DEPARTMENT OF HOMELAND SECURITY

U.S. COAST GUARD

COAST GUARD URINALYSIS LEDGER

1. Name of Unit			2. Name of Unit Coordinator & Phone Number				3. Date Specimen Collected
4. Time	**5. Batch Number**	**6. Specimen Number**	**7. TPI**	**8. Member's Complete: DoD ID/SSN**	**9. Member's Signature and Printed Name**	**10. Remarks/Medications**	**11. Observer's Signature and Printed Name**