

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

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20 January 2014

Effective until rescinded or superseded

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Table of Contents

	Page
CHAPTER 1 - Information About the <i>SB 8-75 Series</i> for 2014	1-1
CHAPTER 2 - Army Medical Logistics and Materiel Readiness	2-1
CHAPTER 3 - Medical Logistics Programs	3-1
CHAPTER 4 - General Medical Materiel Information.....	4-1
INDEX - 2014 Issue of SB 8-75-S1.....	IN-1

This issue of the DA SB 8-75-S1
supersedes any and all issues dated
prior to 20 January 2014

CHAPTER 1. INFORMATION ABOUT THE SB 8-75 SERIES FOR 2014

1-1. DA SB 8-75 SERIES OVERVIEW

a. Introduction. The Department of the Army (DA) *SB 8-75 Series* provides US Army organizations, installations, and activities, both Continental United States (CONUS) and Outside Continental United States (OCONUS), with technical and medical materiel information relating to the mission, processes, and functions of military medical logistics.

b. Distribution.

(1) Paper Copy. Paper copies of the *DA SB 8-75 Series* are no longer available for distribution to Army Activities. Effective January 2011, the *SB 8-75 Series* became available only through Electronic Media Only (EMO). Hard copies are no longer printed and distributed through the Army Publishing Directorate (APD). Activities are responsible for distribution within their respective activity. If you wish to receive the *SB 8-75 Series* by hardcopy, distribution is by pinpoint through your Publications or Adjutant's office, or your own office.

(2) Electronic Version. Electronic publishing is the preferred method for Army documents. The DA SB 8-75 Series (Army Medical Department Supply Information) has a valuable timesaving link available to the *SB 8-75 series*. The link allows a printable copy from the users' website. Visit the USAMMA website posted on the Army Knowledge Online (AKO) at: <https://www.us.army.mil/suite/folder/11897917>.

c. The US Army Publishing Directorate (USAPD). USAPD, formerly known as the US Army Publishing Agency (USAPA), has also established a link to the AKO website to access current issues of the *DA SB 8-75 Series*. A link is available from the USAPD Homepage at: <http://www.apd.army.mil>. Select "Publications," search for the *SB 8-75 Series*, and you should then have a connection to the listing. You can make distribution from the downloadable, electronic file.

d. USAMMA homepage. You may also access the pubs from the USAMMA homepage at: <http://www.usamma.amedd.army.mil>. Go to "Publications" and select "Supply Bulletin SB 8-75 Series."

e. As each 2014 edition is printed, the 2013 editions are removed.

f. USAMMA Point of Contact (POC). For additional information regarding the *SB 8-75 Series* contact the USAMMA Customer Relations Management (CRM) Division, DSN 343-4301 or commercial 301-619-4301.

1-2. NEW NUMBERING SYSTEM FOR THE DA SB 8-75 SERIES

a. Introduction. Beginning in January 2014, the *DA SB 8-75 Series* will publish eight (8) editions in even-numbered years and six (6) editions in odd-numbered years as shown in para (b) below. The *DA SB 8-75 Series* will be published beginning in January of each year and ending with the November edition.

SB 8-75-S1

b. Each edition of the *SB 8-75 Series* is for specific logistical areas of interest as indicated below:

- S1 - (USAMMA) - Annual Updates, DODAAC List of Controlled Substance Recipients, and USAMMA Overview (published in even and odd years)
- S2 - Materiel Equipment Information (published in even years)
- S3 - (Distribution Operations Center) QA/QC Information//Vaccines (published in odd years)
- S4 - TOE/Field Medical Logistics (published in even years)
- S5 - Materiel Acquisitions for MEDCASE and Super Capital Expense Equipment Program (SuperCEEP) items, Technology Assessment/Requirements Analysis TARA, UA-related Information, Information Assurance, Certification and Accreditation for Medical devices (published in odd years)
- S6 - Medical Maintenance Management Directorate to include USAMMA Maintenance Operations Division (Depots) and National Maintenance Program (NMP) Information (published in even years)
- SB MEDCASE – (published in even years)
- S7 - Force Projection Directorate Programs and Support (published in odd years)
- S8 - Equipment Supportability Information (published in even years)
- S9 - (USAMEDD C&S) Book Sets for Medical MTOE Units (published in odd years)
- S10 - (ARNG) Army National Guard Bureau Issue (published in even years)
- 11 - (USAMEDD C&S) Updates of AR 40-61/Edits of previous SBs

1-3. RESCISSION OF SB 8-75 ISSUES

Every SB 8-75 issue remains in effect until superseded by a replacement issue, regardless of the date published. This DA SB 8-75-S1, dated 20 January 2014 supersedes the 2013 edition as well as any SB 8-75-S1 editions prior to 2013.

1-4. THE USAMMA CD IS AVAILABLE

a. At the USAMMA we take great pride in providing medical logistics information to the logistics community. We have created a registration page on our USAMMA website where you can request the CD via email.

b. Please take time to register for the CD on our website. To order the CD, go to the following web address: http://www.usamma.amedd.army.mil/USAMMA_cdrom.cfm.

CHAPTER 2. ARMY MEDICAL LOGISTICS AND MATERIEL READINESS

2-1. ARMY MEDICAL LOGISTICS (MEDLOG)

a. Army Health Service Support System. The Army health service capabilities support the military health system (MHS) and Army full-spectrum operations globally by promoting force health protection, sustainment, and beneficiary care (TRICARE). The health service support system is a comprehensive set of capabilities found in the generating force institutions and operating Army organizations across the three levels of war (strategic, operational, and tactical). At the center of health service support are command and staff surgeons, as well as clinical and healthcare support delivery teams, capably and seamlessly managing the integrated force health protection programs and sustainment initiatives along a continuum from the battlefield or point of injury through successive roles (levels, echelons) of care to the CONUS support base.

b. Army MEDLOG. Integral to health service support is MEDLOG, a core medical functional area. Often represented as medical materiel, Supply Class VIII (medical), and medical maintenance (MEDMNT), MEDLOG has different meanings depending on the perspective or lens used. For example:

- subtle distinctions could exist between MEDLOG support in the theater (MTOE) or healthcare logistics at the medical treatment facility (MTF);
- strategic (wholesale, national), operating (intermediate), or tactical (retail, user) levels of supply;
- acquisition logistics during the phases of life cycle management; and
- with MEDMNT at the field or sustainment levels.

Regardless of where MEDLOG occurs along the continuum of health service support, MEDLOG (including MEDMNT) organizations, teams, and individuals provide intensive management and work closely with healthcare providers to achieve the goals of integrated, linked, and seamless force health protection and sustainment worldwide.

2-2. ARMY MEDLOG ENTERPRISE AND THEATER ENTERPRISE-WIDE LOGISTICS SYSTEM (TEWLS)

a. Introduction. In support of the MHS, Defense Logistics Agency (DLA) initiatives, and Army Campaign Plan and Transformation endeavors, the Army MEDLOG leadership formed an affiliation to enable and enhance MEDLOG strategy management, information technology direction, overall performance, and knowledge management. The Army MEDLOG Enterprise represents leaders and staffs from the generating force institutions (TDA) and operating force (MTOE) that provide requisite strategic and change leadership for business capabilities and practices necessary to respond rapidly and reliably to the needs of an increasingly adaptable and jointly interoperable health service support continuum.

b. The Surgeon General/USAMEDCOM Commanding General. The AMEDD is a seamless chain of care stretching out to medical treatment facilities (MTFs) in Europe, Korea, and the United States, where soldiers receive state-of-the-art care. Field medical units are under the command of the combat commanders because their movements and work must be coordinated with the fighting forces. TSG (Army Surgeon General) serves as the medical expert on the Army staff, advising the Secretary of the Army, Army Chief Of Staff and other Army leaders. The position and expertise enables effective medical guidance to field units despite the TSG not having command over the field units. As the Commanding General (CG), USAMEDCOM, the CG has command authority over the MTFs and subordinate commands and agencies. Therefore, Army Medicine covers health service support across the full-spectrum of operations and unites, in one leader's hands, the duty to develop policy and budgets (TSG) and the power to execute them (USAMEDCOM Commander). The Director of Logistics (OTSG), Assistant Chief of Staff for

Logistics (USAMEDCOM), and their teams provide high-level staff guidance and policy for Army MEDLOG, in addition to serving as the MEDLOG consultants for supply and maintenance disciplines.

c. US Army Medical Center and School (AMEDDC&S). The Commanding General (Commandant) supports the concepts and doctrine development, training and education, test and evaluation for equipment and systems, analytical consultation, human capital life-cycle proponent functions, and related user-representative functions for the AMEDD. For the Army MEDLOG Enterprise, the AMEDD&S represents the CBTDEV and training aspects.

d. Regional Medical Command (RMC). The predominant delivery of healthcare services and geographic medical readiness support occurs within the RMC. A select MEDLOG representative from the RMC represents this community in the Army MEDLOG enterprise.

e. US Army Medical Research and Materiel Command (USAMRMC). The Army's medical MATDEV and logistician responsibilities occur within the USAMRMC - it is essentially the de facto medical acquisition life cycle management and sustainment command. Collective responsibilities are medical research and development, acquisition program management, acquisition contracting services, and medical materiel management. Six medical research laboratory commands execute the science and technology program to investigate medical solutions for the battlefield. The focus of the laboratory commands is biomedical research in the areas of military infectious diseases, combat casualty care, military operational medicine, medical chemical and biological defense, and clinical and rehabilitative medicine. Equally important are five acquisition and logistics commands whose efforts center on medical materiel advanced development, strategic and operational medical logistics, and medical research and development contracting. Representations from USAMRMC to the Army MEDLOG Enterprise are USAMMA, USAMMCE, USAMMC-K, and the 6th Medical Logistics Management Command (6MLMC) [administrative control to the Commanding General, USAMRMC].

2-3. THE US ARMY MEDICAL MATERIEL AGENCY (USAMMA)

a. Introduction. The USAMMA is a unique, multifaceted organization globally managing strategic MEDLOG contingency programs; medically equipping the Active Component, Army Reserve, and National Guard forces; and providing technical solutions at the Medical Treatment Facilities (MTFs). The USAMMA's vision is to be the recognized leader in the Department of Defense for the acquisition and sustainment of medical equipment and technology.

b. USAMMA Core Competencies.

(1) USAMMA Core Competency 1 - Equipping the Medical Force

(a) Forecast, plan and execute a variety of medical materiel readiness missions by providing a full-range of medical materiel solutions and support by procuring medical technologies and materiel, performing medical set assembly functions, and materiel delivery or fielding solutions for the generating and operating forces worldwide.

(b) Provide acquisition project management acumen and related force management expertise as the materiel developer for developmental, commercial, and non-developmental items, manager for medical cataloging, integrated acquisition logistics including maintenance, and logistician for medical materiel life cycle management in support for the deployed and deployable medical organizations, as well as, the medical treatment facilities.

(2) USAMMA Core Competency 2 - Sustaining the Medical Force

(a) Support the wide-array of program elements for the medical Army Force Generation efforts across the force pools and centrally manage the Army Prepositioned Stocks and The Surgeon General contingency programs and other readiness support programs designed

for all Army components during unified land operations. Deploy the Medical Logistics Support Team as required.

(b) Provide Army Medical Department National Maintenance Program expertise and Sustainment Maintenance technical proficiency for development of policies and procedures to ensure medical maintenance supportability and training requirements, equipment reliability and maintainability, and maintenance repair and services of medical equipment and technologies. Deploy the Forward Repair Activity-Medical as required.

c. USAMMA Organizational Structure. The USAMMA organization is an integrated, coordinated collective, comprised of command group, materiel readiness and maintenance elements, support elements, and acquisition life cycle management elements in support of customers and stakeholders, partners, and suppliers

d. Contact the appropriate office through the Internet website at:
<http://www.usamma.amedd.army.mil>

2-4. DEPUTY COMMANDER FOR OPERATIONS

a. THE OFFICE OF THE DEPUTY COMMANDER FOR OPERATIONS

(1) General. The Deputy Commander for Operations was developed as part of the USAMMA's 2005 reorganization in an effort to provide executive-level leadership, management, and oversight of the Force Sustainment, Force Projection, Medical Maintenance Management, and Distribution Operations Center, and the Business Support Directorates and re-establish the Agency's Logistics Readiness arm. The USAMMA's DCO serves as the Agency focal point for all USAMMA operations (internal and external) and represents the Commander, in his absence, on all matters pertaining to the USAMMA.

(2) Medical Logistics Management Internship Program (MLMIP). The DCO is also responsible for oversight of the MLMIP designed to provide mid-career medical logistics officers, warrant officers, and noncommissioned officers with advanced medical logistics training dealing with focused logistics and supply chain management principles, and to expose these interns to successful DoD and civilian health logistics business practices and technologies in order to incorporate these practices into their future assignments.

(3) Deputy Commander Point of Contact. For additional information contact, USAMMA, ATTN: Deputy Commander, Fort Detrick, MD 21702-5001; telephone DSN 343-4405 or 301-619-4405.

b. **FORCE INTEGRATION AND OPERATIONS DIRECTORATE.** The mission of the Force Integration and Operations Directorate (FI&O) is to synchronize and optimize efforts across common areas within USAMMA's core competencies in support of the Agency vision and mission. FI&O functions support the Directorates and acquisition Project Management Offices (PM) by coordinating intra-Agency workload and external communication with stakeholders. The FI&O consists of three divisions:

(1) Operations Center (OC). The Operations Center (OC) translates strategic concepts and vision into operational objectives and tasks to posture USAMMA for success in executing current and future operations requirements and is responsible for maintaining situational awareness of all ongoing operations, exercises and contingencies to ensure medical logistics solutions are available to support the global Army and DoD healthcare mission.

(a) The division coordinates with higher headquarters and other mission stakeholders to provide timely and appropriate responses to requirements; generates, coordinates, and presents reports, papers, briefings, and information updates; plans, coordinates and publishes orders relevant to current operations, domestic emergencies and Homeland Defense (HLD). The division serves as USAMMA's focal point for all operational and administrative

tasking received from higher headquarters, conducts extensive independent examinations of open source and classified data sources to stay abreast of the operational environment, communicates with all levels of the command in order to secure cooperation and identify and resolve systematic problems and shortfalls in order to facilitate the achievement of operational plans in support of Army and Joint peacetime and contingency operations.

(b) The division develops and articulates a strategy of task methodology that translates the USAMMA Commander's guidance into operational objectives and tasks to ensure medical logistics solutions are available to support DoD and Army global operations and contingencies, and serves as principle staff consultant to the USAMMA Commander and key leaders in all aspects of future and current operational and contingency matters. Coordinates the central development, planning, and integration of the USAMMA Continuity of Operations Plan (COOP) and Operational Plan (OPLAN), engages the key leaders to create an optimal planning environment that supports and facilitates the achievement of mission goals and objectives, collaborates with enabling organizations to facilitate parallel planning and coordinates key aspects of joint and combined operations.

(2) Customer Relations Management (CRM). The CRM Division is a strategic enterprise that is customer-focused and provides a centralized view of the customer's needs in order to provide information that is consistent and reliable.

(a) CRM coordinates customer requests and feedback with the operational capabilities of USAMMA and educates customers on the Agency's programs, products, and services. The division documents and manages all customer interactions using a centralized automated inquiry tracking system allows for timely responses to the customer; enhances CRM's analysis and development capability of monthly performance reports for the Agency; and allows for comprehensive and accurate trend analysis in order to gain a better understanding of the needs and requirements of our customers.

(b) The CRM Division also serves as the Interactive Customer Evaluation (ICE) Program Manager for USAMMA and performs as the Agency Manager for oversight and publication of the monthly DA Medical Supply Bulletins and Agency brochures. CRM monitors, develops, and publishes technical information on the USAMMA website in order to facilitate and provide timely communication and information flow for our external customers and stakeholders.

(3) Enterprise Requirements Planning (ERP). ERP is responsible for coordinating USAMMA requirements planning within the AMEDD enterprise to synchronize Army medical logistics missions with USAMMA resources and capabilities in support of the warfighter. Specifically, they are responsible for integrating all medical requirements in accordance with Department of the Army (DA) G8 priorities and funding, as well as other internal and external customers' funded requirements and priorities. All new and changes to existing requirements are validated by ERP. ERP frequently communicates with the DA G8, Army Sustainment Command (ASC), external stakeholders, and internally to provide updates on current fieldings and de-conflict competing requirements. The ERP is also responsible for reviewing MTOEs, master force documents, and Basis of Issue Plans (BOIPs) for accuracy and submitting discrepancies to the appropriate agency.

c. **FORCE PROJECTION DIRECTORATE.** The Force Projection Directorate serves as the USAMMA Commander's lead for Class VIII centralized program management and International Logistics (Foreign Military Sales) security assistance program oversight. Responsibilities also include the full range of planning, programming, budgeting (PPBE), maintaining, and contractual obligations for the materiel to support these programs. Plans and coordinates with DoD, DA, DLA, AMC, Services, and other organizations on matters pertaining to functions in support of these programs.

(1) The Force Projection Directorate includes a Deputy Director, Foreign Military Sales and Supply Systems, and one major Division, Centralized Contingency Programs. The Deputy Director assists the Directorate in the oversight of all the Directorate programs. The Deputy is responsible for all Directorate administration, personnel actions, automation

management, planning, programming and budgeting, requirements determination, and security assistance (i.e., Foreign Military Sales). Additional information on Force Projection automation and programs is located in DA *SB 8-75-S7 (20 July)*.

(2) The Centralized Contingency Programs Division.

(a) FPD is responsible for the management of the Class VIII portion of the Army Prepositioned Stocks (APS) program and Office of The Surgeon General Contingency Stocks Program which consists of Medical Chemical Defense Materiel (MCDM) program, , Medical Materiel Readiness Program (MMRP), 121 CSH, and Unit Deployment Packages (UDPs). This office also assists the Directorate in the support of Project Planning and PPBE programs.

(b) Additional information on USAMMA Class VIII centralized programs is located in the DA *SB 8-75-S7 (20 July)*.

(3) For SIPRNET communications please contact USAMMA, ATTN: MCMR-MMO-P, 693 Neiman St, Fort Detrick MD 21702-5001; telephone DSN 343-4428/4462 or commercial 301-619-4428/4462. Please request the Director, Deputy Director, Chief, Centralized Contingency Programs Division, or Chief, APS/UDP Branch of the Force Projection Directorate.

d. **FORCE SUSTAINMENT DIRECTORATE.** General. The Force Sustainment Directorate has principal responsibility in the domain of national-level Army medical force management. Specifically, this Directorate is responsible for the wholesale procurement, production, introduction, sustainment, and recovery of medical Sets Kits and Outfits (SKOs) and individual medical equipment items for the Army's medical force, as well as nonmedical units with medical requirements (Active, Reserve, and National Guard Components). This includes building and distribution/fielding of medical assemblages, management of actions relating to assembly of sets, fielding, and follow-on logistics support for medical systems and equipment to ensure combat ready forces in peacetime and during times of conflict. These actions are in direct support of USAMMA's Core Competencies; Equip the Force and Sustain the Force.

(1) This Directorate has a Deputy Director, two Agency subject matter experts for Nonmedical Associated Support Items of Equipment (ASIOE) and two major Divisions. The Deputy assists the Director with oversight of all FSD programs and is primarily responsible for Directorate infrastructure requirements to include personnel actions, automation management, programming, and budgeting and requirements generation.

(a) Production Assembly Management Division is the AMEDD focal point for assembly of all medical sets, kits, and outfits (SKOs). They procure all medical equipment and supplies for the Agency, assemble the materiel into sets through either DLA Depot Assembly sites or contracted civilian organizations, and then manage the multitude of Sets, Kits and Outfits (SKOs) fielded to all components of the Army. At the end of a medical set or product's life, AMD, in coordination with the owning Command and Agency Project Managers, provides disposition instructions on whether to transfer the items for reuse, recapitalization, or turn-in to DRMO. They also manage excess materiel through the Air Force website, TRIMEDS.

(b) Materiel Fielding Division is a team of professional logisticians that field medical equipment and sets to tactical Army units. The tactical units take ownership of the equipment for use in support of the Army's missions. These logisticians travel across the globe – including hostile fire zones and contingency operations - to ensure complete, functioning equipment and sets are rapidly and effectively transferred to warfighting units. This Division also executes the Medical Equipment Reset Program for the Army.

(c) Medical Equipment Reset Program: This is the Army organization responsible for execution of the Medical Equipment Reset Program. The materiel fielding teams conduct sustainment reset fieldings to redeploying units at home station ensuring all deployed medical equipment is appropriately Reset. Additional information regarding the Medical

Equipment Reset program is available through the USAMMA Website at:
http://www.usamma.amedd.army.mil/army_medical_reset_information.cfm

(d) In addition, a variety of actions in support of force projection and force sustainment operations, as well as support of the Army's Campaign Plan, Army Force Generation (ARFORGEN) and Army Transformation are provided.

(e) For additional information contact, USAMMA, ATTN: MCMR-MMO-S, 693 Neiman St, Fort Detrick MD 21702-5001; telephone DSN 343-4355/4396 or Commercial 301-619-4355/4396.

e. **MEDICAL MAINTENANCE MANAGEMENT DIRECTORATE.**

(1) General. The Medical Maintenance Management Directorate (M3D) consists of the National Maintenance Program Division (NMP) and the Operations Division (M3D-MOD). The Operational Division has three depot-level maintenance activities. It has principal responsibility and serves as the Army's lead for Class VIII medical equipment maintenance. The Army Medical Department's National Maintenance Program provides a National Maintenance Sustainment Program for medical materiel, and implements national level medical maintenance programs, policies and procedures.

(2) The M3D has two distinct Divisions: the Maintenance Operations Division (M3D-MOD) and the AMEDD National Maintenance Program (NMP).

(a) The NMP is responsible for national level oversight of maintenance and sustainment functions for Army medical forces, and for ensuring Army Medical Materiel Maintenance Policies are updated and remain applicable to current field tactical and sustainment business procedures for biomedical systems, technologies, and equipment; and ensuring medical maintenance management processes fully support the Army's Medical Logistics Enterprise.

(b) The NMP supports the AMEDD maintenance vision of ensuring 100% readiness for field medical, dental, and veterinary units with emphasis on monitoring those processes that foster improvements in command supply discipline and readiness of medical equipment and materiel issued to TOE medical units to include readiness assessments through sample data collection, training support, maintenance automation development and special programs implementation.

(c) The NMP also develops strategic plans to support Title X requirements for maintenance that effectively and efficiently support contingency operations through strategic maintenance points and capabilities that project maintenance subject matter expertise across the continuum of care. Functions and accountabilities of the NMP include the following:

- Develop, draft, review, update, publish and integrate regulations, forms, policies, programs and processes that delineate in detail, how the AMEDD's medical maintenance operations will meet or exceed the Army's single maintenance standard requirements.
- Support Program Managers' Integrated Logistics Support processes for equipment acquisition, as well as development of maintenance plans and supportability strategies to ensure strategic and operational feasibility.
- Integrate AMEDD National Level Maintenance Policies with other Command Maintenance Programs and the Army's National Maintenance Program.
- Serve as the Army Medical Department's Maintenance Master Data File (MMDF) proponent that coordinates with the U.S. Army Materiel Command's Logistics Support Activity (USAMC LOGSA) and the HQDA ODCS, G-4, to m.
- Provide enterprise-level maintenance metrics analysis, utilizing institutional knowledge and data gleaned from multiple medical maintenance systems and databases.
- Assess tactical medical units' maintenance operations and medical maintenance management processes, initial training and sustainment training programs, and

over-all quality of maintenance programs; identify gaps and recommend changes to doctrine, business processes and policy.

- Provide subject-matter expertise, training and mentorship to the MLMIP course.
- Serve as the subject matter experts (SME) for Automation Information Systems (AIS) that are responsible for medical equipment accountability, medical maintenance operations and management, and Class VIII repair parts support.
- Serve as the AMEDD Lead for Maintenance Centric Issues and Initiatives such as Remote Diagnostics access.
- Manage the AMEDD TMDE Preferred Items List and serve as TMDE Program Manager for acquisition approvals within TDA Medical Units.
- Provide data analysis and support for Logistics Assistance Program and Maintenance Assistance & Inspection Teams Visits.
- Support the AMEDD Lesson Learned Program and provide analysis of medical maintenance review and reports.
- Serve as the lead agent for validating and coordinating maintenance specific procedures for Medical Materiel Quality Control (MMQC), Field Change Order (FCO) and recall information for medical devices.

(d) The MOD is responsible for providing Sustainment and Depot-Level Maintenance Operations and Support for standard and select nonstandard medical materiel to Active Army, US Army Reserve, Army National Guard, authorized Department of Defense (DoD) activities, and other Federal agencies. Support is conducted on both a reimbursable and non-reimbursable basis under existing funding and support regulations and established support agreements. Functions and accountabilities of the MOD include:

- Operate the AMEDD Maintenance Sustainment Program including POM development, planning, and execution of the program.
- Manage the AMEDD's Diagnostic Imaging Acceptance Program for all Army TDA and TOE customers to include proving on-site acceptance support.
- Provide reach back logistics to medical equipment maintainers via telemaintenance and other support programs.
- Provide input into maintenance policy programs and execute.
- Plan wholesale-level medical materiel maintenance services for the AMEDD and perform wholesale-level medical materiel support for the Army medical logistics system, DLA/DSCP, and other authorized customers.
- Manage a quality control program for serviced medical materiel.
- Manage and furnish depot-level maintenance support services to worldwide medical units, other governmental agencies, and foreign countries under the security assistance program.
- Manage the AMEDD TMDE program relative to stockage, assembly management, assembly build and distribution, calibrations, and repair of special-purpose TMDE.
- Manage and maintain the Army's medical Operational Readiness Float Program during peacetime; and, upon request through the Office of the Surgeon General, issue ORF to units deploying in support of Contingency or Defense Support to Civil Authorities Operations.
- Manage the physical examination equipment refurbishment and loan program for MEPCOM.
- Program and execute audiometric equipment calibration programs.
- Maintain an FDA approved X-ray tube head restoration program.
- Provide rebuild services for TOE and select TDA dental hand pieces.
- Perform various TDY maintenance services (performed by FRA medical teams) to include on-site maintenance services, acceptance services, first article inspection services, medical materiel fieldings, etc.
- Serve as SME for medical equipment product support documentation (Maintenance and Support plan documents) in support of life cycle logistics sustainment.

(e) In addition, the Medical Maintenance Management Directorate provides a variety of actions in support of force projection and force sustainment operations, as well as

supports the Army's Campaign Plan, Army Force Generation (ARFORGEN), and Army Transformation.

(f) For additional maintenance information contact USAMMA, ATTN: MCMR-MMO-M, 693 Neiman St, Fort Detrick MD 21702-5001; telephone DSN 343-4365/4383 or Commercial 301-619-4365/4383.

f. BUSINESS SUPPORT OFFICE

(1) The Business Support Directorate is comprised of the Business Support Office (BSO) and the Army Data Synchronization Division (ADSD). The USAMMA BSO augments the TEWLS Customer Center of Excellence (TCCOE) by providing a team of subject matter experts responsible for the troubleshooting, development, testing and sustainment of the TEWLS application. The USAMMA BSO in conjunction with the USAMMCE BSO and JMLFDC staff members, encompass the TCCOE which responds to MHS help tickets submitted by TEWLS users across the enterprise. USAMMA BSO staff currently provides expertise in the following TEWLS modules: master data management, materials management (MM), production planning (PP), plant maintenance (PM), funds management (FM), and assemblage management.

(2) The Army Data Synchronization Division (ADSD) serves as the Army Secondary Inventory Control Activity for medical materiel and provides continuous support to develop and maintain the Federal catalog system and Army cataloging operations. The ADSD manages the NSN request process for the DMLIIS system. NSN management and sustainment is executed in the TEWLS system. The TEWLS application provides NSN master data feeds to AESIP, UDR, JMAR, and numerous other information systems throughout the DoD landscape.

(3) For additional information contact USAMMA, ATTN: MCMR-MMO-B, 693 Neiman St, Fort Detrick MD 21702-5001; telephone DSN 343-4408 or Commercial 301-619-4408.

g. DISTRIBUTION OPERATIONS CENTER

(1) The Distribution Operations Center (DOC) supports the ordering and distribution of bio-defense vaccine in support of the DOD vaccine mission. In addition, the Distribution Operations Center manages vaccines in support of USAMMDA's investigational and developmental missions and Force Health Protection missions. The DOC is the Army Influenza (Flu) Vaccine Program Manager. As a distribution specialist in temperature sensitive medical products, the DOC provides training and support to DoD units in the good distribution and storage practices to safeguard the integrity and viability of medical products. The DOC can provide assistance to all units in helping to determine viability of temperature sensitive medical products after a temperature excursion has occurred. The DOC is also an integral part of the medical materiel quality control process by producing and disseminating hazard, alert and recall messages via the DoD Medical Materiel Quality Control (MMQC) messages and the Army Medical Materiel Information (MMI) messages.

(2) For additional information contact USAMMA, ATTN: MCMR-MMO-D, 693 Neiman St, Fort Detrick MD 21702-5001; telephone DSN 343-4408 or Commercial 301-619-4408.

2-6. DEPUTY COMMANDER FOR SUPPORT

a. **OFFICE OF THE DEPUTY COMMANDER FOR SUPPORT (DCS).** The DCS provides executive level administrative management and oversight of centralized support for the USAMMA.

(1) General. The Deputy Commander for Support (DCS) leads the Support Services and Senior Administrative Functions for the Command, to include Resource Management; Human Capital; Information Management & Information Technologies; Contract Management; and Facilities & Property Management. The DCS also serves as the Chief Strategy Officer, Chief Management Officer and Chief Learning Officer in support of USAMMA, a generating force

institution with strategic medical programs across the acquisition-logistics continuum. Inherent in the DCS roles are leading people, leading change, applying business acumen, facilitating relationships, and attaining results. In addition to supervision of military and civilian personnel providing a variety of shared services in support of Army Medicine, the DCS specific

responsibilities and accountabilities relate to strategic performance management; organizational quality (performance excellence); internal controls administration; civilian position classification and pay pool management; command supply discipline; overseas travel approval and Telework agreement approval; and purview over other related administrative support matters.

(2) Safety. This office serves as the Safety Manager and Environmental Coordinator for the Commander and staff of USAMMA including all remote USAMMA sites. Directs, develops, and performs safety and occupational health exercises in compliance with federal, state, local and Army standards.

b. ENTERPRISE RESOURCES DIRECTORATE

(1) General. Day-to-day support and services are provided to the Agency and the wider Medical Logistics Enterprise to ensure that every provider can deliver the healthcare expected by our Nation, Joint Warfighters, Partners, and Customers. This Directorate serves as the Agency Manager for Resources Management (RM), Administrative Support, Protocol and Support Services, Training and Safety, and Human Resources/Capital (HR).

(2) Resource Management. Provides accounting and budgetary support for USAMMA and the Defense Medical Materiel Program Office (DMMPO), Provisional - formerly titled the Defense Medical Standardization Board (DMSB). Relates long range programming, near term budgeting, and execution to develop spending plans and conduct funding related drills.

(3) Human Capital (Human Resources). This Division serves as the principal advisor to management and the USAMMA Commander on all personnel matters. This office provides personnel management support to the USAMMA and Depots for all military, attached military, and civilian employees located at various sites throughout the U.S. and at OCONUS locations.

c. ENTERPRISE SUPPORT SERVICES DIRECTORATE

(1) ESS Information Management/Information Technology (IMIT). Provides enabling technologies, knowledge management, and technology solutions in support of Army Medical Logistics and Joint Medical Logistics functions. The IMIT staff provides Tier II and III support, web and application development, database administration, and server administration. ESS is responsible for the recovery of connectivity, data, files, and folders in the event of a disaster rendering our normal capabilities inoperative.

(2) ESS Property Management. Responsible for the establishment and maintenance of a formal set of property accountability records and the development and execution of policies and procedures related to the management of USAMMA property at Fort Detrick, MD, and at all USAMMA sites world-wide.

(3) ESS Facility Management. Plan, design, construct, repair, and maintain all real property facilities and utility plants. Provide housing and basic services (utilities, refuse, fire protection, custodial, etc.) for the staff and faculty in support of the USMA community and provides local facility support; space management, refurbishment, minor construction, and IMCOM liaison.

d. ENTERPRISE PERFORMANCE DIRECTORATE

This Directorate serves as USAMMA's organizational integrator in the design, modification, and renewal practices for corporate strategic planning and business process improvement management. Responsible for institutionalizing, monitoring, and continually improving business results while ensuring that proper internal controls are in place and reported. Additionally, conducts management studies affecting internal and external aspects of the organization.

e. USAMMA DETACHMENT COMMAND

(1) Office of the Detachment Commander. The Detachment Commander provides administrative management, enforcement, and accountability of all USAMMA military personnel. The Detachment Commander implements unit policies, oversees the health, welfare, and leader development of Service Members, and executes the USAMMA Commander's vision and intent.

(a) General. The purpose of the Detachment Command is to delegate authority from the USAMMA Commander to the Detachment Commander in order to improve the timeliness of routine administrative, personnel, and legal actions typically performed by company grade commanders.

(b) Responsibilities. The roles and responsibilities of the Detachment Commander will include, but not be limited to:

- Company Grade UCMJ Authority
- Military Personnel Actions (Leave/Pass Approval, eMILPO reports, MWR, etc.)
- Command Financial Authority (Monthly DFAS reports, Routine Finance Actions, etc.)
- Program Authority (Sponsorship, Command Supply Discipline Program, ASAP, etc.)
- Military Training
- Military Readiness Requirements

(2) Office of the Detachment First Sergeant. The Detachment First Sergeant assists the Detachment Commander in supervising unit operations. The Detachment First Sergeant is responsible for executing individual and collective training, maintaining order and discipline, and motivating military personnel assigned and attached to USAMMA.

2-7. DEPUTY FOR ACQUISITION

a. **OFFICE OF THE DEPUTY FOR ACQUISITION.** The Deputy for Acquisition position was developed as part of the 2009 Acquisition reorganization in an effort to provide executive level leadership, management, and oversight of the various Project Management efforts organic to the USAMMA organizational structure. The USAMMA's Deputy for Acquisition serves as the Agency focal point for all USAMMA integrated lifecycle acquisition projects.

b. PROJECT MANAGEMENT OFFICE, MEDICAL DEVICES (MedDev)

(1) General. The primary responsibility of the Project Manager, Medical Devices (PM, MD) is centered on activities associated with the advanced development and acquisition of materiel solutions to satisfy mission needs and take advantage of technological opportunities. This Project Management Office is also responsible for managing commercial medical materiel in support of deployable (TOE) delivery systems worldwide and serves as the AMEDD's focal point. As part of a designated laboratory by the ASA (ALT), execute and manage Cooperative Research and Development Agreements with Industry Partners.

(2) Assistant Project Managers (APM) and support staff. PM MedDev has three Assistant Project Managers and an Acquisition Information Division.

(a) APM Healthcare Technologies:

- Oxygen Generation
- Emergency Medical Treatment (EMT)
- Pharmacy
- Surgery/Operating Room
- Intensive Care Unit
- Ophthalmology/Optomety
- Optical Fabrication Unit/Multivision Fabrication
- Orthopedics
- Physical/Occupational Therapy
- Audiology
- Flight Surgeon
- Army Special Operations Forces
- Surgical Subspecialties
- Laboratory
- Blood storage
- Delivery devices
- Veterinary

Other APM Healthcare Technologies areas to Include:

- Set development
- Clinical determinations
- Biomedical Engineering
- Advanced Development Support
- Clinical Consultant for Advance Development/Modernization efforts
- IPT support
- Technology management and consultation
- Market Analysis
- Source Selections
- Commercial equipment assessments

(b) APM Medical Materiel Solutions - Provides oversight and management of:

- Advanced Development Portfolio/Product Management
- Pivotal/Clinical trials for FDA compliance of medical devices
- New Product Ideas
- Defense Health Program Research and Development
- Integrated Product Teams (IPTs)
- PM representative to Joint Program Committees (JPCs)
- ORTA/CRADA's
- Preparation and defense of Board of Director Reviews
- Advanced Development Program Objective Memorandums
- Coordination with Capability Developers on CDDs/CPDs
- Provide technical writing and editing for advance development documents

(c) APM Integrated Logistics - Provides oversight and management regarding:

- POM/PPBE process for standard equipment and sets
- OPA Procurements
- Test/Form Fit Function Coordination
- NSN Sourcing
- Support Strategy
- Lead Source Selection
- SOCOM Support
- Set management
 - UA file/BOM management
 - LIN development/ LIN lifecycle
 - BOIP feeder data

- IPT support
- Maintenance Support
- Equipment Management
 - NSN development/ lifecycle
 - Handbook updates
 - Acquisition advice code management
 - IPT support
 - Test, Measurement, and Diagnostic Equipment (TMDE)
- Standardizing/Data management
 - Commodity manager
 - NSN analyst/approver
 - NSN maintenance processing
 - LIN maintenance processing
 - Data Standardization

This list includes all research and development programs related to managed commodities. Additional details include patient movement items and Special Operations Command support.

(d) Acquisition Information Division (AID) - The AID assures that relevant information regarding medical devices is published or distributed so that CONUS and OCONUS units have the necessary critical information to perform their missions. The AID:

- Publishes medical equipment literature on AKO.
- Develops and publishes Support and Consumables Handbooks for UAs.
- Publishes equipment start-up lists.
- Publishes and manages Medical Devices information on USAMMA's internet and intranet.
- Manages the PMO MD hand receipt property book.
- Publishes two SBs each year.
- Provides technical writing and editing for advanced development documents.

c. PROJECT MANAGEMENT OFFICE, INTEGRATED CLINICAL SYSTEMS (PM, ICS)

(1) General. The primary responsibility of the Project Manager, Integrated Clinical Systems (PM, ICS) is to serve as the AMEDD's acquisition and total-lifecycle logistician for all imaging, image management, and major clinical information systems that integrate with the DoD Electronic Medical Record (EMR). Responsibilities include management of major PACS, imaging, and teleradiology program initiatives, execution of the TARA Program, and management of Information Assurance (IA) requirements for all medical devices.

(2) Product Managers. PM, ICS has two functional product managers:

(a) Product Manager, Image Management Systems. This office:

- Provides lifecycle management of PACS, teleradiology, and other image management capabilities;
- Assists in the TARA program;
- Processes Certificate of Net worthiness (CoN) and DOD Information Assurance Certification and Accreditation Process (DIACAP) determinations for devices and systems managed by PM-ICS. These determinations are required in order for the devices and systems to be allowed to connect to DOD networks.

(b) Product Manager, Clinical Technologies. This office:

- Executes the TARA Program and provides lifecycle management of both diagnostic imaging and non-imaging clinical systems technologies.
- Supports the [WebMRE](#) system.
- Provides subject matter expertise for advanced development and technology upgrades of imaging systems for the operating force.

**d. PROJECT MANAGEMENT OFFICE, MEDICAL EVACUATION MISSION
EQUIPMENT PACKAGE (PM, MEDEVAC MEP)**

(1) General. The MEDEVAC MEP mission is focused on the management of the MEP (a group of subsystems and equipment) that is being installed on UH-60A/L Black Hawk helicopters participating in the UH-60 Recapitalization Program. PM, MEDEVAC MEP is involved in the conversion of some of these helicopters into MEDEVAC aircraft. The final product shall have the same medical capabilities as the HH-60M Black Hawk MEDEVAC helicopter that is currently being fielded for rapid evacuation of the wounded warfighter.

Mandated by the Office of the Surgeon General (OTSG) of the Army, PM MEDEVAC MEP became the funding source for management of the mission-equipment package for MEDEVAC. In response to this new directive, the PM, MEDEVAC MEP now provides oversight and management of MRMC's involvement with this project. PM, MEDEVAC MEP works directly with the office of the Assistant Project Manager (APM) MEDEVAC within the Office of the Project Manager - Utility Helicopters at Redstone Arsenal in Huntsville, Alabama. This combined team is dedicated to providing the world's finest MEDEVAC aircraft to meet the ground commander's requirement.

(2) PM, MEDEVAC MEP has two main products:

(a) Interim MEDEVAC Mission Support System (IMMSS). This is a patient handling system that includes seat pallets, seats, interior components, and a litter lift system.

(b) MEDEVAC Mission Sensor (MMS). This subsystem is a Forward Looking Infra-Red (FLIR) sensor that will be used as a patient location sensor. MMS is critical to the continuous capability for night and adverse weather operations.

CHAPTER 3. MEDICAL LOGISTICS PROGRAMS

3-1. CENTRALLY MANAGED PROGRAMS - SUPPLY CLASS VIII

a. The DA has established specific programs to support contingency operations as part of its overarching strategic mobility program and the APS is one of them. Complementing the APS program is the OTSG's Contingency Stocks that support some areas not covered by the APS.

b. The DA DCSLOG owns APS materiel. The DA directed that AMC manages the non-SC VIII and OTSG manage the SC VIII. OTSG delegated the responsibility for SC VIII to the USAMMA. HQDA authorizes the approval of the release of APS stocks. Once released, AMC/ USAMMA (for Class VIII) will direct movement as necessary. Program elements within APS are:

- Brigade/Unit Sets
- Operational Projects
- Army War Reserve Sustainment

(1) Overall APS Program Management, contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St, Fort Detrick, MD 21702-5001; telephone DSN 343-4518 or 301-619-4518.

(2) APS-1 (CONUS) contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St, Fort Detrick, MD 21702-5001; telephone DSN 343-4518/4430 or 301-619-4518/4430

(3) APS-2 (Europe) contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St., Fort Detrick, MD 21702-5001 (telephone DSN 343-4518/4430 or 301-619-4518/4430).

(4) APS-3 (Afloat) contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St, Fort Detrick, MD 21702-5001 (telephone DSN 343-4518/4430 or 301-619-4518/4430).

(5) APS-4 (Korea) contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St., Fort Detrick, MD 21702-5001 (telephone DSN 343-4518/4430 (Korea) or 301-619-4518/4430).

(6) APS-4 (Japan) contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St., Fort Detrick, MD 21702-5001 (telephone DSN 343-4518/4430 or 301-619-4516/4430).

(7) APS-5 (Kuwait and Qatar) contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St, Fort Detrick, MD 21702-5001 (telephone DSN 343-4518 /4430 or 301-619-4518/4430).

c. The OTSG owns the OTSG contingency stock materiel. The USAMMA centrally manages various programs elements. OTSG authorizes the release of the OTSG contingency stock. Program elements are:

- Medical Chemical Defense Materiel (MCDM)
- Unit Deployment Packages (UDP) Medical Potency & Dated (P&D) Materiel
- - Medical Materiel Readiness Program (MMRP)

For additional information pertaining to the USAMMA's SC VIII Centrally Managed Programs, contact any of the offices in the following list:

(1) For MCDM Program, contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St, Fort Detrick, MD 21702-5001; telephone DSN 343-4306/4462 or 301-619-4306/4462.

(2) For Centrally Managed Medical P&D Program, contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St, Fort Detrick, MD 21702-5001; telephone DSN 343-4461/4518 or 301-619-4461/4518.

(3) For MMRP Program, contact USAMMA, ATTN: Force Projection Directorate, 693 Neiman St, Fort Detrick, MD 21702-5001; telephone DSN 343-/4462 or 301-619-4462.

d. The 121st CSH owns their hospital. The USAMMA centrally manages a portion of their hospital to include management of the biomedical maintenance program for the majority of their MTOE equipment.

e. The SB 8-75-S7 (dated 20 July) contains in-depth information about the APS and Centrally Managed Programs.

3-2. INTEGRATED LOGISTICS SUPPORT

a. The USAMMA ensures Integrated Logistics Support (ILS) for medical equipment provided to Table of Organization and Equipment (TOE) medical units. Since Operation Iraqi Freedom (OIF) began, the USAMMA has concentrated on ensuring support for new equipment items to include:

- Design Interface
- Facilities & Infrastructure
- Maintenance Planning & Management
- Manpower & Personnel
- Packaging, Handling, Storage and Product Support Management
- Supply Support
- Support Equipment
- Sustaining Engineering
- Technical Data
- Training & Training Support

b. The support plan is a Milestone Decision Authority (MDA) document providing details on the clinical applications of the item and on the strategy for acquisition; this document is generated by the USAMMA Acquisition Directorate, Program Management office, Medical Devices (PM-MED). In most cases, equipment is tested for clinical and environmental capabilities in realistic operating scenarios. A detailed test plan is developed to evaluate transportability, environmental extremes, and operational characteristics, e.g., analyzing performance in high heat and humidity or ability to withstand rough travel on a military truck without ruining sensitive electronics. The most viable and cost-effective test organization, such as the US Army Medical Materiel Developmental Activity, the Aberdeen Test Center (Aberdeen, Maryland), or the AMEDD Board is identified and a close relationship established to ensure the items are properly tested to meet Army requirements.

c. The USAMMA also evaluates medical equipment for obsolescence that is currently used by the US Army. Equipment is periodically analyzed to determine if manufacturer support is still available or if the item falls into one of two categories:

- Non-supportable, Non-sustainable, and Obsolete Items (NNI)
- AMEDD Limited Support Items (ALSI)

NNI designates an item that is no longer supported by any commercial or federal agency. ALSI designates an item that is no longer supported by the manufacturer but can still be supported by the US Army through parts stocks or cannibalization of parts from similar items. Items designated NNI and ALSI are prioritized for replacement, and a market investigation is initiated to identify the appropriate replacement technology or device.

d. The SB 8-75-S5 (dated 20 May, current edition) contains in-depth information about Integrated Logistics Support, Materiel Acquisition and similar topics.

e. For additional information contact, USAMMA, Chief, ILS Management, ATTN: Force Projection Directorate, 693 Neiman St, Fort Detrick MD 21702-5001; telephone DSN 343-9979 or 301-619-9979.

3-3. MEDICAL LOGISTICS MANAGEMENT INTERNSHIP PROGRAM (MLMIP)

a. The USAMMA has an established 6-month Internship Program for medical logistics officers, warrant officers, senior noncommissioned officers, and DOD civilians working in the medical logistics field. This program, offered biannually, provides an overview of the support health care environment focusing on medical logistics support, advanced technology, business practices and management techniques, DOD and civilian health care organizations, DOD and DA systems and processes, and materiel acquisition.

b. The goals of the program are to:

(1) Develop logisticians for strategic-level programs emphasizing Joint and Army readiness;

(2) Provide experience and knowledge concerning leading-edge technology, organizational innovation, and defense acquisition; and

(3) Combine the best of defense and commercial health care logistics business practices.

c. The MLMIP provides the opportunity for individuals to meet both experience and training requirements set forth by the Defense Acquisition Workforce Improvement Act for Level 1 Certification in acquisition-related career fields.

d. For additional information please access the USAMMA website at <http://www.usamma.amedd.army.mil> (subheading Internship Program) or contact the USAMMA, ATTN: MLMIP, 693 Neiman St, Fort Detrick, MD 21702-5001; DSN 343-7477 or 301-619-7477.

3-4. MEDICAL LOGISTICS SUPPORT TEAM (MLST)

a. The Army Materiel Command (AMC) created the Logistics Support Element (LSE) to address the requirement for a tailor-made unit to provide Reception, Staging, Onward Movement, and Integration (RSO&I) support of Army War Reserve assets. Individuals from various Army materiel commodity commands staff the LSE. These individuals can be military, civilian or contractor personnel. Representing the AMEDD Class VIII commodity is the USAMMA MLST.

b. The MLST is modular and highly tailored team that consists of as many as 48 personnel with a variety of skills necessary to facilitate the handoff of pre-positioned medical materiel and non-medical Associated Support Items of Equipment (ASIOE) at a port or land-based facility in any theater. This materiel includes Army Prepositioned stocks and other materiel included in TSG contingency programs. Functions of the MLST include command and control, medical maintenance, general maintenance, materiel fielding, automation support, and contracting support. The MLST consists of a number of skill sets that include, but are not limited to medical logistics, automation, bio-medical maintenance, and general maintenance. This team is comprised of soldiers, DA Civilians, and fielding contractors. This team can deploy on short notice to any theater.

c. The MLST will normally operate in direct support of the AMC LSE. Once the MLST completes the transfer of APS assets, it will redeploy to CONUS or prepare for follow-on missions as directed by the Commander, USAMMA.

d. The doctrinal basis of the MLST is found in *FMI 4-93.41, Army Field Support Brigade Tactics, Techniques, and Procedures* (dated 22 Feb 2007), Chapter 2, 6 (formerly *FM 63-11*). The MLST is also referenced in *FM 4-02*, *FM 100-17-1*, and *FM 100-17-2*.

e. *SB 8-75-S7* (dated 20 July – current edition) contains in-depth information about the MLST and similar topics.

f. For additional information contact USAMMA, ATTN: Force Sustainment Directorate, 693 Neiman St, Fort Detrick, MD 21702-5001; telephone DSN 343-4008/1296 or 301-619-4008/1296.

3-5. THEATER ENTERPRISE-WIDE LOGISTICS SYSTEM (TEWLS)

a. TEWLS is a commercial SAP-based software solution adopted by the U.S. Army to support acquisition and total life cycle management of medical materiel and assemblages and provide theater-level management of end-to-end medical supply chain support to Combatant Commands. The U.S. Army Medical Materiel Agency (USAMMA) and the U.S. Army Medical Materiel Center – Europe (USAMMCE), subordinate commands of the U.S. Army Medical Research and Materiel Command (USAMRMC), are the incumbent providers of functional and information management/information technology (IM/IT) expertise to the TEWLS program part of Defense Health Systems Support (DHSS) through an in-house construct called the Business Support Office (BSO).

b. USAMMA and USAMMCE each have a BSO organization, staffed with personnel resources from the parent organization. BSO personnel use their functional and SAP expertise to answer end-user questions, development software specifications, test new software capability, train end-users and project team members, conduct demonstrations, host information forums, and distribute information regarding the SAP system across the enterprise. The role of the BSO includes:

- Driving the business requirements for the TEWLS system by defining and implementing enterprise-wide standards
- Analyzing business processes and determining those that are best suited to the organization and ensuring that they are continually optimized through proper configuration; and
- Establishing the first-line support infrastructure to handle internal and external (Enterprise-wide and business partner) questions and problems relating to the SAP software.

c. Business Support Office Performance Responsibilities: The elements of the Business Support Office provide functional expertise for enterprise-level business processes and related support to the management of the TEWLS application. Collaboration is both vertical (stakeholders, end users, and external business partners) and horizontal (in-house offices) to provide input to the Project Manager in support of new development and sustainment activities. The boundaries between these categories are fluid and highly influenced by program management decisions and dynamic mission needs. Specific details of how the BSO meets requirements are addressed in other documents and standard operating procedures (SOPs) as required.

New Development Performance Areas	
Project Preparation	Conduct requirements determination/ generation based upon gaps in the current capability and emerging missions
Business Blueprint	Define the solution based upon SAP processes (functional specifications)
Realization	Configure (customize available functionality), synchronize, and test to ensuring business process requirements
Final Preparation	Develop and execute training
Go Live & support	Provide assistance for cutover operations

Sustainment Performance Areas	
Requirement Generation	Gather, formulate, document, validate and de-conflict System Change Requirements (SCRs) through continuous coordination with stakeholder and enterprise level organizations
Functional Analysis	Collaborate between technical development and end-user requirements to assure system supports end-user needs
Prioritization and Approval	Determine priority category for work (Emergency, Urgent, Routine) based upon criteria established; request approval to work the requirement
Technical Development	Provide functional specifications for subsequent technical development (code creation)
Unit Testing	Validate functionally test scripts to ensure changed or new program works in a standalone environment
Quality Assurance Testing	Validate and ensure changed or new program integrates with the greater enterprise based on collaboration with end-users
Production/End User Feedback	Request transport of requirements to production; verify quality assurance again based on collaboration with end-user

d. For additional information contact, USAMMA, ATTN: Business Support Office, 693 Neiman St, Fort Detrick MD 21702-5001; telephone DSN 343-3900 or 301-619-3900.

3-6. TECHNOLOGY ASSESSMENT AND REQUIREMENTS ANALYSIS (TARA)

a. In an environment of constrained resources, it is imperative that sound commercial business practices be applied to our capital investment equipment programs. The decision makers at the US Army Medical Command (USAMEDCOM) and the MTF level must have a means of acquiring the management information they need to effectively balance dwindling resources against clinical requirements. The ultimate goal for the TARA program is to establish a standardized methodology for assessing, planning, and pursuing the acquisition of equipment that is the appropriate technology for clinical practices within the AMEDD. The equipment reviewed under the TARA program includes, but is not limited to:

- Angiography
- C-arms (mobile)
- Cardiac catheterization laboratories
- Diagnostic imaging Radiotherapy systems
- Laboratory
- Urology
- Pharmacy robotics
- Monitoring systems (i.e., physiological monitoring and fetal monitoring systems)
- Nurse call systems
- Sterilizers
- Surgical lasers (includes excimer and femto lasers utilized in warrior refractiveSurgery Program [WRESP]),
- Computerized tomography (CT)
- Radiographic (i.e., computed radiology [CR], diagnostic radiology and radiology/Fluoroscopy, and direct digital radiology)
- Gamma cameras (i.e., Nuclear Medicine)
- Intervention radiology
- Linear accelerators
- Magnetic resonance imaging (MRI)
- Mammography
- Ultrasound

- Endoscopes/video towers
- Microscopy
- Point of use (POU) systems
- Robotic pharmacy systems
- Surgical microscopes
- Picture archiving & communication systems (PACS)
- Clinical information systems

b. As proponent of the TARA, the USAMMA Integrated Clinical Systems (ICS) is responsible for coordinating the TARA process and site visits with the facility to be assessed and with the appropriate medical devices or equipment consultants. The on-site TARA visit consists of four major components:

- Assessment of clinical operations
- Assessment of requirements
- Assessment of operations
- Assessment of equipment

c. TARA specifics.

(1) A TARA provides a snapshot of the facility's processes for the period during which the site survey is conducted. However, the TARA is not intended as a substitute for the facility's own routine evaluation of their operations. Because changes in a facility's strategic vision could alter medical device requirements that fall within the scope of the TARA, the requirements for the MTF should be periodically re-evaluated, especially in the event of a major change in mission.

(2) The TARA process assesses MEDCASE and SuperCEEP items. The item is classified as MEDCASE, capital investment-type medical devices with a unit price plus Defense Logistics Agency – Troop Support (DLA-TS) surcharge, if applicable, equal to or greater than the DHP Procurement threshold of \$250,000. The item is classified as SuperCEEP, with a unit price plus DLA-TS surcharge, if applicable, equal to or greater than the DHP O&M threshold of \$100,000 and less than \$250,000. The [SB 8-75-MEDCASE](#) (current edition) contains in-depth information about TARA and the MEDCASE and SuperCEEP processes.

(3) Using the data collected from site visits and from MEDCASE and SuperCEEP program requirements, the TARA team has constructed a database [[the Web MEDCASE Requirements and Execution \(WebMRE\) System](#)] to assist in the management of the program and provide detailed information on requirements and execution status. The WebMRE database is used to front load MEDCASE and SuperCEEP requirements for TARA reviewed systems. ICS generates MEDCASE and SuperCEEP requirements and assigns an Asset Control Number (ACN) that is sent to the MTF and Regional Medical Command (RMC) for approval. Once approved by the MTF and RMC, the requirement receives 1A approval when it is returned to the USAMMA. Annually, the Strategic Technology and Clinical Policies Council (STCPC) reviews and prioritizes these requirements for final approval by the Surgeon General.

d. If there is an Operational need, the USAMMA can establish a Combatant Command TARA (COCOM TARA) whose focus is similar to the MEDCOM/MTF TARA, but for medical capital equipment in the Theaters. Past COCOM TARA visits include South West Asia (SWA), Pacific, and Central America. For more information, see paragraph e., below and [SB 8-75-S5](#) dated 20 May 2013.

e. For additional information contact:

- USAMMA
- ATTN: Acquisition Directorate/Clinical Technologies
- 693 Neiman Street
- Fort Detrick MD 21702-5001
- Telephone: DSN 343-0751 or commercial 301-619-0751

3-7. DISTRIBUTION OPERATIONS

a. The USAMMA's Distribution Operations Center (DOC), is in charge of the distribution management of the DoD Anthrax and Smallpox Vaccine Program (SVP). It is also the Service Inventory Control Point for the Army's Influenza Virus (Flu) Vaccine. Reference DA SB 8-75-S3 (*current edition*), paragraph 5-1, dated 20 March 2012. To access additional information, please use the USAMMA website at: <https://www.usamma.amedd.army.mil/>.

b. The DOC is responsible for, but not limited to, the following:

- Performing the coordinating, temperature monitoring, and reporting on the distribution of the vaccine from the manufacturer/distributor to the first level user (recipient).
- Coordinating the shipment and distribution of the vaccines to customers.
- Managing the vaccine databases.
- Performing redistribution management of excess vaccine from one site to another location. This redistribution benefits all the services since it prevents loss of product due to expiration of vaccine, resulting in significant cost savings to the government.
- Support to other DoD and Federal agencies when shipping Temperature Sensitive Medical Products (TSMs) to include investigational New Drugs (INDs) and Foreign Military Sales (FMS).
- Manage the DoD Medical Materiel Quality Control (MMQC) and Army Medical Materiel Information (MMI) messages.
- Provide consultation and training on Cold Chain Management (CCM) principles and procedures.

c. For additional information on vaccines contact the Distribution Operations Center at the following address:

USAMMA
ATTN: Distribution Operations Center
693 Neiman St
Fort Detrick, MD 21702-5001
Telephone: DSN 343-4318, 3017, 4347 or
Commercial 301-619-4318, 3017, 4347

EMAIL: USAMMADOC@amedd.army.mil

d. For after hours - urgent-issues only - call: 301-676-1184 or 301-676-0808.

CHAPTER 4. GENERAL MEDICAL MATERIEL INFORMATION

4-1. ACQUISITION ADVICE CODE (AAC) 'W' AND 'J' RELATIONSHIPS

a. National stock numbers (NSN) and AAC 'W' are assigned to generic end items of equipment that are initially identified for use. This process provides a method to develop authorization documents, e.g., MTOE and Unit Assemblage (UAs) reports, and for procurement planning (development of essential characteristics). **Note:** On-hand stocks should never be recorded against AAC 'W' NSNs.

b. As manufacturers are identified, contracts awarded, and items developed, each item is assigned a new NSN with AAC 'J'. Note that the AAC 'J' appears in the Army-specific data and not always shown in the DLSC header information. Data plates and container markings reflect the specific NSN for that manufacturer.

c. DOD Army Logistics Systems/Publications further identify AAC 'W/J' relationships through the use of Phrase Codes '3' and 'S':

The Phrase Code '3' is assigned to the actual item manufactured (AAC 'J').

The Phrase Code 'S' is assigned to the generic NSN (AAC 'W').

d. *AR 40-61 (28 January 2005)*, chapter 5, section IV, paragraph 5-23, provides additional requisitioning instructions and information on provisioned medical equipment. Regular updates to *SB 700-20 (Army Adopted/Other Items Selected for Authorization/List of Reportable Items)* and the AMDF reflect specific and current items of production data (AAC 'J') as authorized substitutes for the generic end item (AAC 'W') reflected on the authorization document of the requisitioner.

e. This is still a valid process but to prevent confusion, it is not frequently used.

f. The POC for additional information is the USAMMA, ATTN: FSD-BSO, Fort Detrick MD 21702-5001; DSN 343-4319 or commercial 301-619-4319.

4-2. DEFENSE LOGISTICS AGENCY (DLA) CUSTOMER SUPPORT ASSISTANCE REPRESENTATIVES

a. The DLA is a combat support agency and part of the DOD. They provide supplies to the military services, federal agencies, and allied forces.

b. The headquarters office is located at the DLA, Fort Belvoir, VA; representatives are on duty between 0745 and 1615 (Eastern Time). If a geographic area representative is not at the duty station, call the numbers below for assistance.

c. The single point of contact for information relating to the location and telephone number of HQ DLA Customer Field Representatives can be contacted at 1-877-DLA-CALL (1-877-352-2255). The mailing address is:

Defense Logistics Agency
ATTN: DLA Customer Service Representative
USMC – Materiel Branch
2010 Henderson Rd, Suite 228
Quantico VA 22134-5045

d. To contact the Defense Supply Center Philadelphia, or any other DLA support activity for assistance, please call 1-800-352-2255.

4-3. DRUG ENFORCEMENT ADMINISTRATION (DEA) BIENNIAL CONTROLLED SUBSTANCE INVENTORY

a. The Controlled Substances Act (21 USC 801 to end) requires that each registrant of the DEA conduct a total inventory of all controlled substances once every two years and maintain this inventory for two years.

b. The DEA has granted an exception to all Medical Department Activities (MEDDACs), Medical Centers (MEDCENs) and supported activities of the DA that follow inventory procedures outlined in *AR 40-2 (Medical Treatment Facilities General Administration, 15 Mar 83)* and *AR 40-61 (Medical Logistics Policies and Procedures, 28 Jan 05)*.

c. Activities will continue to conduct and maintain inventories according to Army regulations. This information is the authority for activities to disregard DEA notices to conduct special biennial inventories. Current authorized recipients are listed in Table 4-1.

Table 4-1. AUTHORIZED RECIPIENTS OF CONTROLLED SUBSTANCES - DODAAC REQUISITIONERS

DODAAC	ACTIVITY
W16BFB, W81F22 W73K83 W16BCY, W801KG W22PEZ, W22XTT W23A74, W80069	IMSA, FT DRUM, NY FT BELVOIR, VA MED ACCT US MIL ACAD, WEST POINT, NY IMSA, FT KNOX, KY MSO, FT GEORGE G. MEADE, MD
W23G1L W23MWR, W25MWY W25BDZ, W807YG W26AAJ, W26MKX W26AL3, W801KF	USAG, FT DETRICK, FREDERICK, MD USAMMA, FREDERICK, MD MED SUP, CARLISLE BKS, PA IMSA, FT BELVOIR, VA IMSA, FT EUSTIS, VA
W26AD4, W81AJE W31G1Z W31NWT, W31XV9 W31POY W33BRA, W33XTL	IMSA, FT LEE, VA ANNISTON ARMY DEPOT, ANNISTON, AL IMSA, FT RUCKER, AL MSO, REDSTONE ARSENAL, AL IMSA, FT BENNING, GA
W33DME, W33XWA W33M8S, W33XTF W34GNC, W81B1B W36NOP, W36XTM W37NO3, W37XTS	USAH, FT STEWART, GA IMSA, FT GORDON, GA IMSA, FT CAMPBELL, KY IMSA, FT BRAGG, NC IMSA, FT JACKSON, SC
W42NU3, W801EP W44DQ6, W44XTX W45MXE, W81NWY W45NQ8, W45XTR W45PEA, W45XTK	IMSA, FT POLK, LA IMSA, FT SILL, OK IMSA, BROOKE ARMY MED CEN, SAN ANTONIO, TX MSO, FT HOOD, TX MSO, WILLIAM BEAUMONT GH, EL PASO, TX
W51XTP, W51HVA W55C7D, W81CRX W55CWA, W55XTW W58NQ2, W58XTU W61DEW, W801FT	IMSA, FT CARSON, CO IMSA, FT LEAVENWORTH, KS IMSA, FT RILEY, KS IMSA, FT LEONARD WOOD, MO IMSA, RAY BLISS AH, FT HUACHUCA, AZ
W62G2W W67K2Q W68MX4, W808LN W71PEC, W8003K W80FU5, W801A5	SIERRA ARMY DEPOT, HERLONG, CA USPFO WAREHOUSE, UTARNG MADIGAN GEN HOSP, FT LEWIS, WA CON PROP ACCT, WRAMC, WASHINGTON, DC MSO, FT IRWIN, CA

(continued) Table 4-1. – Authorized Recipients

DODAAC	ACTIVITY
W80KVY W8033C WT4J8S W80MAX W81C4T	418 TH MEDLOG CO, FT SAM HOUSTON, TX HQ ARMY FORCES, JOINT TASK FORCE BRAVO, APO AA 34042 US ARMY MEDICAL MATERIEL CENTER – KOREA MAT BR 121 ST EVAC HOSP, YONGSAN SOUTH POST, APO AP 96301 MSO, FT WAINWRIGHT, AK
W81EFP W81RNH W904EE W904EG W90BOC	51 ST MEDLOG CO, FT BRAGG, NC IMSA, REDSTONE ARSNAL, AL USAMMA, CAMP CARROLL, KOREA USAMMA, SAGAMI ARMY DEPOT, SAGAMI, JAPAN USAMMA, CAMP AS SAYLIYAH, DOHA, QATAR
W90KEW	ARMY STRATEGIC LOGISTICS ACTIVITY CHARLESTON-AFLOAT (ASLAC-AFLOAT), USAMMA, GOOSE CREEK, SC
W90M7B W90M7G W90M7W W90M79	HHB 2 ND BN 222 FIELD ARTY, UTARNG HHB 1 ST BN 145 FIELD ARTY, UTARNG HHD 1 BN 19 TH SF, UTARNG SPT CO 19 TH SF GROUP, UTARNG
W90M8H	HHC 211 TH AVIATION GROUP, UTARNG W90M8P TROOP MEDICAL CLINIC, 140 TH RTI, UTARNG
W90M81 W91DUX W91QU1	DET 5 UT STARC MEDICAL DETACHMENT, UTARNG OEF, CAMP ARIFJAN, KUWAIT CITY, KUWAIT SR0003 HQ HHC OEF AWCF SSF, PRINCE HASSEN AF, JORDAN
W91QTU W91R2L DOHA, QATAR WC1JUG WK4FDK WK4FV1, WK4FV7	3 RD MEDCOM, JORDAN USAMMC-SWA, CAMP AS SAYLIYAH, MED SUP ACCT, FT WAINWRIGHT, AK USA MED DEPOT, PIRMASENS, GERMANY USAMMCE, PIRMASENS, GERMANY
WK4FW0 WK4FZW WK4F3M WK7Q6R WK9GHH	USAH, LANDSTUHL, GERMANY USAH, HEIDELBERG, GERMANY USAH, WUERZBERG, GERMANY US EMB, VIENNA, AUSTRIA MSO, VICENZA MIL POST, VICENZA, ITALY
WN4Q76 WN5Q77 WP4Q8G WTOJ3Y WT5J0F WX3JN7, WX3JN8	US EMB, ALGIERS AMEMB, TUNIS, TUNISIA MILMIS, CO, AMEMB, MONROVIA, LIBERIA AFRIMS, BANGKOK, THAILAND USAMEDDAC, JAPAN IMSA, TAMC, HAWAII

d. For additional information contact: MEDCOM, Fort Sam Houston, TX; telephone DSN 471-7995 or 210-202-7995.

4-4. MEDICAL EQUIPMENT UPDATE - TALON II MODEL 90C LITTER

a. In response to the M1114/M1151 High-Mobility, Multi-Wheeled Vehicle (HMMWV), Casualty Evacuation mission, the Talon II Model 90C litter, NSN 6530-01-504-9051, was redesigned to incorporate collapsible handles. In its extended configuration the Talon II Model 90C is 90" long (78" long with the handles collapsed). The original configuration of the Talon II Model 90C is no longer in production.

b. Because the handles are the only new component and all other features of the Talon II Model 90C remain unchanged, the airworthiness certification of the original Talon II Model 90C remains in effect. The new configuration Talon II Model 90C is undergoing both Army and Air Force supplemental airworthiness testing.

c. With handles collapsed, the redesigned Talon II Model 90C is 3" shorter than the Talon II Model 81C, NSN 6530-01-452-1651, which is not airworthiness certified. The US Army Medical Research and Materiel Command recommend all users of the Talon II Model 81C consider using the Talon II Model 90C instead.

d. The integral straps on the Talon II Model 90C are not sufficient to secure a patient to the litter during transport. Use of patient-securing straps, NSN 6530-01-530-3860, is required.

e. As with all litters, The Talon II Model 90C requires the use of approved cargo/litter restraints to adequately secure it to the evacuation platform.

f. For additional information, the Point of Contact (POC) is available at the following address and telephone number:

The US Army Medical Materiel Development Activity
ATTN: PMO-MSS
1430 Veterans Dr
Fort Detrick MD 21702-9232
Telephone: 301-619-7582 / DSN 343-7582

4-5. STANDARD EXCESS MEDICAL MATERIEL INTRODUCTION

a. Several questions regarding excess medical materiel and equipment management have recently been submitted from Modification Table of Organization & Equipment (MTOE) units. Excess medical materiel and equipment are assets the unit no longer requires to perform its mission and/or exceeds the unit's MTOE authorization.

b. Excess medical materiel includes both durable and expendable items not listed on a property book or primary hand receipt but require property accountability component sub-hand receipts at the user level. Medical equipment is usually nonexpendable and requires property book accountability.

c. The USAMMA, in coordination with the respective Army Command (ACOM), Army Service Component Command (ASCC) or Direct Reporting Unit (DRU), manages and provides disposition instructions for excess sets and individual pieces of nonexpendable medical equipment and select nonmedical Associated Support Items of Equipment (ASIOE) for Army-wide redistribution.

4-6. GOALS

The goals of excess materiel management are to:

a. Eliminate excess medical materiel

b. Support timely and cost-effective identification and realignment of excess items

c. Aggressively report and advertise for possible redistribution of serviceable items to other activities, units or Services.

4-7. HOW TO GET DISPOSITION INSTRUCTIONS FOR EXCESS MEDICAL MATERIEL AND EQUIPMENT

a. Units are prohibited from disposing of excess medical materiel and equipment and must coordinate with their local chain of command and their servicing Supply Support Activity (SSA) or Installation Medical Supply Activity (IMSA) for disposition instructions. If units do not have a servicing IMSA or SSA, they must request disposition instructions directly from the USAMMA. Prior to contacting the IMSA, ISSA, or USAMMA, an itemized listing with the following information is needed for each item requiring disposition:

(1) For all excess medical materiel with an assigned NSN.

- (a) Unit Name
- (b) Unit Department of Defense (DOD) Activity Address Code (DODAAC)
- (c) Unit Identification Code (UIC)
- (d) Unit POC Name, Telephone Number (Commercial & DSN), email
- (e) National Stock Number (NSN)
- (f) Nomenclature
- (g) Accounting Requirements Code (ARC)
 - o Expendable (X)
 - o Nonexpendable (N)
 - o Durable (D)
- (h) Quantity
- (i) Condition Code (CC) A, B, F, H
- (j) Document Number

(2) For all excess medical materiel without assigned NSN, typically equipment items.

- (a) Unit Name
- (b) Unit DODAAC
- (c) Unit UIC
- (d) Unit POC Name, Telephone Number (Commercial and DSN) and email
- (e) Federal Supply Class (FSC), i.e., 6515, 6520, 6545, etc. FSCs can be researched at <http://www.dlis.dla.mil/h2/>
- (f) Nomenclature
- (g) ARC, X, N, or D
- (h) Make/Model/Serial Number (if applicable)
- (i) Manufacturer
- (j) CC, A, B, F, H
- (k) Document Number

b. Units are required to segregate items by type and CC. Technical Inspections (TI) must be performed on all medical equipment to provide the CC. Normally, Medical Equipment Repairers (MERs) Military Occupational Specialty (MOS) 68A within the unit, IMSA or SSA perform these TIs and assign CCs to the medical equipment. For units that do not have access to an MER, contact the Customer Relations Management (CRM) using the following website and instructions:

- (1) <http://www.usamma.amedd.army.mil>
- (2) Contact us (Hot Links & Resources)
- (3) Customer Relations Management Inquiry Form
- (4) Complete and submit form to pass this requirement on to the appropriate regional Medical Maintenance Operations Division for support.

c. A separate document number is required for each item having a different CC (A, B, F or H). Units are required to provide document numbers when transferring excess items from the owning unit to the requesting unit. The gaining unit pays the transportation costs associated with the transfer of materiel.

4-8. ACCOUNTABILITY OF EXCESS MEDICAL MATERIEL AND EQUIPMENT

a. Units are required to maintain proper accountability of excess medical materiel and equipment until all disposition actions outlined within the disposition instructions are completed. This is especially important when dealing with nonexpendable medical equipment. Units are reminded that items should not be removed from the property book until all actions as outlined in the disposition instructions have been completed.

b. Property Book Officers (PBOs/670As) are not authorized to remove medical equipment items from a unit's property book until proper disposition is verified as completed.

4-9. DISPOSITION INSTRUCTIONS FROM USAMMA

a. Units without a servicing IMSA, SSA or MEDLOG unit must request disposition instructions directly from USAMMA. For ease of processing, USAMMA requires all requests for disposition be sent electronically. Microsoft Excel® is the preferred method, but text files are acceptable. Units may request disposition instructions from USAMMA by emailing lists of excess medical materiel to USAMMA CRM using instructions in 3-3b.

b. Units going through Reset or modernization actions that will generate excess are provided a Memorandum of Notification (MON) that include a Letter of Instruction (LOI) as an enclosure for disposition of induction items and excess medical supplies. It will automatically be generated from USAMMA's Force Sustainment Directorate. This memorandum will be sent to the unit approximately 90 days before the Materiel Fielding Team conducts the action. The document will give specific guidance on the induction process and unit responsibilities. A Regional Manager assigned to the action will ensure receipt and understanding during the New Materiel Information Brief conducted approximately 90 days before the fielding.

c. Disposition for inactivating units requires special attention and coordination between the owning Command and the USAMMA. Upon determination of pure excess, the USAMMA will provide the LOI that includes disposition instructions.

4-10. TRANSFERRING ARMY-OWNED MEDICAL MATERIEL TO OTHER SERVICES

Units are prohibited from transferring accountability or giving away medical materiel and equipment to other Services (U.S. Air Force or U.S. Navy) without approval. Prior to transferring accountability of medical materiel to other Services, the AMEDD activities are required to coordinate materiel transfers through their supporting Regional Medical Commands (RMCs) or Major Subordinate Commands to USAMMA.

4-11. INSTRUCTIONS TO ACCESS THE EXCESS MEDICAL MATERIEL AND EQUIPMENT

a. The USAMMA uses the Tri-Service Medical Excess Redistribution System (TRIMEDS) to advertise excess medical materiel. For additional information, please use the USAMMA website at <http://www.usamma.army.mil/> and the steps that follow:

- (1) Click on Products
- (2) Under Data Applications, Click on Army Medical Excess Distribution
- (3) Screen will come back with Tri-Services Medical Excess Distribution System (TRIMEDS)
- (4) Click on the following link to access TRIMEDS:
[Tri-Service Medical Excess Distribution System \(TRIMEDS\)](#).

b. Once on the Air Force Medical Logistics site, select Applications and use the pull down tab; click on the word TRIMEDS. That will display the excess available screen (Figure 3-1).

(1) To request an excess item, go to "REQUEST EXCESS TAB" and click on the yellow box beside item desired and follow instructions.

(2) Each item is listed by Service, Stock Number, Description, Qty, Document Number and Disposition Date.

Note: POC information on excess item desired is available by clicking on Document Number (Highlighted in Blue).

c. Figure 3-1 shows an example of a TRIMEDS listing and printout and what the screen will show once you've accessed the website and selected specific information.

Request E...	Service	Stock Number	Description	QTY	Document Number	Disposition Date
		6515015318051	SUCTION APPARATUS S DEV: 10217 ASPIRATOR, SURGICAL VOLT: 110 PH: SINGLE MFG: IMPA...	1	FM468610547500	2011-04-09
		6609982450097	CAMERA RETINAL DEV: 10551 CAMERA, FUNDUS VOLT: 110 PH: SINGLE MFG: CARL ZEISS ME...	1	N6809410548601	2011-04-09
		7035BM0040002	MONITOR LCD FLAT SCREEN DEV: L0030 MONITOR LCD FLAT SCREEN VOLT: 100 PH: SINGLE M...	1	N6809410548602	2011-04-09
		110X621	POWER SUPPLY,DIGITAL 0-35 VDC DEV: 18557 POWER SUPPLY VOLT: 110/120 PH: SINGLE MF...	1	N6809410548603	2011-04-09
		7035BM0000021	PRINTER, INK JET, COLOR DEV: C0129 PRINTER, INK JET, COLOR VOLT: 110 PH: SINGLE MFG: H...	1	N6809410548604	2011-04-09
		6540BM0016918	PERIMETER, OPHTHALMIC, AUTOMAT DEV: 16918 PERIMETER, OPHTHALMIC, AUTOMATED VOL...	1	N6809410548605	2011-04-09
		651501C727166	PROJECTOR, CHART, EYE DEV: 16890 PROJECTOR, CHART, EYE VOLT: 110 PH: SINGLE MFG: L...	1	W16BCY1054E001	2011-04-09
		652001C727144	PROPHYLACTIC UNIT, DENTAL, ULT DEV: 16693 PROPHYLACTIC UNIT, DENTAL, ULTRASON VO...	1	W16BCY1054E002	2011-04-09
		651501C729711	PLETHYSMOGRAPH DEV: 13059 PLETHYSMOGRAPH, BODY VOLT: 100 PH: SINGLE MFG: NSPIR...	1	W16BCY1054E003	2011-04-09
		651501C729703	ELECTROSURGICAL GENERATOR SET DEV: 18231 ELECTROSURGICAL UNIT, MONOPOLAR/BIP...	1	W16BCY1054E004	2011-04-09
		6515015039510	LIGHT ENDOSCOPIC IN DEV: 12345 LIGHT SOURCE, FIBEROPTIC VOLT: 100 PH: SINGLE MFG: OL...	1	W33M8S10548601	2011-04-09
		652001C486996	SCALER, DENTAL ULTRASONIC W/ A DEV: 17497 SCALER, DENTAL, ULTRASONIC VOLT: 100 P...	1	W37N0310548601	2011-04-09
		652001C486996	SCALER, DENTAL ULTRASONIC W/ A DEV: 17497 SCALER, DENTAL, ULTRASONIC VOLT: 100 P...	1	W37N0310548602	2011-04-09
		652000Q561813	LIGHTS, DENTAL DEV: 12351 LIGHT, DENTAL VOLT: 110 PH: SINGLE MFG: WELCH ALLYN , MED...	1	W37N0310548613	2011-04-09
		652000Q561813	LIGHTS, DENTAL DEV: 12351 LIGHT, DENTAL VOLT: 110 PH: SINGLE MFG: WELCH ALLYN INC M...	1	W37N0310548614	2011-04-09
		651501C300182	INFUSION PUMP, PATIENT-CONTROL DEV: 16924 INFUSION PUMP, PATIENT-CONTROLLED A VO...	1	WC1JUG10548601	2011-04-09
		653001C300397	TABLE, OPERATING DEV: 13961 TABLE, OPERATING VOLT: 110 PH: SINGLE MFG: STERIS CORP...	1	WC1JUG10548603	2011-04-09
		664001C300005	CENTRIFUGE, TABLETOP DEV: 18264 CENTRIFUGE, TABLETOP, LOW-SPEED VOLT: 110 PH: SN...	1	WC1JUG10548604	2011-04-09
		652001C300303	SCALER, DENTAL, ULTRASONIC DEV: 17497 SCALER, DENTAL, ULTRASONIC VOLT: 110 PH: SI...	1	WC1JUG10548605	2011-04-09
		652001C300043	CURING UNIT DEV: C0022 CURING UNIT VOLT: 110 PH: SINGLE MFG: KERR CORP, DIV SYBRON ...	1	WC1JUG10548606	2011-04-09
		652001C300477	LIGHT, DENTAL ACTIVATOR DEV: C0022 CURING UNIT VOLT: 110 PH: SINGLE MFG: KERR CORP...	1	WC1JUG10548607	2011-04-09
		664001C300789	WASHER, CELL DEV: 15114 WASHER, CELL VOLT: 110 PH: SINGLE MFG: SORVALL MODEL: CE...	1	WC1JUG10548608	2011-04-09

Figure 3-1. Sample excess list from TRIMEDS website.

4-12. REFERENCES

- AR 40-61, Medical Logistics Policies
- AR 710-2, Supply Policy Below the National Level
- DA PAM 710-2-1 Using Unit Supply System (Manual Procedures)

4-13. LOAN, LEASE, AND DONATION OF ARMY MATERIEL

a. Policy. Army Regulation (AR) 700-131, *Loan, Lease, and Donation of Army Materiel*, sets forth the policies and procedures for loan of Army materiel to the Department of Defense (DOD), non-DOD activities of the Federal Government and loan, lease or donation of materiel to non-Federal civilian activities and agencies. It outlines when loans, leases, or donations of Army materiel can be made.

b. Responsibility. The Surgeon General is responsible for loans of medical materiel in accordance with (IAW) Table 2-1, *AR 700-131*. The Commander, USAMMA, is responsible for approving requests for loan or lease of principal medical end items IAW, *AR 700-131* (see Table 2-1) and *AR 40-61, Medical Logistics Policies*. The Commander, USAMMA, may approve principal medical end items in wholesale level inventories for loan unless the loan would at any time interfere with issue against the Dynamic Army Resourcing Priority Listing. In such cases, requests will be forwarded for approval to Office of the Surgeon General (OTSG), ATTN: DASG-LOZ, 5109 Leesburg Pike, Falls Church, VA 22041-3258. The Commander, USAMMA, may approve minor medical materiel in wholesale inventories for loan.

c. Types of equipment available for loan. Medical materiel available for loan include, but are not limited to, Computer Tomography (CT) Scanners, Deployable Medical Systems (DEPMEDS), ISO Shelters, Non-Medical Associated Support Items of Equipment (ASIOE), Environmental Control Units (ECUs) and Heaters.

d. Duration of loan agreements. Loan agreements with USAMMA are typically one year in length; however, agreements for periods of less than one year, but greater than six months, are also available.

e. Submitting requests for loan of equipment. Requests for loans of equipment will be approved or disapproved based on the purpose, duration of the loan, and consideration of the following factors that can take precedence over any loan or lease:

- (1) Military requirements and priorities.
- (2) Stocks and programmed Army requirements.
- (3) Type classification with pending changes.
- (4) Minimum diversion of Army stocks.
- (5) Adequacy of the borrower's resources.
- (6) Availability of alternative sources such as commercial leases.
- (7) Eligibility of the recipient.

Health care activities (HCAs) please refer to paragraph 5-11 of SB 8-75-11 for approval process and further guidance for loan of operating force materiel in support of projects at HCAs. Units must complete DA Form 4881-6, using DA Form 4881-2-R if more than one item is required and forward with a memorandum of justification, signed by a Colonel (O-6) or higher through command channels to Headquarters, US Army Medical Command (USAMEDCOM) for approval. If a Materiel Fielding Team (MFT) is required to field the materiel, the requesting unit is responsible for travel and per diem expenses (military and civilian) for the initial set up and their return upon termination of the loan agreement. In addition, the requesting unit is responsible for packing, crating, handling, and shipping of materiel from supply source to destination and return. This includes port handling and offloading, if applicable. The requesting unit must pay for the refurbishment cost to bring the equipment back to condition code "B".

f. Points of contact.

- (1) The mailing address and point of contact at USAMEDCOM is:

HQ USA MEDCOM
ATTN: MCLO-O, Ste 8, RM 337
2748 Worth RD
Fort Sam Houston TX. 78234-6008
Telephone: DSN 471-7246

- (2) The mailing address and point of contact at USAMMA is:

US ARMY MEDICAL MATERIEL AGENCY
ATTN: Force Sustainment Directorate
693 Neiman St
Fort Detrick, MD 21702-5001
POC Telephone: DSN 343-9951 or 301-619-9951

4-14. MEDICAL MATERIEL QUALITY CONTROL (MMQC) AND MEDICAL MATERIEL INFORMATION (MMI) MESSAGES

a. DOD MMQC and MMI messages are disseminated via email.

b. Customers are encouraged to visit the USAMMA's website at <http://www.usamma.army.mil> and register to receive DOD-MMQC and Army MMI messages via email. Additionally, all messages are available for viewing and downloading from our website. Reference Department of the Army (DA) *Supply Bulletin {SB} 8-75-S3* (dated 20 March) paragraph 1-6 and 4-1.i. Also *SB 8-75-11* (dated 20 November, paragraph 4-2).

c. For additional information on MMQC/MMI messages contact the USAMMA, ATTN: MCMR-MMO-OD, 693 Neiman St., Fort Detrick, MD 21702-5001; telephone DSN 343-4300/3242/4320 or 301-619-4300/3242/4320.

4-15. REPORTS OF SUSPENDED OR DESTROYED ITEMS

a. When the USAMMA requires reports of items suspended or destroyed, these reports will indicate specific quantities suspended for each applicable lot number(s) and contract number(s). When several lot numbers under a single contract number are involved, show quantity suspended for each Lot Number.

b. Reports of suspended or destroyed items provide a basis for claims against contractors or assist in determining replacement purchase quantities. This detailed information is essential when warranty clauses are involved and also in those instances when it is necessary for the USAMMA to publish different disposition instructions for various Lots under a single contract number. It is imperative that all activities submit requested reports on or before the given suspense date. If the quantities are not reported by the suspense date, your activity may forego credit/ replacement for the suspended materiel.

4-16. RESERVE COMPONENT MEDICAL MATERIEL MANAGEMENT INFORMATION

a. The Reserve Component Liaison Officer serves as the AMEDD focal point for all aspects of medical materiel readiness that directly affect the United States Army Reserve (USAR). The Liaison Officer is responsible for the coordination of medical equipment fielding, sustainment, and modernization efforts on behalf of Reserve Component medical units. The Liaison Officer also provides input on USAR policy issues, advises the Commander on USAR policy decisions and performs operational and administrative duties in support of the USAR medical force.

b. For additional information about the Reserve Component issues, contact USAMMA, ATTN: MCMR-MMO-SF, 693 Neiman St., Fort Detrick MD 21702-5001; telephone DSN 343-4355 or 301-619-4355.

4-17. TRAINING OFFERED

a. Pre-Deployment:

(1) The DoD Biomedical Equipment Technician School, Sheppard Air Force Base, Texas, offers a two week pre-deployment training course for Medical Equipment Specialists (BES). The training is agenda based which covers equipment and operations subjects based on feedback from the current theater of operations in Southwest Asia (SWA). The training is available to personnel from all Services prior to deployment; however it is limited to eight students. A new class starts approximately every two weeks. The Army retains 2 to 4 available slots in each class; vacancies are filled by all DOD personnel on a first-come, first-served basis.

(2) The first week of training is geared towards high maintenance items such as the

Impact 754M ventilator, Zoll Defibrillator, the Piccolo Chemistry Analyzer and other items based on input from the theater. The second week of training deals primarily with preventive maintenance, troubleshooting and repair of the Expeditionary Deployable Oxygen Concentrator System (EDOCS) model 120.

b. Computed Tomography (CT)

(1) Computed Tomography training is now a functional course at the DoD Biomedical Maintenance School. The CT course provides formal training for all DoD biomedical equipment maintenance personnel who are assigned to a Health Care Activity (HCA) or Medical Treatment Facility (MTF). The course emphasizes clinical applications, preventive maintenance, calibration/verification, and safe operating procedures for the equipment maintainer. Graduates of this course are not certified CT maintenance technicians, but are qualified in CT Basics and possess the knowledge and skills to assist a manufacturer certified CT technician. The course is a strong foundation to prepare them to excel at manufacturer's certification training. The CT course also provides refresher training for any previously certified technician who may not have had the opportunity to work with CT on a daily basis.

(2) The CT course is two week (80 academic hours) long. Class size is limited to four students. Training addresses didactic materials, 50%, hands-on 50%.

c. Training for predeployment training and the CT functional course are funded by AMEDDC&S. CONUS Travel for active duty Soldiers and a reduced per diem rate for meals and lodging is covered. Travel for OCONUS Soldiers is the responsibility of the assigned unit. Visit the DoD BMET School web site for class schedules www.cs.amedd.army.mil/bmet/.

d. For more information about the course, questions, and registration, contact the BMET School Administration at 1-210-808-1807/1871/1876.

4-18. UNIT ASSEMBLAGE LISTINGS (UALS) – BILL OF MATERIAL (BOM)

a. Unit Assemblages (UAs) [known as medical sets, kits, and outfits] are clinically reviewed and revised by the Army Medical Department (AMEDD) Combat Developer, AMEDD Center and School, Fort Sam Houston, TX, in coordination with the USAMMA Medical Devices Program Management Office. The UAs contain multiple components that make up the set. These lists of components are also known as Material BOMs. These revised updated lists are published after the new components are approved and are identified as new versions with a new NSN assigned to the set for procurement and fielding purposes.

b. Once the new versions for these hospital and non-hospital sets are approved, they are published on the USAMMA website, www.usamma.army.mil. UA information can be obtained from the website under the block "Medical Unit Assemblages". The set component data contains the most current catalog data for each materiel component of the sets as well as any maintenance changes to the set, such as deleted or replacement NSNs.

c. Activities will note the new versions are unique to the year they are approved and the year is identified in the set nomenclature. While the LIN for a particular set may remain the same from year to year, the NSN of the set will change each time the UA is updated. For the most accurate UA results, search for the UA listing using the LIN listed on the units' property book listing. This will provide a list of all UAs under that LIN and you will be able to see if your listing is the most recent one or if there is another, more recent update. Due to this change identified in *DA Army Regulation (AR) 40-61*, Chapter 10, Section II, units will need to identify the sets they are authorized by the LIN and the NSN of the set. The set nomenclature will also display the year of the update.

d. For the non-hospital sets, the Unit Assemblage Code (UAC) was previously identified with an all numeric four digit code, i.e., 0256 Ground Ambulance. Reference paragraph 4-12 below for an update to the numbering convention for non-hospital sets.

e. The hospital sets are now published on the USAMMA website. These hospital sets (known as Level 3 sets) are identified with a four-digit UA code, with the first character of the UA code being an alpha character. They are referred to as Medical Materiel Sets (MMS). The units are not required to update their hospital sets until the USAMMA upgrades a unit with a new version, identified with a new NSN and UAC, based on an Army Resourcing Priorities List, (APL)-driven, USAMMA-established fielding schedule.

f. For those activities without web access, electronic copies of their UA listings for the approved versions of their sets can be requested. A request should be submitted in writing identifying the set NSN and the LIN to the address at the end of this article. Telephone requests may also be made to the USAMMA Deputy for Acquisition, Medical Devices Division, at DSN 343-4426 or commercial 301-619-4426.

USAMMA
ATTN: Acquisition Directorate, Medical Devices
693 Neiman St
Fort Detrick MD 21702-5001

g. Please note that if the UAC changes, the set that you currently carry is still valid and should not be turned in unless formally directed to do so.

4-19. A CHANGE TO UNIT ASSEMBLAGE CODES (UAC) FOR NON-HOSPITAL SETS

a. A change to the numbering convention for the non-hospitals was initiated in February 2007. This change was in support of the requirement that a new UAC is assigned whenever a set is clinically reviewed by the AMEDD Center and School Combat Developer, USAMMA clinicians, and managers.

b. The new USAMMA Program Management Office, Medical Devices (PMO-MED) coordinated this UAC change with the Combat Developers at Directorate of Combat and Doctrine Development (DCDD), Fort Sam Houston, TX. The UAC will remain as a 4 digit code, but will have an alpha character in the last position, i.e., the current version of 5256 will become 256A.

c. No changes need to be made to authorization documents because all authorizations use the Line Item Number (LIN) and National Item Identification Number (NIIN). This change will make it easier to maintain multiple versions of the same sets at the same time. When requesting a supply catalog or updated listing to be sent to your unit, continue to reference the NSN of the set.

d. Please note that if the UAC changes, the set that you currently carry is still valid and should not be turned in unless formally directed to do so.

4-20. HOSPITAL SET COMPONENT LISTINGS AND FUNCTIONAL DESCRIPTIONS NOW AVAILABLE ON USAMMA WEBPAGE

a. USAMMA has added the display and download capability of the Medical Materiel Hospital Sets to the USAMMA homepage. These component listings reflect the most current version of the appropriate hospital set. These current versions reflect an "N" or a "P" in the first position of the UAC. Activities that are authorized the hospital sets will follow the same guidance that is appropriate for the non-hospital sets. The users will manage their sets based on the NSN of the set they were fielded. Archived versions of the previous hospital versions reflect an "M" in the first position of the UAC and are also provided on the webpage. Use

<http://www.usamma.army.mil/homepage> . Go to PRODUCTS/DATA APPLICATION/MEDICAL UNIT ASSEMBLAGES LISTINGS. Select [CLICK HERE](#) to search for NSN, UA Code, LIN, SCC, or Nomenclature. From this point, you can complete your search.

b. Another enhancement to our webpage for sets is the addition of the functional descriptions to assist users with this valuable documentation that identifies the mission capability of the set by UAC.

c. This information can be displayed by selecting the hot link of the short nomenclature that appears on the line with the selected UAC. The webpage also provides a dropdown list by UAC for the selection of the appropriate functional descriptions. They can be opened and viewed through the complete dropdown list provided under the "Functional Descriptions" search link (option 5) that appears at the bottom of the second screen for Medical Unit Assemblage queries.

2014 - DA SB 8-75 S1 INDEX

SUBJECT	SB 8-75-	Page
A Change to Unit Assemblage Codes (UAC) for Non-Hospital Sets -----	S1	4-11
Accountability of Excess Medical Materiel and Equipment -----	S1	4-6
Acquisition Advice Code (AAC) 'W' and 'J' Relationships -----	S1	4-1
Army MEDLOG Enterprise and Theater Enterprise-Wide Logistics System (TEWLS)	S1	2-1
Army Medical Logistics (MEDLOG) -----	S1	2-1
Army Medical Logistics and Materiel Readiness, Chapter 2 -----	S1	2-1
Medical Logistics Program, Chapter 3 -----	S1	3-1
Authorized Recipients of Controlled Substances - DODAAC Requisitioners (Table 4-1) -----	S1	4-2
Business Support Office-----	S1	2-8
CD of USAMMA is Available-----	S1	1-2
Centrally-Managed Programs – Supply Class VIII -----	S1	3-1
Content and Numbering System for the SB 8-75 Series -----	S1	1-2
Controlled Substance Authorized Recipients Listings (Table 4-1) -----	S1	4-2
Customer Relations Management Division-----	S1	2-4
DA SB 8-75 Series Overview -----	S1	1-1
Defense Logistics Agency (DLA) Customer Support Assistance Representatives --	S1	4-1
Deputy for Acquisition -----	S1	2-10
Deputy Commander for Operations (MCMR-MMO) -----	S1	2-3
Deputy Commander for Support (MCMR-MMA) -----	S1	2-8
Disposition Instructions from USAMMA -----	S1	4-6
Distribution Operations -----	S1	3-7
Drug Enforcement Administration (DEA) Biennial Controlled Substance Inventory -	S1	4-2
Enterprise Performance Directorate -----	S1	2-9
Enterprise Requirements Planning (ERP) -----	S1	2-4
Enterprise Resources Directorate -----	S1	2-9
Enterprise Support Services Directorate -----	S1	2-9
Excess Medical Materiel -----	S1	4-4
Force Integration and Operations Directorate -----	S1	2-3
Force Projection Directorate (MCMR-MMO-P) -----	S1	2-4
Force Sustainment Directorate (MCMR-MMO-S) -----	S1	2-5
General Medical Materiel Information, Chapter 4 -----	S1	4-1
Goals of Excess Materiel Management -----	S1	4-4
Hospital Set Component Listings and Functional Descriptions Now Available On USAMMA Webpage -----	S1	4-8
How to Get Disposition Instructions for Excess Medical Materiel and Equipment -	S1	4-5
Information Regarding Distribution of the SB 8-75 Series -----	S1	1-1
Integrated Clinical Systems (MCMR-MMP-I) -----	S1	2-12
Integrated Logistics Support -----	S1	3-2
Loan, Lease, or Donation of Medical Materiel -----	S1	4-7

(Continued) 2014 - DA SB 8-75 S1 INDEX

SUBJECT	SB 8-75-	Page
Materiel Fielding Division, FSD -----	S1	2-5
Medical Equipment Reset Program -----	S1	2-5
Medical Equipment Update - TALON II MODEL 90C Litter -----	S1	4-3
Medical Hospital Set Component Listings and Functional Descriptions Now Available on USAMMA Webpage -----	S1	4-11
Medical Logistics Management Internship Program (MLMIP) -----	S1	3-3
Medical Logistics Support Team (MLST) -----	S1	3-3
Medical Materiel Quality Control (MMQC) and Medical Materiel Information (MMI) Messages -----	S1	4-9
Medical Maintenance Management Directorate (MMO-M) -----	S1	2-6
Operations Center (OC) -----	S1	2-3
Pre-Deployment Training Offered -----	S1	4-9
Production Assembly Management Division, FSD -----	S1	2-5
Project Management Office, Integrated Clinical Systems (PM, ICS) -----	S1	2-12
Project Management Office, Medical Devices (MedDev) -----	S1	2-10
Project Management Office, Medical Evacuation Mission Equipment Package ----	S1	2-12
References -----	S1	4-7
Rescission of SB 8-75 Issues -----	S1	1-2
Reports of Suspended or Destroyed Items -----	S1	4-9
Reserve Component Medical Materiel Management Information -----	S1	4-6
Standard Excess Medical Materiel Introduction -----	S1	4-4
Supply Bulletins available on the AKO Website -----	S1	1-1
Talon II, Model 90C Litter - Medical Equipment Update -----	S1	4-3
TARA (Technology Assessment and Requirements Analysis) -----	S1	3-5
Theater Enterprise-Wide Logistics System (TEWLS) -----	S1	3-4
The Office of the Deputy Commander for Operations -----	S1	2-3
The USAMMA CD Is Available -----	S1	1-2
The US Army Medical Materiel Agency (USAMMA) -----	S1	2-2
Training Offered (Pre-deployment and CT Functional Course) -----	S1	4-9
Transferring Army-Owned Medical Materiel to Other Services -----	S1	4-6
Unit Assemblage Listings (UALs) – Bill of Materiel (BOM) -----	S1	4-10
USAMMA CD is Available -----	S1	1-2
USAMMA Detachment Command -----	S1	2-10
Vaccines -----	S1	3-7

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