

URINALYSIS TEST REQUEST

1. When requesting for a urinalysis test to be conducted by your Unit Prevention Leader (UPL) the following information is needed:

a. Number of specimen bottles needed: _____

b. Date of collection: _____

c. Time collection will begin: _____

d. Where collection will be conducted (building number):

* For cancellations call 545-5880*

e. Unit name: _____

f. Unit strength: _____

g. Unit code: (Three Digit Code, not your UIC) _____

h. Name of UPL: _____

i. Phone number: _____

j. Commander's signature: _____

2. AR 600-85 requires 4 hours of Substance Abuse Prevention Education for EVERY Soldier, every year. Have you coordinated this training and provided sign rosters to Mr. Oskar Schlömer, Prevention Coordinator 545-7027/4071? Will training be conducted in conjunction with urinalysis testing. YES _____ NO _____

3. The hours of operation for the Fort Benning ASAP, Building 241 are: Monday through Thursday 0800 – 1630, Friday 0800 - 1500, closed Saturday and Sunday.

4. POC is IBCP STAFF, @ 545-5880/8774