



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

AUG 17 1998

MEMORANDUM FOR SEE DISTRIBUTION

FROM: AFMOA/CC
110 Luke Avenue, Room 405
Bolling AFB, DC 20332-7050

SUBJECT: Deployment Medical Surveillance

This memorandum provides interim guidance for implementing deployment medical surveillance in accordance with DoDI 6490.3, *Implementation and Application of Joint Medical Surveillance for Deployments*. It applies to all troop movements for 30 consecutive days or greater to locations outside the continental US (OCONUS), without fixed US military medical treatment facilities. To accomplish deployment medical surveillance, AF service members must deploy with a current/updated AF Form 1480A, *Adult Preventive and Chronic Care Flowsheet*, or DD Form 2766 when available. Specific details for the guidance are provided as an attachment to this memorandum (Atch 1). Additional requirements or different procedures may be directed by Combatant Commands, Joint Staff, or OASD(HA), thereby superseding these instructions.

Deployment medical surveillance is a requirement for all Services. We are working with the Joint Preventive Medicine Policy Group, the Joint Staff (Medical Readiness), ASD(HA) and others, to develop uniform implementation across Services and CINCs. Until this is accomplished, this policy memo provides interim guidance for deploying AF personnel. My POC is Col Dana Bradshaw, AFMOA/SGOP, DSN 297-4286, or (202) 767-4286.

Earl W. Mabry
EARL W. MABRY II, Maj Gen, USAF, MC
Commander
Air Force Medical Operations Agency
Office of the Surgeon General

Attachments:

1. Air Force Deployment Medical Surveillance
2. Predeployment Questionnaire
3. Postdeployment Questionnaire
4. Microsoft Excel Template

DISTRIBUTION LIST

HQ AETC/SG
HQ AFSPC/SG
HQ AFMC/SG
HQ AFSOC/SG
HQ ACC/SG
NGB/SG
HQ USAFE/SG
HQ USAFA/SG
HQ AMC/SG
11 MDG/SG
HQ PACAF/SG
HQ AFIA/SGM
HQ AFRC/SG
HQ AFMSA/SGS

cc:
HSC/CC
USAFSAM/PH

Air Force Deployment Medical Surveillance

Medical treatment facility (MTF) commanders or Air Reserve Component (ARC) medical unit commanders are accountable for meeting all medical surveillance requirements. While most surveillance activities fall within the scope of the Aerospace Medicine Program, commanders may designate an alternate OPR for deployment medical surveillance. Deployment medical surveillance and the Preventive Health Assessment (PHA) are critical foundations to our force medical protection strategy. MTF commanders must dedicate resources and provide management oversight to ensure both of these programs are conducted as directed. The MTF Executive Staff should monitor the progress of these programs. Good communication with units on the installation, to add medical surveillance to standard deployment procedures, will expedite surveillance and minimize impact on unit preparations to deploy. Joint and AF Deployment Surveillance instructions are under development and will provide formal guidance to Line and medical units.

ARC units should rely on their assets to comply with deployment medical surveillance requirements. However, ARC units may request assistance from collocated or regional AD MTFs, if all possibilities of assistance from other ARC units have been exhausted. Such requests should be routed through ANG/SG or AFRC/SG to the respective AD MTF's MAJCOM SG.

HQ AFMC/SG provides facilities, funds, and manpower to the Human Systems Center to support submitting, tracking, and epidemiological analysis of predeployment and postdeployment serum specimens to the DoD Serum Repository.

The Chief of Aerospace Medicine Program, with the support of the MTF, ensures the following for all deploying service members:

Actions and Responsibilities Before Deployment from Home Station:

a. Predeployment surveillance is accomplished no sooner than 90 days prior to deployment. For frequent deployers, alternative procedures outlined later in this memo may be used. Predeployment surveillance should be accomplished as soon as possible after notification of deployment to minimize impact on deployment preparations.

b. Completion and screening of the predeployment questionnaire (Atch 2, available on the Det 1 HSC/AOES website: <http://pestilence.brooks.af.mil>). Service members who select any asterisked response (*) on the predeployment questionnaire are referred to the appropriate primary care manager (or mental health provider, if applicable) for an evaluation of deployability. The completed questionnaire is filed in the medical record, with a copy forwarded to the Deployment Surveillance Team, 5113 Leesburg Pike, Suite 701, Falls Church, VA 22041, if applicable. Copies shall be forwarded to the Deployment Surveillance Team for deployments designated by Health Affairs in coordination with Joint Staff. Currently, those designated deployments are Operation Joint Guard and the operations in Southwest Asia.

c. Currency (update as required) of the deployable medical record (AF 1480A or for ARC, AF Form 1480 and 1480B) to include blood type, medication allergies, any special-duty physical qualification (such as flying status), Personal Reliability Program status, current dental class, and DNA sample on file.

d. Currency in immunizations required for deployment.

e. Tuberculosis skin test (PPD) documented within the previous 24 months. If an individual is not current on the TB skin test, a PPD will be placed with instructions to have it read and documented by medical personnel in 72 hours. The member may deploy any time after placement of the TB skin test.

f. An HIV specimen drawn within the previous 12 months. If not, an HIV serum specimen from a 10cc sample of blood must be collected and forwarded through normal laboratory channels to the Clinical Reference Laboratory, 2601 West Gate Road, Brooks AFB, TX 78235. The Clinical Reference Laboratory is responsible for forwarding serum samples to the DoD Serum Repository, after running the HIV test. If an HIV serum sample was collected within the prior 12 months, no additional sample is required, as this specimen fulfills both the predeployment blood sample requirement and any HIV requirement for entry into the AOR.

g. Predeployment medical threat brief accomplished.

h. Prescriptions coordinated for any required malaria chemoprophylaxis.

i. (Active Duty Units Only) Use the newly developed ASIMS module to maintain an automated "Readiness Indicators Database" of all deploying personnel that tracks: completion of predeployment questionnaire, currency in immunizations, currency of AF 1480A (RC: AF Form 1480 and 1480B), PPD within 24 months, HIV drawn within 12 months, medical threat brief completed, and outcomes of any required referrals. This database should serve as a "tickler file" to ensure timely follow-up of all deployers upon their redeployment to home station. ASIMS software for tracking these requirements is available at the USAFSAM website <http://wwwsam.brooks.af.mil/eh/html/asims.html-ssi>. Assistance in installing and troubleshooting may be obtained from the ASIMS Program Manager, Capt Rebecca Myatt, DSN 240-3730, commercial (210) 536-3730, myattre@usafsam.brooks.af.mil.

j. ARC units without ASIMS will employ a process for providing the tracking specified in paragraph i.

Actions and Responsibilities During Deployment:

a. Postdeployment questionnaires (Atch 3, available on the Det 1 HSC/AOES website: <http://pestilence.brooks.af.mil>) for designated deployments (currently Bosnia and Southwest Asia) are administered in theater, per direction of the CINC/JTF Surgeon. If

postdeployment questionnaires are not administered in theater, they are accomplished at the home station, upon return of the service member (see below).

b. The original questionnaire is placed in the AF 1480A (ARC: AF Form 1480 and 1480B) for placement in the permanent medical record upon return to home duty station.

c. All service members who select any asterisked response (*) on the postdeployment questionnaire, will be evaluated by a credentialed provider or qualified Independent Duty Medical Technician, for referral prior to redeployment. A consult sheet (SF513) for any non-urgent condition that requires further evaluation will be completed and placed in the AF 1480A (ARC: AF Form 1480 and 1480B).

Actions and Responsibilities After Deployment:

a. Review the contents of the AF 1480A (ARC: AF Form 1480 and 1480B), to include completion of postdeployment questionnaires, and assure referrals are made for any medical conditions detected on postdeployment questionnaires that require follow-up. Copies of completed postdeployment questionnaires are mailed to the Deployment Surveillance Team, 5113 Leesburg Pike, Suite 701, Falls Church, VA 22041. (Copies shall be forwarded to the Deployment Surveillance Team for deployments designated by Health Affairs in coordination with the Joint Staff. Currently, those designated deployments are Operation Joint Guard and the operations in Southwest Asia.) Original questionnaires are placed in the service member's permanent medical record behind the AF 1480A (ARC: AF Form 1480 and 1480B). If the 1480A (ARC: AF Form 1480 and 1480B) and the questionnaire are lost during redeployment, the questionnaire should be reaccomplished and the individual should be interviewed to record medical events that occurred during deployment. The interview may be performed by a technician and will be recorded on a SF 600 posted in the medical record.

b. Service members who select any asterisked response (*) on the postdeployment questionnaire are referred to the appropriate primary care manager (or mental health, if applicable) for follow-up and disposition. Reserve Component members requiring provider evaluation will be referred to a unit physician holding primary care credentials.

c. Tuberculosis skin tests (PPD) are placed 90 days postdeployment, unless the service member is enrolled in an annual PPD testing program.

d. Postdeployment medical threat brief is completed.

e. Malaria chemoprophylaxis medications are prescribed, if indicated.

f. For designated deployments (currently Bosnia), assure that a postdeployment serum collection is performed and forwarded to the Serum Repository Manager, 2601 West Gate Rd, Brooks AFB TX 78235. Individual information to be submitted with this sample must include demographic data (name, Social Security Number, and date of collection). Use the

Microsoft Excel template (see Atch 4) available on the Det 1 HSC/AOES website:
<http://pestilence.brooks.af.mil>.

g. Enter/update the above information in the "Readiness Indicators Database," including outcomes of any required referrals. Ensure that all deployers entered into the tracking database at the time of the predeployment evaluation, are followed-up at the time of redeployment to home station.

Exceptions for Frequent Deployers:

a. Frequently deploying service members are those who are on mobility status or who are assigned against a Unit Type Code (UTC) where high operational tempos may require multiple deployments per 12-month period. These units are expected to maintain an increased level of medical readiness. Any command or unit commander may designate other service members as frequent deployers for the purpose of holding them to these increased readiness requirements. The commander of these units may choose to increase the surveillance level during specific deployments. The degree of, and rationale for, increased surveillance should be approved through channels by MAJCOM/SG, with an information copy forwarded to HQ AFMOA/CC and Det 1, HSC/AOES.

b. Accomplishing pre- and postdeployment surveillance requirements for frequent deployers has been problematic. As an alternative to meeting these requirements for every deployment, MAJCOMs with frequently deploying personnel may develop written policy to more closely monitor the health of these individuals on a longitudinal basis and allow them to deploy on short notice. MTFs must work with base units to identify frequent deployers and ensure increased surveillance requirements are accomplished. For those at increased likelihood for short-notice and/or multiple deployments, an annual deployment assessment may be conducted in conjunction with the Preventive Health Assessment (PHA) or an annual physical examination in RC members. For others, pre- and postdeployment surveillance is conducted on an as needed basis, as previously described.

c. For frequent deployers, the following items should be accomplished as additional elements of an augmented annual PHA: administration of the most current approved predeployment questionnaire; administration of the Health Enrollment Assessment Review (HEAR) or Health Risk Assessment; annual tuberculosis skin testing; and annual HIV screen with serum banking.

d. If the above criteria are met, frequently deploying service members in these MAJCOMs are exempt from certain pre- and postdeployment requirements, as follows:

(1) Before Deployments - the predeployment questionnaire is not required.

(2) After Deployments - postdeployment serum collection is not required as long as the service member is enrolled in an annual HIV program (paragraph c) unless otherwise directed due to specific exposure concerns. If the service

member leaves the annual HIV program or is removed from frequent deployer status, a postdeployment serum specimen will be drawn if the service member has deployed to an area designated as requiring a postdeployment sample since the last HIV test.

(3) After Deployments - the postdeployment questionnaire is not required

Pre-Deployment Health Assessment Questionnaire

Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question - ask the administrator.

Demographics

Today's Date (mm/dd/yyyy)

In anticipation of deployment to:

Last Name

First Name

MI

SSN

DOB

Pay Grade/Rank

- E __ (Enlisted)
- O __ (Officer)
- W __ (Warrant)
- other

Gender

- Male
- Female

Service Branch (select only one)

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy
- Other

Component (select only one)

- Active Duty
- Civilian Government Employee
- Family Member
- National Guard
- Non-Government Employee
- Reserves
- Other

Q12 (For females) What was the result of your last Pap smear?

- Normal
- Abnormal*
- Don't know*

Q13 (For females) Are you pregnant?

- No
- Yes *
- I am not sure *

Q14-Q16: Now thinking about your mental health, which includes alcohol problems, stress, depression and emotional problems...

Q14 During the last 30 days, how many days was your mental health not good?

- None
- 1-5 days
- 6-10 days
- 11-15 days
- 16 or more days *

Q15 During the last 30 days, how many days did your mental health keep you from your usual activities, such as self care, work, or recreations?

- None
- 1-5 days
- 6-10 days
- 11-15 days
- 16 or more days *

Q16 During the past year, have you sought counseling or care for your mental health?

- No
- Yes *

Q17 During the past 30 days, have you seriously considered injuring yourself or others?

- No
- Yes *

Q18 Have you ever suffered or sought treatment for any heat related injury such as heat stroke?

- No
- Yes *

Q19 Have you ever suffered or sought treatment for a cold injury such as frost bite or immersion foot?

- No
- Yes *

Q20 Do you currently have any questions or concerns about your health?

- No
- Yes *

Q21 Do you have concerns about exposures (such as environmental or work-related) that may affect your health?

- No
- Yes*

* Denotes that Health Care Provider must follow-up.

END OF QUESTIONNAIRE

Pre-Deployment Health Provider Review
(For Health Provider Use Only)

Review

Indicate status of each of the following:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical threat briefing completed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical information sheet distributed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-deployment serum specimen collected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure concerns reviewed (if Yes, indicate type of exposure(s) reviewed)
			<input checked="" type="checkbox"/> Exposure Type
			<input type="checkbox"/> Environment (air/soil/water)
			<input type="checkbox"/> Nuclear/Biological/Chemical Warfare Risks (NBC)
			<input type="checkbox"/> Immunizations
			<input type="checkbox"/> Chemoprophylaxis
			<input type="checkbox"/> Infectious Diseases
			<input type="checkbox"/> Occupational Exposures (Chemical, Physical, Biological)
			<input type="checkbox"/> Others, List _____
<input type="checkbox"/>	<input type="checkbox"/>		Referred for further evaluation(s) (if Yes, indicate type(s) of referral and disposition(s))
			<input checked="" type="checkbox"/> Referral Type
			<input type="checkbox"/> Physical examination
			<input type="checkbox"/> Infectious and Parasitic Diseases
			<input type="checkbox"/> Neoplasm
			<input type="checkbox"/> Endocrine-Nutrition & Metabolic Disorders, and Immunity Disorders
			<input type="checkbox"/> Diseases of the Blood & Blood Forming Organs
			<input type="checkbox"/> Mental Disorders
			<input type="checkbox"/> Diseases of the Nervous System & Sense Organs
			<input type="checkbox"/> Diseases of the Circulatory System
			<input type="checkbox"/> Diseases of the Respiratory System
			<input type="checkbox"/> Diseases of the Digestive System
			<input type="checkbox"/> Diseases of the Genitourinary System
			<input type="checkbox"/> Diseases or Conditions of the Reproductive System
			<input type="checkbox"/> Diseases of the Skin and Subcutaneous Tissue
			<input type="checkbox"/> Diseases of the Musculoskeletal System & Connective Tissue
			<input type="checkbox"/> Symptoms & Signs of ill-defined conditions
			<input type="checkbox"/> Injury & Poisoning
			<input type="checkbox"/> Other, List _____

Final Medical Disposition: Deployable Not Deployable [If not deployable, explain why]

I certify that this review process has been completed.

Provider's signature and stamp:

Date:

Post-Deployment Health Assessment Questionnaire

Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question - ask the administrator.

Demographics

Today's Date (mm/dd/yyyy)

Date of arrival in theater:

Date of departure from theater:

Deployment location:

Location you are filling out this questionnaire:

Last Name

First Name

MI

SSN

DOB

Pay Grade/Rank

- E__ (Enlisted)
- O__ (Officer)
- W__ (Warrant)
- other

Gender

- Male
- Female

Service Branch (select only one)

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy
- Other

Component (select only one)

- Active Duty
- Civilian Government Employee
- Family Member
- National Guard
- Non-Government Employee
- Reserves
- Other

Health Assessment

- Q1 Would you say your health in general is...
- Excellent
 - Very good
 - Good
 - Fair *
 - Poor *
- Q2 Compared to before you were deployed, would you say your health in general is...
- Much better now
 - Somewhat better now
 - About the same now
 - Somewhat worse now *
 - Much worse now *
- Q3 During this deployment, how often did you seek medical care for an illness?
- Never
 - Once
 - 2-4 times
 - 5 or more times *
- Q4 During this deployment, how often did you seek medical care for an injury?
- Never
 - Once
 - 2-4 times
 - 5 or more times *
- Q5 During this deployment, how many days did you miss work due to illness?
- None
 - 1-6 days
 - 7-15 days
 - 16 or more days *
- Q6 During this deployment, how many days did you miss work due to an injury?
- None
 - 1-6 days
 - 7-15 days
 - 16 or more days *
- Q7 During this deployment, did you stay in any hospital or medical facility overnight or longer?
- No
 - Yes *
- Q8 Are you currently on a profile or light duty or are you undergoing a medical board?
- No
 - Yes *
- Q9 Do you currently have any dental problems?
- No
 - Yes *
- Q10 Do you currently have any medical problems?
- No
 - Yes *

- Q11 Are you regularly taking any medications? (select all that apply)
- No, I am not taking any medications
 - Over-the-counter medications
 - Prescription medication *
 - Birth control pills
 - Malaria pills *
- Q12 (For females) Are you pregnant?
- No
 - Yes *
 - I am not sure *
- Q13-Q15: Now thinking about your mental health, which includes alcohol problems, stress, depression and emotional problems...
- Q13 During the last 30 days, how many days was your mental health not good?
- None
 - 1-5 days
 - 6-10 days
 - 11-15 days
 - 16 or more days *
- Q14 During the last 30 days, how many days did your mental health keep you from your usual activities, such as self care, work, or recreations?
- None
 - 1-5 days
 - 6-10 days
 - 11-15 days
 - 16 or more days *
- Q15 During this deployment, have you sought counseling or care for your mental health?
- No
 - Yes *
- Q16 During this deployment, have you seriously considered injuring yourself or others?
- No
 - Yes *
- Q17 Do you have concerns about possible exposures (such as environmental or work-related) during this deployment that you feel may affect your health?
- No
 - Yes *
- Q18 During this deployment, have you suffered or sought treatment for any heat related injury such as heat stroke?
- No
 - Yes *
- Q19 During this deployment, have you suffered or sought treatment for a cold injury such as frost bite or immersion foot?
- No
 - Yes *
- Q20 Do you currently have any questions or concerns about your health?
- No
 - Yes *

END OF QUESTIONNAIRE

* Denotes that Health Care Provider must follow-up.

Post-Deployment Health Provider Review
(For Health Provider Use Only)

Review

Indicate status of each of the following:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| Yes | No | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical threat briefing completed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical information sheet distributed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Post-deployment serum specimen collected |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Malaria medication record reviewed |
| | | | (if Yes, indicate type of malaria medication and dosage) |
| | | | <input checked="" type="checkbox"/> Medication (dosage) |
| | | | <input type="checkbox"/> Doxycycline (daily) |
| | | | <input type="checkbox"/> Primaquine (daily) |
| | | | <input type="checkbox"/> Chloroquine (weekly) |
| | | | <input type="checkbox"/> Mefloquine (weekly) |
| | | | (if Yes, were any doses missed?) |
| | | | <input type="checkbox"/> Yes How many? _____ |
| | | | <input type="checkbox"/> No |

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exposure concerns reviewed |
| | | | (if Yes, indicate type of exposure(s) reviewed) |
| | | | <input checked="" type="checkbox"/> Exposure Type |
| | | | <input type="checkbox"/> Environment (air/soil/water) |
| | | | <input type="checkbox"/> Nuclear/Biological/Chemical Warfare Risks (NBC) |
| | | | <input type="checkbox"/> Immunizations |
| | | | <input type="checkbox"/> Chemoprophylaxis |
| | | | <input type="checkbox"/> Infectious Diseases |
| | | | <input type="checkbox"/> Occupational Exposures (Chemical, Physical, Biological) |
| | | | <input type="checkbox"/> Others, List _____ |

- | | | | |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | Referred for further evaluation(s) |
| | | | (if Yes, indicate type of referral(s) and recommended location) |

<u>In-theater</u>	<u>After re-deployed</u>	<u>Referral Type</u>
<input type="checkbox"/>	<input type="checkbox"/>	Physical examination
<input type="checkbox"/>	<input type="checkbox"/>	Infectious and Parasitic Diseases
<input type="checkbox"/>	<input type="checkbox"/>	Neoplasm
<input type="checkbox"/>	<input type="checkbox"/>	Endocrine, Nutrition, Metabolic and Immunity Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Diseases of the Blood & Blood Forming Organs
<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Diseases of the Nervous System & Sense Organs
<input type="checkbox"/>	<input type="checkbox"/>	Diseases of the Circulatory System
<input type="checkbox"/>	<input type="checkbox"/>	Diseases of the Respiratory System
<input type="checkbox"/>	<input type="checkbox"/>	Diseases of the Digestive System
<input type="checkbox"/>	<input type="checkbox"/>	Diseases of the Genitourinary System
<input type="checkbox"/>	<input type="checkbox"/>	Diseases or Conditions of the Reproductive System
<input type="checkbox"/>	<input type="checkbox"/>	Diseases of the Skin and Subcutaneous Tissue
<input type="checkbox"/>	<input type="checkbox"/>	Diseases of the Musculoskeletal System & Connective Tissue
<input type="checkbox"/>	<input type="checkbox"/>	Symptoms & Signs of ill-defined conditions
<input type="checkbox"/>	<input type="checkbox"/>	Injury & Poisoning
<input type="checkbox"/>	<input type="checkbox"/>	Other, List _____

I certify that this outprocessing review has been completed.

Provider's signature and stamp:

Date:

SERUM REPOSITORY DATABASE

**SUBMITTING BASE
DATE SUBMITTED
REPORT SUBMITTED BY
OFFICE PREPARING REPORT
DUTY PHONE**

NAME

SSN

FMP

GENDER

SERVICE

INSTRUCTIONS

COLUMNS - "SUBMISSION INFO" WORKSHEET

SUBMITTING BASE
DATE SUBMITTED
REPORT SUBMITTED BY
OFFICE PREPARING REPORT
DUTY PHONE

COLUMNS - "DATA" WORKSHEET

NAME
SSN
FMP
GENDER
SERVICE
SAMPLE TYPE
SAMPLE DATE
SAMPLE ID #
DEPLOYMENT TYPE

Enter all data on Worksheet number 2.
Enter other information on Worksheet 1

Enter the name of the base submitting the samples, e.g. ALTUS
Enter the date this report was generated in the format YYYYMMDD
Enter the full name of the report preparer
Enter the name of the office where this report was prepared
Enter the duty phone of the office where this report was prepared

Enter the full name of the subject: Last Name First Name Middle Initial
Enter the Social Security Number of the subject WITHOUT delimiters e.g. 123456789
Enter the FMP of the subject
Enter the gender of the subject using M=Male, F=Female, U=Unknown
Enter the Service Branch of the subject using AF=Air Force, A=Army, N=Navy, M=Marine Corps, U=Unknown
Enter the type of sample submitted using B=Whole Blood, T=Tissue, S=Serum
Enter the date the sample was taken in the format YYYYMMDD
Enter the number/code identifying the individual sample (should also be marked on specimen tube)
Enter the deployment type using PRE=Pre-Deployment, POST=Post-Deployment

SERUM REPOSITORY DATABASE

SUBMITTING BASE DOVER
DATE SUBMITTED 19971101
REPORT SUBMITTED BY Karen R. Madison
OFFICE PREPARING REPORT Public Health
DUTY PHONE DSN 555-5555

NAME	SSN	FMP	GENDER
HOLLAND MICHAEL R	123456789	20	M
BUCKLE TERRANCE Q	987654321	20	M
BARQUE KELLY U	333333333	20	F

SERVICE	SAMPLE TYPE	SAMPLE DATE	SAMPLE ID #	DEPLOYMENT TYPE
AF	S	19971029	971029 DSR 123	PRE
AF	S	19971029	971029 DSR 124	PRE
MC	S	19971029	971029 DSR 125	PRE