TECHNICAL EXHIBIT 7
MILITARY DUTY CODES AND DEFINITIONS

FIRST CHARACTER OF THE DUTY CODE

A - Army
B - NOAA
C - Coast Guard
F - Air Force
M - Marine Corps
N - Navy
P - Public Health Service
K - Other Eligibles

LAST TWO CHARACTERSOF THE DUTY CODE

00 - Deceased Sponsor

Uniformed Services (active duty)

11 - Active Duty
12 - Reserve
13 - Recruits
14 - Service Academies
15 - NG (Army/AF)

Military Not Active Duty

21 - Retired (ACDUTRA/ROTC)
22 - Inactive Duty Training
23 - Inactive Duty Training (NG)
26 - Applicants for Enlistment
27 - Ex-military (maternity)
28 - Newborn of Frm Svc Mbr

Military Retirees

31 - Retired LOS
32 - Retired PDRL
33 - Retired TDRL

Uniformed Service Dependents

41 - Fam Mbr of Act Duty Sponsor
43 - Fam Mbr if Retired Sponsor
45 - Fam Mbr of Deceased AD
47 - Fam Mbr of Deceased Ret
48 - Unremarried Former Spouse
49 - Fam Mbr Unremarried Former Spouse

Other Eligibles

51 - Civilian Employee (OCONUS)
52 - Fam Mbr of #51
53 - Civ Employee (Fed Other)
54 - Fam Mbr of #53
55 - Civ Employee (DoD Remote)
56 - Fam Mbr of #55
57 - Civ Employee (DoD Occ Hlth)
58 - Civ Employee(Disb Ret Exam)
59 - Civ Employee (Others)
61 - Civ Employee (VA)
62 - Office of Workers Comp
63 - Service Home (not retired)
64 - Social Security
65 - Contract Employee
66 - Federal Prisoner
67 - PHS Beneficiary(Amer Indians, Aleu, Eskimo)

Other Eligibles (Cont'd)

68 - PHS Beneficiary (Micronesian,Samoan Trust)
69 - Other US Govt Beneficiary(Spon & Dep)
71 - NATO/Non-NATO(Foreign Military Sales)
72 - NATO, Active Duty
73 - Fam Mbr of #72
74 - Non-NATO Active Duty
75 - Fam Mbr of #&$
76 - Foreign Civilian
77 - Fam Mbr of Foreign Civilian
78 - Foreign National POW
79 - Other Foreign National
81 - Secry Defense Designee
82 - Secry Army Designee
83 - Secry Navy Designee
84 - Secry Air Force Designee
89 - Children of Dependent Daughter
91 - Civilian Humanitarian Care
92 - Emergency Care
99 - Patient Not Elsewhere Classified

TECHNICAL EXHIBIT 8

Transfer File Format

Data sent to AFHSC from Contractor			
Field Name	**Length**	**Data Type**	**Comments**
FMP	2	N	
SSN	9	N	
First Name	20		
Middle Name	20		
Last Name	26		
DUC	3	A/N	
Serum Number (Barcode)	10	A/N	May include blank spaces
Draw Date	8	N	YYYYMMDD
Box ID	6	N	
Row (A-K)	1	A	Location (Blank if Empty flag=1)
Column (01-28)	2	N	Location (Blank if Empty flag=1)
Empty flag (0 or 1)	1	N	Blank if Empty flag="1" Indicator Empty
Result	5	A/N	V7260;V7261;V7262;V7263

TECHNICAL EXHIBIT 9

Transfer File Format

Data sent to NBIMC from Contractor			
Field Name	**Length**	**Data Type**	**Comments**
FMP	2	N	
SSN	9	N	
First Name	20		
Middle Name	20		
Last Name	26		
DUC	3	A/N	
Barcode	10	A/N	May include blank spaces
Draw Date	8	N	YYYYMMDD
SOT	1	N	See TE 5

{The Government reserves the right to modify TE (9) format when applicable}

TECHNICAL EXHIBIT 10

Transfer File Format

Data sent to HDRL from Contractor			
Field Name	**Length**	**Data Type**	**Comments**
FMP	2	N	
SSN	9	N	
First Name	20		
Middle Name	20		
Last Name	26		
DOB	8	N	YYYYMMDD
DUC	3	A/N	
Barcode	10	N	May include blank spaces
SOT	1	A	See TE 5
Draw Date	8	N	YYYYMMDD
Date Shipped to HDRL	8	N	YYYYMMDD
Time Shipped to HDRL	4	N	HHMM
Screening Test Name	30	A/N	
Intermediate Test Interpretation	6	A/N	V7261
Screening OD #1	6	N	##.###
Screening CO #1	6	N	##.###
Screening OD #2	6	N	##.###
Screening OD #3	6	N	##.###
Screening CO #2	6	N	##.###

{The Government reserves the right to modify TE (10) format when applicable}

Technical Exhibit 11

HDRL

Result Data Transfer Format File Table

Field Name	Length	Data Type	Description
FMP	2	N	Family Member Prefix
SSN	9	N	Social Security Number
Last Name	30	A	Individual Last Name
First Name	20	A	Individual First Name
MI	1	A	Individual Middle Initial
DOB	8	N	Date of Birth (format: mm/dd/yyyy)
Barcode	15	N	Specimen Barcode Number
DTD	8	N	Date Specimen Barcode Drawn (mm/dd/yyyy)
Test Type (ID)	3	A/N	• HIV-1/2 Differentiation Assay (331) • HCV RNA PCR (144) • Aptima (116)
Expiration Date	8	N	Test Kit Expiration Date (mm/dd/yyyy)
Test Manufacturer (ID)	2	A/N	• BioRad (14) • Hologic (GenProbe) (27)
Lot Number	10	A/N	Test Kit Lot Number
DOT	8	N	Date of Test (mm/dd/yyyy)
Test Interpretation	3	N	Nonreactive – 101 Reactive – 103 HCV RNA Detected – 898 HCV RNA Not Detected - 899
Result Comments	120	A/N	Result Comments From Lab (Read Only)
Testing Lab Info	120	A/N	HIV Diagnostic & Reference Laboratory 9100 Brookville Rd, Bldg 508 Silver Spring, MD 20910

ROSTER FOR HIV ANTIBODY TESTING

All SSN, Name, and DOB on Roster Must Be Verified From Military Identification Card!

FILE/ROSTER ID:

_ _ _ _ _ _ _ _ _ _ _ _

Submitting Command Address (UIC/RUC: _____)

DATE DRAWN: _____/ _____/ _____
Month Day Year

Submitting Command HIV POC: _____
Printed Name Phone/FAX

DATE REC'D MTF: _____/ _____/ _____
Month Day Year

ROSTER Verified by: _____ _____
Printed Name Phone/FAX

SOCIAL SECURITY		NAME (TYPE)	DATE OF BIRTH M/D/Y	DUTY CODE	S'RCE OF TEST	SPECIMEN NUMBER (BAR CODE LABEL)	RESL OR LAB#
FMP	NUMBER (SSN)	LAST(FULL), INITIALS					

SHIPPING DATE	SHIPPING OFFICIAL	CONTRACT OFFICIAL	DATE

NAVMED 6000/3 (10/92)

Relationship to Sponsor	Family Member Prefix (FMP) Code
Sponsor (active duty, retired and reserve uniformed services personnel: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service and National Oceanic and Atmospheric Administration).	20
Civil Service Personnel	
Sponsor's Current Spouse	30
Sponsor's Oldest Child (including Stepchild)	01
Sponsor's Next to Oldest Child	02
Sponsor's Third Oldest Child, etc.	03, 04, etc.
Sponsor's Eligible Former Spouses	31, 32, etc.
Sponsor's Dependent Mother/Stepmother	40
Sponsor's Dependent Father/Stepfather	45
Sponsor's Dependent Mother-in-Law	50
Sponsor's Dependent Father-in-Law	55
Other Authorized Sponsor's Dependents	60, 61, etc.
Children of Dependents	90-95
Civilians, Indigent & Non-Indigent	98

Source of Test Code

A - Alcohol and Drug Rehabilitation
B - Blood Donor
C - Referred HIV Contact
D - Deceased (whether DOA or dying in ER)
E - MEPCOM
F - General Force Testing
G - BUMED use only
I - Clinically Indicated
J - Prisoners or Detained Persons
M - Medical Admission (including psychiatric)
O - OB Clinic
P - Physical Examination
Q - Evaluation Unit Patient
R - Requested by Individual
S - Surgical Admission (including invasive procedures and trauma patients from ER)
V - Sexually Transmitted Disease (STD) Visit
W - Double ELISA Positive Inhouse Blood Bank
X - Any Other Code
Z - Double ELISA Positive Inhouse Clinical

PAT/CAT DUTY CODE (BUMEDINST 6300.3C)

USN

N11 ACDU-N
N12 ACDUTRA-N
N13 RECRUITS-N
N14 ACADEMY-MIDSHIPMEN
N21 RET-ACDUTRA/ROTC-N
N22 INACDUTRA-N
N26 APPLICANTS-ENLISTMENT
N27 EX-MIL MATERNITY-N
N28 EX-MIL, DEPENDENTS OF-N
N31 RET-NAVAL HOME-LOS-N
N32 RET-NAV-PDRL
N33 RET-NAV-TDRL
N41 DEP-ACDU-N
N43 DEP-RET-N
N45 DEP-ACDU-DEC-N
N47 DEP-RET-DEC-N
N48 UNMARRIED FORMER SPOUSE

USMC

M11 ACDU-MC
M12 ACDUTRA-MC
M13 RECRUITS-MC
M22 INACDUTRA-MC
M26 APPLICANTS-ENLISTMENT
M27 EX-MIL MATERNITY-MC
M28 EX-MIL, DEPENDENTS OF-MC
M31 RET-MC-LOS
M32 RET-MC-PDRL
M33 RET-MC-TDRL
M41 DEP-ACDU-MC
M43 DEP-RET-MC
M45 DEP-ACDU-MC
M47 DEP-RET-DEC-MC
M48 UNMARRIED FORMER SPOUSE

USA

A11 ACDU-A
A12 ACDUTRA-A
A13 RECRUITS-A
A14 CADETS-A-ACADEMY
A15 ACDU-A-NATL-GUARD
A21 RET-ACDUTRA/ROTC-A
A22 INACDUTRA-A
A23 INACDUTRA-A-NATL GUARD
A26 APPLICANTS-ENLISTMENT-A
A27 EX-MIL MATERNITY-A
A28 EX-MIL, DEPENDENTS OF-A
A31 RET-A-LOS
A32 RET-A-PDRL
A33 RET-A-TDRL
A41 DEP-ACDU-A
A43 DEP-RET-A
A45 DEP-ACDU-DEC-A
A47 DEP-RET-DEC-A
A48 UNMARRIED FORMER SPOUSE

USAF

F11 ACDU-AF
F12 ACDUTRA-AF
F13 RECRUITS-AF
F14 CADETS-AF-ACADEMY
F15 ACDU-AF-NATL GUARD
F21 ACDUTRA/ROTC-AF
F22 INACDUTRA-AF
F23 INACDUTRA AF-NATL GUARD
F26 APPLICANTS-ENLISTMENT-AF
F27 EX-MIL MATERNITY-AF
F28 EX-MIL, DEPENDENTS OF-AF
F31 RET-AF-LOS
F32 RET-AF-PDRL
F33 RET-AF-TDRL
F41 DEP-ACDU-AF
F43 DEP-RET-AF
F45 DEP-ACDU-DEC-AF
F47 DEP-RET-DEC-AF
F48 UNMARRIED FORMER SPOUSE

USCG

C11 ACDU-CG
C12 ACDUTRA-CG
C13 RECRUITS-CG
C14 CADETS-CG-ACADEMY
C21 RET-ACDUTRA/ROTC
C22 INACDUTRA-CG
C26 APPLICANTS-ENLISTMENT
C27 EX-MIL MATERNITY-CG
C28 EX-MIL, DEPENDENTS OF-CG
C31 RET-CG-LOS
C32 RET-CG-PDRL
C33 RET-CG-TDRL
C41 DEP-ACDU-CG
C43 DEP-RET-CG
C45 DEP-ACDU-DEC-CG
C47 DEP-RET-DEC-CG
C48 UNMARRIED FORMER SPOUSE

NOAA

B11 ACDU-NOAA
B31 RET-NOAA-LOS
B32 RET-NOAA-PDRL
B33 RET-NOAA-TDRL
B41 DEP-ACDU-NOAA
B43 DEP-RET-NOAA
B45 DEP-ACDU-DEC-NOAA
B47 DEP-RET-DEC-NOAA
B48 UNMARRIED FORMER SPOUSE

PUBLIC HEALTH

P11 ACDU-PHS
P12 ACDUTRA-PHS
P22 INACDUTRA-P
P31 RET-PHS-LOS
P32 RET-PHS-PDRL
P33 RET-PHS-TDRL
P41 DEP-ACDU-PHS
P43 RET-PHS
P45 ACDU-DEC-PHS
P47 RET-DEC-PHS
P48 UNMARRIED FORMER SPOUSE

OTHER ELIGIBLES

K51 CIV EMP-STATE DPT OCON
K52 DEP-CIV EMP ST DPT OCON
K53 CIV EMP-FED AGENCIES/FBI
K54 DEP-CIV EMP-FED AGENCIES
K55 CIV EMP-DOD REMOTE AREA
K57 CIV EMP-DOD OCC. HEALTH
K58 CIV EMP-DIS. RET EXAM
K59 CIV EMP-OTHERS-MSC
K61 CIV VETERANS ADMINISTRATION
K62 OFFICE OF WORK. COMP.
K63 NAVAL HOME NOT RETIRED
K64 SOCIAL SECURITY
K65 CON EMP/FOREIGN CIV-PP
K66 FEDERAL PRISONER
K67 ALL INDIANS
K68 PHS BEN NOT U.S. UNI. SER.
K69 AM RED CROSS EMP & DEP
K71 NATO/NON-NATO PERS-FMS-IMET
K72 NATO ACDU
K73 DEP OF NATO ACDU
K74 NON-NATO ACDU
K75 DEP OF NON-NATO ACDU
K77 DEP OF FOREIGN CIVILIANS
K78 POW
K81 SEC DEP DESIGNEES
K82 SEC ARMY DESIGNEES
K83 SEC NAV-FOR MIL-FED AGENCIES
K84 SEC AIR FORCE DESIGNEES
K91 CIV-INDIGENT & NON-INDIGENT
K99 CHILD. OF DEP. DAUGHTERS

MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved
OMB No. 0704-0248

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0248). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.

1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO.	ORDER NO.	6. INVOICE NO./DATE	7. PAGE	OF	8. ACCEPTANCE POINT
			1	0	

2. SHIPMENT NO.	3. DATE SHIPPED	4. B/L	5. DISCOUNT TERMS
		TCN	

9. PRIME CONTRACTOR	CODE	10. ADMINISTERED BY	CODE

11. SHIPPED FROM *(If other than 9)*	CODE	FOB:	12. PAYMENT WILL BE MADE BY	CODE

13. SHIPPED TO	CODE	14. MARKED FOR	CODE

15. ITEM NO.	16. STOCK/PART NO. DESCRIPTION *(Indicate number of shipping containers - type of container - container number.)*	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT

21. CONTRACT QUALITY ASSURANCE

a. ORIGIN

☐ CQA ☐ ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.

DATE | SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

TYPED NAME:

TITLE:

MAILING ADDRESS:

COMMERCIAL TELEPHONE NUMBER:

b. DESTINATION

☐ CQA ☐ ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.

DATE | SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

TYPED NAME:

TITLE:

MAILING ADDRESS:

COMMERCIAL TELEPHONE NUMBER:

22. RECEIVER'S USE

Quantities shown in column 17 were received in apparent good condition except as noted.

DATE RECEIVED | SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

TYPED NAME:

TITLE:

MAILING ADDRESS:

COMMERCIAL TELEPHONE NUMBER:

** If quantity received by the Government is the same as quantity shipped, indicate by (X) mark; if different, enter actual quantity received below quantity shipped and encircle.*

23. CONTRACTOR USE ONLY