-17-06JUN-131, INFO-17-10OCT-235, and INFO-17-11NOV-272; shipping instructions for Saturday, Fourth of July, and Thanksgiving holidays
 - Appendix E-10: Added medical NCOIC/SupMT or anyone acting in these positions
 - Appendix F-4b(7): Added DD Form 2808 - Item 79: Annotate 5R WKID and add date and initials.
 - Appendix F-6a: Replaced “Field Support Branch” with “Accession Medicine Branch” to reflect change in titles with UMR 40-1, May 23, 2018.
 - Appendix F-6c(3): Added item k.
 - Appendix F-6e: Added item v and the Release of Information Form (UMF 40-8-14-E) must be completed before sending test results to provider(s).

[TOC](#)

- Appendix F-7c(4): Deleted handwriting, added handwritten.
- Appendix F-8a(3): Added “Second Test HIV Positive” and changed 78 to 77.
- Appendix F-11b: Added and a printed copy of the PTC integrity USMEPCOM Form 40-8-13-E
 - Appendix J-12: Deleted in the event of a change in the MEPS Commander, new appointment orders will be completed.