

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 40-51

30 March 2005

Medical Services
**MEDICAL REVIEW OFFICERS AND REVIEW OF POSITIVE
URINALYSIS DRUG TESTING RESULTS**

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL-H.

- 1. HISTORY.** This is the first printing of this publication.
- 2. PURPOSE.** This regulation establishes policy for physicians assigned duties as medical review officers (MROs) in determining if a medical explanation exists for a positive urinalysis drug testing result.
- 3. APPLICABILITY.** This regulation applies to all U.S. Army Medical Command (MEDCOM) military treatment facilities (MTFs) that assign physicians to perform duties as MROs. This regulation does not apply to the review of Department of the Army civilian employees in testing designated positions.
- 4. REFERENCES.**
 - a. AR 600-85, Army Substance Abuse Program.
 - b. Department of Defense (DOD) Directive 1010.1, Military Personnel Drug Abuse Testing Program.
 - c. DOD Directive 1010.16, Technical Procedures for Military Personnel Drug Abuse Testing Program.
- 5. EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are explained in the glossary.

6. RESPONSIBILITIES.

a. The MTF commander will--

(1) Appoint on orders a licensed and privileged physician (Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.)) to serve as an MRO while assigned to the MTF. Military, civilian, or contract physicians can serve as MROs.

(2) Ensure that the appointed physician attends MEDCOM-sponsored MRO training and is certified to perform duties within the first 6 months of assignment.

b. The MRO will--

(1) Attend MEDCOM-sponsored MRO training (and retraining every 3 years) and become certified to review urinalysis drug testing results within the first 6 months of duty assignment.

(2) Review all positive urinalysis drug testing results on Soldiers for the drugs listed in appendix A, paragraph 1 and for drugs listed in appendix A, paragraph 2, if requested by the unit commander.

(3) Report findings to the appropriate installation Alcohol and Drug Control Officer (ADCO) or unit commander.

(4) Maintain records and confidentiality of medical information.

(5) Read a Soldier his/her rights from DA Form 3881, Rights Warning Procedure/Waiver Certificate, and complete the form prior to starting a phone or in-person interview.

7. POLICIES.

a. In accordance with Federal law, only physicians possessing an M.D. or D.O. degree from an accredited university may serve as an MRO.

b. The MRO will conduct a medical examination for signs of drug abuse for all morphine-positive Soldiers who do not possess a prescription for this drug and have a urinalysis drug concentration equal to or exceeding 15,000 nanograms per milliliter (ng/ml) morphine. Urinalysis results for morphine below 15,000 ng/ml in the absence of a prescription could occur as a result of ingesting poppy seeds.

c. The MRO will report findings using only the standard reporting language contained in paragraph 8e of this regulation.

d. The MRO will complete the medical review and notify the Soldier's unit commander and ADCO within 5 working days of receiving a positive urinalysis notification.

e. The MRO will maintain all documentation of medical reviews for 2 years. They are normally kept at the Alcohol and Drug Coordinator's Office, but can be maintained by the MRO. These records are considered confidential and are not part of the medical files system. Forms may be destroyed after 2 years.

f. If a physician on orders as an MRO is unable to attend MEDCOM-sponsored training within 6 months due to deployment or other circumstances, he/she must verify the results of their urinalysis test review with a certified MRO. Such verification will continue until he/she has successfully completed the MEDCOM-sponsored training.

8. PROCEDURES.

a. Review DD Form 2624, Specimen Custody Document-Drug Testing, (appendix B) or electronic web report (appendix C) and check identifying information on the form/report to verify that the positive test result in question is from the Soldier.

b. Review any medical evidence in the form of a medical prescription contained in the Composite Health Care System, medical records, and/or statement from the Soldier's physician or dentist documenting the drug prescribed, the date of medical or dental procedures which required prescribed drugs, and the reason for its use.

c. If it is not possible to determine whether or not the positive result is due to legitimate use, the MRO will conduct a telephonic or direct interview with the Soldier; this interview will be scheduled through the Soldier's unit commander.

d. When conducting a telephonic or direct interview, advise the Soldier that the purpose of the interview is to determine if there is a medical reason for the positive urinalysis drug testing result. Read the Soldier his/her rights listed in DA Form 3881 (appendix D) and instruct the Soldier that if other nonmedical information is revealed, it could be used in a legal setting and then ask for medical information related to the positive urinalysis drug testing result.

e. Make a determination regarding the positive test result. The standard reporting language is--

(1) "Legitimate use." The Soldier has a prescription(s) for a drug(s) which caused the positive urinalysis result.

(2) "No legitimate use." The Soldier does not have a prescription(s) for a drug(s) that would cause a positive urinalysis test result.

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f. If attempts to contact the Soldier for the interview fail, contact the Soldier's unit commander or ADCO. If either the Soldier's unit commander or the Soldier fails to make contact after 5 working days, the MRO may report the specimen as "No legitimate use."

g. Record results of the review and comments on a Standard Form (SF) 513, Consultation Sheet, (appendix E) or in the MEDCOM-designated MRO reporting website.

h. Send a copy of the SF 513 to the installation ADCO.

Appendix A

A-1. The following urinalysis drug testing results require review by the MRO:

- a. Amphetamines (d-methamphetamine and d-amphetamine).
- b. Barbiturates (secobarbital, phenobarbital, and butalbital).
- c. Benzodiazepines.
- d. Opiates (codeine, morphine).
- e. Steroids (all steroids analyzed through the UCLA laboratory).
- f. Synthetic Opiates (Oxycodone and Oxymorphone).

A-2. The following drugs are not reviewed by an MRO and are sent directly to unit commanders for action. MROs will review these drugs if requested by unit commanders.

- a. 6-monoacetylmorphine (6-MAM) – heroin metabolite.
- b. Benzoylecgonine – cocaine metabolite.
- c. Lysergic acid diethylamine (LSD).
- d. MDMA, MDA, MDEA – amphetamine and methamphetamine designer drugs.
- e. Phencyclidine (PCP).
- f. Tetrahydrocannabinol (THC) – marijuana parent compound.

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING						A. LABORATORY CONDUCTING DRUG TESTING	
1. SUBMITTING UNIT		2. ADDITIONAL SERVICE INFORMATION (Second Echelon)				B. BATCH NUMBER	
3. BASE/AREA CODE		4. UNIT IDENTIFICATION CODE		5. DOCUMENT/ BATCH NUMBER		C. REPORT OF RESULT (DTG/Serial No.)	
		6. DATE SPECIMEN COLLECTED		DD		D. DRUGS TESTED	
		YYYY		MM			
7. SPECIMEN NUMBER		8. COMPLETE SSN		9. TEST BASIS		F. ACCESSION NUMBER	
				10. TEST INFO		G. RESULT	
				11. PRESCREEN CODE			

Sample

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE _____

(2) DATE SIGNED _____

(3) CERTIFYING OFFICIAL (Printed Name and Title) _____

12. CHAIN OF CUSTODY		LAN		THRU		INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.		PURPOSE OF CHANGE/ REMARKS d.		BLOCK	USA	USN/MC	USAF
(1)	SIGNATURE NAME	SIGNATURE NAME				1	Message address of unit submitting urine samples	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
(2)	SIGNATURE NAME	SIGNATURE NAME				2	Do not use	Leave blank for future use.	Four-character Base Identification Code (Ex. F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
(3)	SIGNATURE NAME	SIGNATURE NAME				3	Service Code Area		Do not use
(4)	SIGNATURE NAME	SIGNATURE NAME				4	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
(5)	SIGNATURE NAME	SIGNATURE NAME				5	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
(6)	SIGNATURE NAME	SIGNATURE NAME				6	Do not use	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(7)	SIGNATURE NAME	SIGNATURE NAME				7	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(8)	SIGNATURE NAME	SIGNATURE NAME				8	Full SSN of person from whom sample obtained.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(9)	SIGNATURE NAME	SIGNATURE NAME				9	Indicate the testing premise to conduct the collection.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(10)	SIGNATURE NAME	SIGNATURE NAME				10	Leave blank		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
(11)	SIGNATURE NAME	SIGNATURE NAME				11	Leave blank		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
12. CHAIN OF CUSTODY (LINE (1)).						<p>Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = U.S. Coast Guard; F = U.S. Customs Service; G = U.S. Marine Corps; H = U.S. Navy; I = U.S. Air Force; J = U.S. Army; K = U.S. Marine Corps; L = U.S. Coast Guard; M = U.S. Navy; N = other nonmilitary</p> <p>If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.</p> <p>12. CHAIN OF CUSTODY (LINE (1)).</p> <p>a. DATE - Date of collection/analysis. b. RELEASED BY - Signature and printed name of the person having custody of the sample. c. RECEIVED BY - UIC only. Physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE - Remarks. Specify the mode of accountable transportation/system utilized to ship specimens to the lab.</p> <p>NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).</p>			
13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES									

Appendix C - Electronic Web Report

UNITED STATES ARMY
 FORENSIC TOXICOLOGY DRUG TESTING LABORATORY
 2490 WILSON STREET
 FORT GEORGE G. MEADE, MD 20755-5235
 Voice: 301-677-7085
 Fax: 301-677-7688
 E-mail: FTMDINFO@FTDTLDATA.AMEDD.ARMY.MIL

Drugs Tested
 Codes

A - Amphetamines B - Barbiturates
 C - Cocaine L - Lysergic Acid
 Diethylamide
 O - Opiate P - Phencyclidine
 S - Steroids T - Tetrahydrocannabinol

Rpt Abbreviation	Drug	Cutoff Value	LOL
THC	THC	15 ng/ml	400
COC	COCAINE	100 ng/ml	2000
AMP	AMPHETAMINE	500 ng/ml	6000
MET	METHAMPHETAMINE	500 ng/ml	6000
PCP	PCP	25 ng/ml	1000
COD	CODEINE	2000 ng/ml	8000
MOR	MORPHINE	4000 ng/ml	9000
6MAM	HEROINE	10 ng/ml	100
LSD	LSD	200 pg/ml	n/a
MDMA	ECSTASY	500 ng/ml	8000
MDA	MDA	500 ng/ml	8000
MDEA	MDEA	500 ng/ml	8000
SECO	SECOBARBITAL	200 ng/ml	3000
PHENO	PHENOBARBITAL	200 ng/ml	3000
BUTAL	BUTALBITAL	200 ng/ml	3000
DMET	D- METHAMPHETAMINE	20%	n/a

> LOL = Positive greater than the limit of linearity of the assay

Positive results for marijuana (THC), cocaine (BZE), LSD, designer amphetamines, and PCP do not require evaluation by a Medical Review Officer (MRO) before the commander may release the information to law enforcement agencies. All positive results of amphetamine, methamphetamine, barbiturates, and opiates must be reviewed by an MRO prior to release to determine if there was a valid medical explanation for the positive results. The commander cannot take any adverse action against the soldier, including reporting the results to law enforcement agencies, until the MRO has made such a determination. Pending the MRO determination, the commander may administratively restrict the duty of the soldier.

The Biochemical Branch, ACSAP, may be reached by telephone at (703)681-5561 or DSN

Appendix C (Continued)

761-5561 if you have further questions.

The OFFICIAL report of a POSITIVE is a certified copy of the chain-of-custody form. Chain-of-custody forms with positive results will be mailed to the ADCO. Please call if there are questions.

Fort Meade FTDTL - For A Drug Free Fighting Force

Results Report for: USA ██████████
Date Reported: 20040413

BAC: ██████ Unit: ██████ Lab: FTMD Date Coll: 20040404 Doc: 0001 Form #: 001074014

ID	SSN	LAN	DISC	DRUGS TESTED	RESULTS
001	████████	M0110753165		A B C L O P T	NEGATIVE
002	████████	M0110753166		A B C L O P T	NEGATIVE
003	████████	M0110753167		A B C L O P T	NEGATIVE
004	████████	M0110753168		A B C L O P T	NEGATIVE
005	████████	M0110753169		A B C L O P T	NEGATIVE
006	████████	M0110753170		A B C L O P T	POSITIVE THC 403
007	████████	M0110753171		A B C L O P T	NEGATIVE
008	████████	M0110753172		A B C L O P T	NEGATIVE
009	████████	M0110753173		A B C L O P T	NEGATIVE
010	████████	M0110753174		A B C L O P T	NEGATIVE
011	████████	M0110753175		A B C L O P T	NEGATIVE
012	████████	M0110753176		A B C L O P T	NEGATIVE

Results Report for: USA ██████████
Date Reported: 20040413

BAC: ██████ Unit: ██████ Lab: FTMD Date Coll: 20040403 Doc: 0003 Form #: 001073209

ID	SSN	LAN	DISC	DRUGS TESTED	RESULTS
001	████████	M0110754070		A B C L O P T	NEGATIVE
005	████████	M0110754071		A B C L O P T	NEGATIVE
009	████████	M0110754072		A B C L O P T	POSITIVE COC 12390
011	████████	M0110754073		A B C L O P T	NEGATIVE
012	████████	M0110754074		A B C L O P T	NEGATIVE

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: identified.
DISCLOSURE: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and

1. LOCATION	2. DATE	3. TIME	4. FILE NO.
5. NAME (Last, First, MI)	8. ORGANIZATION OR ADDRESS		
6. SSN	7. GRADE/STATUS		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army _____ and wanted to question me about the following offense(s) of which I am suspected/accused: _____

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

_____ or _____
 (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above and am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)	b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR
2a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

PART II - RIGHTS WARNING PROCEDURE

THE WARNING

- 1. WARNING - Inform the suspect/accused of:
 - a. Your official position.
 - b. Nature of offense(s).
 - c. The fact that he/she is a suspect/accused.
- 2. RIGHTS - Advise the suspect/accused of his/her rights as follows:

"Before I ask you any questions, you must understand your rights."

 - a. "You do not have to answer my questions or say anything."
 - b. "Anything you say or do can be used as evidence against you in a criminal trial."
 - c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer

can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

- or -

(For civilians not subject to the UCMJ) You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."

- d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

THE WAIVER

"Do you understand your rights?"

(If the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?"

(If the suspect/accused says "yes," find out when and where. If the request was recent (i.e., fewer than 30 days ago), obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"

(If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" *(If the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.)*

SPECIAL INSTRUCTIONS

WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE: If the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/she has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY: In all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

PRIOR INCRIMINATING STATEMENTS:

- 1. If the suspect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.

- 2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

NOTE: If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS: If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

COMMENTS *(Continued)*

MEDICAL RECORD	CONSULTATION SHEET		
REQUEST			
TO:	FROM: <i>(Requesting physician or activity)</i>	DATE OF REQUEST	
REASON FOR REQUEST <i>(Complaints and findings)</i>			
PROVISIONAL DIAGNOSIS			
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
CONSULTATION REPORT			
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEMEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(Continue on reverse side)</i>			
SIGNATURE AND TITLE			DATE
HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT	
RELATION TO SPONSOR	SPONSOR'S NAME <i>(Last, first, middle)</i>	SPONSOR'S ID NUMBER <i>(SSN or Other)</i>	
PATIENT'S IDENTIFICATION <small><i>(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)</i></small>	REGISTER NO.	WARD NO.	

Sample

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

Glossary

ADCO.....	Alcohol and Drug Control Officer
D.O.....	Doctor of Osteopathy
DOD.....	Department of Defense
M.D.....	Doctor of Medicine
MEDCOM.....	U.S. Army Medical Command
MRO.....	Medical Review Officer
MTF.....	Military Treatment Facility
SF.....	Standard Form

The proponent of this publication is the Office of the Assistant Chief of Staff for Health Policy and Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-H, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.

FOR THE COMMANDER:



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Chief of Staff

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Assistant Chief of Staff for
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DISTRIBUTION:

This publication is available in electronic media only and is intended for MEDCOM distribution As (4) 5 ea, (6) 1 ea, (10) 20 ea, (25) 5 ea, (26) 2 ea; Bs (1 and 2) 5 ea; Cs (1 thru 11) 1 ea; Ds (1 thru 6) 10 ea, (7 thru 39) 5 ea.

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