

COMMAND LETTERHEAD

SSIC  
Code / Serial  
Date

From: Activity Head, Activity, Location  
To: Commanding Officer, Navy Drug Screening Laboratory, Great  
Lakes/Jacksonville

Subj: DRUG TESTING RESULTS-RELATED REQUEST

Ref: (a) OPNAVINST 5350.4 series

1. Per reference (a), we request that NAVDRUGLAB (Lab Name), provide:

- \_\_\_\_\_ A summary Documentation Package (summary of testing results as well as results certification for Administrative Boards)
- \_\_\_\_\_ A full Documentation Package (results documentation for Courts-Martial)
- \_\_\_\_\_ The original specimen bottle
- \_\_\_\_\_ An affidavit or technical consultation regarding specific questions about the positive result. **\*Please detail the question as an enclosure and provide all relevant medical and prescription records as additional enclosures.**
- \_\_\_\_\_ A Laboratory Expert Witness to support a Court-Martial / Administrative Board / Hearing (circle one) scheduled for DDMMYY. **\*Please take note of the requirements in paragraphs 2, 3, and 4, below.**
- \_\_\_\_\_ A Retest of the original urine specimen.
- \_\_\_\_\_ Test for Adulteration.

2. Requests for Expert Witness (EW) support must be received by NAVDRUGLAB (Lab Name) within the following timeframes:

- Telephonic support for Administrative Board: **≥24 hours** prior to convening
- Local TAD support for Boards or Courts-Martial: **≥72 hours** prior to convening
- TAD support for Courts-Martial: **≥10 days** prior to convening

3. Contact with an Expert Witness as sole point of contact does not guarantee that your request will be routed or scheduled appropriately. Requests should be sent via e-mail to [\(Lab Email\)](#). If this is not possible, a facsimile machine is available in the Support Services department at Lab Number: Great Lakes (847) 688-2045 ext. 131 or 151 or Jacksonville (904) 542-7761.

4. Requests for Expert Witness support requiring travel outside of the immediate laboratory area must be accompanied by a Defense Travel System (DTS) cross-organizational Line of Accounting (LOA) within the timeframes specified in paragraph 2, above. Requests for EW support that do not include trial dates will not be honored. Communicate with the servicing laboratory for changes/update to any of the above processes/procedures.

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5. Please provide the following for the Service member specimen referenced in this request letter:

-Laboratory Accessioning Number: SYX##### / Drug(s): XXXX

-UIC/MUC: ##### / Collection Date: DDMMYY

6. If you have any questions or require additional information, please contact POC name and contact information.

SIGNATURE

(Commanding Officer or By direction)