SB 8-75-S7

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

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REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS

You can improve this publication. If you find any mistakes, or you know a way to improve it, please let us know. Mail your letter or DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the US Army Medical Materiel Agency, ATTN: MCMR-MMO-P, Fort Detrick, MD 21702-5001. If you prefer using email, please address it to **usarmy.detrick.medcom-usamma.mbx.crm@mail.mil** .

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Special Notice

This Supply Bulletin is Dedicated Entirely to Strategic Capabilities Provided to the Warfighter

FOREWORD

This issue of the Supply Bulletin (SB 8-75-S7) is dedicated entirely to the Force Projection Directorate (MMO-P) within the U.S. Army Medical Materiel Agency (USAMMA), Fort Detrick, Maryland. This edition focuses on the mission and functions of the Directorate and its' capability to support the "Warfighter" during a full range of contingency operations. While all of USAMMA's Directorates, Divisions, Branches, and Offices provide support to customers during contingency operations, the MMO-P is the office that manages the medical portion of the Army Prepositioned Stocks (APS) Program (also known as War Reserves) for the Department of the Army (DA) Deputy Chief of Staff for Logistics (DCSLOG). In addition, MMO-P manages The Surgeon General's (TSG's) Centralized Contingency Programs such as Medical Chemical Defense Materiel (MCDM), Medical Potency and Dated Materiel (P&D) Unit Deployment Packages (UDPS), and the Medical Materiel Readiness Program (MMRP). MMO-P is also responsible for the Supply Class (SC) VIII portion of the International Logistics, Foreign Military Sales Program.

The MMO-P mission is to provide quality strategic planning, execution and management of Class VIII (medical) materiel during a full spectrum of operations as approved by Headquarters, Department of the Army (HQDA). This medical logistics mission ensures the proper medical materiel will be available in the proper quantities at the proper place and at the proper time to support initial and follow-on Army requirements. MMO-P does this through full participation in the Army and the Department of Defense planning, requirements determination, materiel management, and the transportation planning processes.

This issue of SB 8-75-S7 describes each major program the MMO-P manages as well as illustrates how those programs support contingency operations. It shows how customers can determine what assets are available, and explains the hand-off process for centrally-managed assets to gaining units.

Reduced resources have resulted in the development of multiple acquisition strategies that target a particular portion of our total requirement. While there are peacetime economic efficiencies in this approach, it puts significant stress on the deployment process when all of these seemingly fragmented programs have to come together to form a single cohesive effect. The need to understand all of these individual strategies, as well as how they come together for

deployments is essential to understanding medical contingency logistics. MMO-P is always refining processes to support the Warfighter and we look to you, our customers, for input on additional ways we can support during contingency operations.

In that light, key MMO-P personnel remain in routine communications with stakeholders across the Army and the various Combatant Command (COCOM) locations, marketing our strategic capabilities and soliciting ways MMO-P can improve or realign existing programs and if necessary, develop new programs to better support the warfighter.

Requests for clarification or updates should be made to the designated points of contact for each program as listed in this SB. Feel free to call the designated offices related to the contingency programs identified herein. Please feel free to contact our office with recommended changes to this SB. We want this SB to cover the topics important to the warfighter and to be a useful document in developing contingency plans and briefings. This document is intended to be useful to the warfighter, so comments and recommendations are encouraged and can be directed to:

Commander
U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-P
693 Neiman Street
Fort Detrick MD 21702-5001
Email: usarmy.detrick.medcom-usamma.mbx.crm@mail.mil
Telephone: DSN 343-4307/4428 or 301-619-4307/4428

A glossary is provided after the last chapter for the numerous acronyms referenced in this issue.

CHAPTER 1. CLASS VIII CONTINGENCY MATERIEL PROGRAMS

1-1. INTRODUCTION TO CLASS VIII CONTINGENCY MATERIEL

a. The USAMMA provides SC VIII medical logistics for several Army and Office of The Surgeon General (OTSG) readiness programs. These programs include the acquisition, storage, distribution and transfer of prepositioned stocks located ashore and afloat, as well as medical chemical defense packages and short shelf life pharmaceuticals and other materiel. As part of the Force Projection strategy, these programs contribute to the Army's ability to rapidly deploy decisive power worldwide.

b. Both the Army and the subordinate OTSG have established specific programs to support contingency operations. The programs are designed to work together to meet the needs of deploying units. The outline below shows these two umbrella programs and their component programs.

(1) Army Prepositioned Stock (APS):
- Brigade/Unit Sets
- Operational Projects
- War Reserve Sustainment

(2) The Surgeon General's Contingency Stock:
- Medical Chemical Defense Materiel (MCDM)
- Centrally Managed Medical Potency and Dated Materiel Program [Unit Deployment Packages (UDPs)]
- Reserve Component Hospital Decrement (RCHD) - HQDA EXORD 058-13 directed Disestablishment; see Chapter 6 Reserve Component Hospital Decrement (RCHD)/Medical Materiel Readiness Program (MMRP) and 121st Combat Support Hospital
- Medical Materiel Readiness Program (MMRP)

c. The major difference between these two programs is release authority. Primarily, HQDA (Deputy Chief of Staff for Logistics - DCSLOG/Deputy Chief of Staff for Operations - DCSOPS) owns the APS materiel and controls its release. The HQDA tasked Army Materiel Command (AMC) to manage the non-SC VIII portion of APS and tasked USAMMA to manage the SC VIII portion of APS. The OTSG is the release authority for its Contingency Programs and have tasked USAMMA with the logistical management of the materiel.

d. Other activities manage centralized programs that support deploying units. For example, the U.S. Army Medical Command (USAMEDCOM) ensures deploying troops receive required vaccines through the local medical treatment facilities. Moreover, the USAMMA mission supports the full spectrum of medical logistics support. For greater understanding of USAMMA's role in providing acquisition and lifecycle logistics for medical materiel, see *SB 8-75-S1* dated 20 January 2013.

1-2. ADDITIONAL INFORMATION

a. For additional information pertaining to the Centralized Contingency Programs at USAMMA the Telephone Points of Contact and the USAMMA address is listed on the next page.

Telephone Contact Numbers:

Chief, OTSG Centralized Programs Branch	DSN 343-4462
Chief, APS/UDP Branch	DSN 343-4518
MCDM Manager	DSN 343-4306
RCHD/MMRP Manager	DSN 343-4462
UDP Manager	DSN 343-4461

Address:
USAMMA
ATTN: MCMR-MMO-PM
693 Neiman Street
Fort Detrick, MD 21702-5001

b. For initial questions contact:

USAMMA **OPS Center** at USArmy.Detrick.MEDCOM-USAMMA.MBX.OPS-Center@mail.mil or Visit the **USAMMA** website at **www.usamma.amedd.army.mil**.

CHAPTER 2. WAR RESERVE REQUIREMENTS

2-1. REQUIREMENTS DETERMINATION

All contingency materiel programs are designed to support future operations. Perhaps the most interesting and controversial part of these programs is the development of requirements. It is a complex and dynamic process. As an example, the following discussion describes how requirements are developed in four of the contingency programs.

a. Brigade/Unit Sets. HQDA, Deputy Chief of Staff for Operations (DCSOPS), has determined the need to preposition APS Brigade Sets and Unit Sets (Hospitals/Minimal Care Detachments) worth of materiel at strategic locations. This will enable units to deploy from home station with minimal equipment. Brigade/Unit Sets are documented as unmanned Table of Organization and Equipment (TO&E) units. They have a Unit Identification Code (UIC) and AMC does the Unit Status Report (USR) on these sets since the majority of the materiel within the Brigade is under AMC management. The USAMMA provides the SC VIII feeder data and Commander's comments to Army Sustainment Command (ASC), APS Army War Reserve Deployment System (AWRDS) and AMC. The FPD programs medical requirements for Brigade Sets and Unit Sets after receiving information from HQDA regarding type of units, location of units and quantity of units. Since these are separate units, the MTO&E could be modified to specific missions but currently they are modeled after active Units.

b. Operational Projects (OPROJ). Operational projects are authorization documents that provide the Combatant Command (COCOM) a way to identify additional materiel authorized for a specific mission. *AR 710-1, Centralized Inventory Management of the Army Supply System*, Chapter 6, goes into detail of how OPs are established, how the use of OP supports contingency operations, etc. The COCOM identifies the medical materiel requirements for an OP, creates a list of items (DA Form 4145, *Operational Project List of Items*) and provides classified justification through Command channels to AMC for staffing with HQDA. After HQDA DCSLOG/DCSOPS gives approval, the APS managers at AMC and the USAMMA, program and fund for acquisition or cross-level existing assets against this new requirement.

c. Army War Reserve Sustainment (AWRS). AWRS stocks are to resupply a unit after they have consumed their unit basic load. USAMMA develops an AWRS requirement based upon the Time Phased Force-Deployment Data (TFPDD) or Force File.

(1) The first category of AWRS Computations is based upon sets, kits and outfits (SKOs). FPD assumes that the SKOs authorized to the Units represent the quantity and type of items that will be consumed while treating patients. The Resupply By Unit Type (REBUT) requirements determination model takes the TPFDD or Force File, pulls in Unit authorization data from the Force Management System Web Site (FMS WEB), and determines the number of each set required for a given period of time. The data listing showing the quantity and type of MESs from the REBUT model is input into the Medical Requirements Capabilities Assessment Program (MRCAP) model. The MRCAP model pulls in the unit assemblage (UA) components and multiplies the number of sets times the allowance for each component.

– If the component is a piece of equipment or nonexpendable item, the requirement is zero filled, based on a consumption percent of zero assigned to all nonexpendable NSNs (you don't want to replace equipment or nonexpendable items every 5 to 10 days.)

– If the component is reusable (durable), the quantity is reduced to 10 to 20 percent of the computed requirement depending on the degree of reuse.

– The NSNs that are coded as durable items are assigned a consumption percent that ranges from 10-20 percent. All other components (expendable) are replaced at 100 percent rate.

− The NSNs that are coded as expendable are assigned a consumption percent of 100 percent. The consumption percent is listed in the Theater Enterprise-Wide Logistics System (TEWLS) as data element Consumable/Durable (CONDUR) Code.

Appendix A describes in detail the computation process for developing requirements for SC VIII APS Sustainment.

(2) The second category of AWRS computations is based on the TPFDD or Force File troop strength for Medical Chemical Defense Materiel (MCDM). Sustainment is computed on the population-at-risk times the Joint Chiefs of Staff (JCS) approved chemical rate for that theater of operation.

(3) The third category of AWRS computations is Other Special Computation Items (Special Comps). These items are calculated based on *Common Table of Allowances* (*CTA*) *8-100 Items,* i.e., chapstick, litters, etc.

(4) USAMMA computes for AWRS stocks from day 1 through 180 or 210 days depending upon HQDA guidance. The COCOM and HQDA will coordinate on the number of days of supply that will be prepositioned in the theater. The requirements for the days of supply that are not authorized to be prepositioned OCONUS (normally day 61 and greater) will be submitted to the Defense Logistics Agency (DLA) for programming and sourcing.

2-2. ADDITIONAL INFORMATION

a. For additional information pertaining to the SC VIII APS Requirements Computations Process, contact the:

USAMMA
ATTN: MCMR-MMO-PL
693 Neiman Street
Fort Detrick MD 21702-5001
Telephone: DSN 343-4400/4428 or Commercial 301-619-4400/4428

b. For additional information pertaining to SC VIII APS or other contingency programs, contact the:

USAMMA
ATTN: MCMR-MMO-PM
693 Neiman Street
Fort Detrick MD 21702-5001
Telephone: DSN 343-4518/4462 or Commercial 301-619-4518/4462

c. For additional information on operational and logistical issues for consideration during pre-deployment, deployment, and re-deployment, contact the:

USAMMA
ATTN: MCMR-MMF-E
693 Neiman Street
Fort Detrick MD 21702-5001
Telephone: DSN 343-4408 or 301-619-4408

CHAPTER 3. ARMY PREPOSITIONED STOCK (APS) PROGRAM

3-1. APS PROGRAM BACKGROUND

a. The traditional methods of locating sustainment stocks in Theater Reserve sites under local or theater-commander control are no longer consistent with supporting the dynamics of a rapidly changing world with constrained resources - nor is it keeping with current policy objectives. The Army has become a much smaller, predominantly Continental United States (CONUS)-based force. The Army's Strategic Mobility Program, when fully implemented, will greatly expand the Army's ability to quickly move personnel and equipment to potential contingencies throughout the world. Forward presence will be achieved through minimum Outside Continental United States (OCONUS) stationing, with increased reliance on unit rotations and exercise deployments to provide stability in dynamic regions. To accomplish this objective, a balance of airlift, sealift, and sustainment (prepositioned equipment and supplies) is needed to provide the ability to project forces worldwide and sustain those forces during a contingency.

b. In May 1992, the Chief of Staff, Army (CSA) directed a reduction in Supply Class (SC) VIII War Reserve (WR) and Operational Project (OP) stocks and transferred management and accountability responsibilities for this materiel to the AMC and Office of the Surgeon General (OTSG). The USAMMA was designated by OTSG as the Executive Agent for SC VIII materiel and manager of the SC VIII portion of the AWR Program. In 1998, the AWR Program became known as Army Prepositioned Stock (APS). In 2004, APS-3 was designated as Army Regional Flotilla (ARF) and in 2005, APS-3 was renamed the Army Strategic Flotilla (ASF). The USAMMA must receive approval from HQDA prior to release of any APS stocks.

3-2. APS AND SC VIII APS LOCATIONS

a. The objective of the CSA APS management policy is to change the use and ownership of APS materiel from specific Combatant Commands (COCOM) and theaters to a common-user stockpile of equipment and supplies that can support the worldwide requirements of any warfighting COCOM. These stocks now fall under the broad heading of APS materiel and are grouped into four regions:

- APS-1 stocks are located in Continental United States (CONUS)
- APS-3 stocks are prepositioned aboard ships
- APS-4 stocks are located in the Pacific
- APS-5 stocks are located in Southwest Asia

The APS program encompasses prepositioned Brigade/Unit Sets, OP and AWRS stocks.

(1) Brigade/Unit Sets are documented as unmanned TO&E Units. They have a Unit Identification Code (UIC) and AMC does the Unit Status Report (USR) on these sets since the majority of the materiel within the Brigade is under AMC management.

(2) Operational projects are materiel above the normal table of organization and equipment (TO&E) that provide the combat unit commander a way to identify additional materiel authorized for a specific mission. Operational projects are used to support operations, contingencies, and war plans. These projects are approved via Memorandums of Approval from the Department of the Army (DA) G-43 with the item detail listed on a DA Form 4145.

(3) AWRS stocks are to resupply a unit after they have consumed their unit basic load. USAMMA develops an AWRS requirement based upon the Time-Phased Force Deployment Data (TPFDD) or Force File.

b. As the SC VIII APS Program Manager, the USAMMA maintains all accountable records on the enterprise systems, Theater Enterprise Wide Logistics System Assemblage Management Module (TEWLS AMM). To accomplish the day-to-day management of SC VIII APS materiel, the USAMMA uses existing activities as accountable activities to maintain and manage prepositioned assets (for additional information refer to *Army Regulation* (AR) *710-1*, Chapter 6). Potency and Dated (P&D) materiel for the hospital unit sets and minimal care detachment (MCD) for each site are managed by the Unit Deployment Package (UDP) Program (refer to Chapter 4 for a complete description of this program). Current UDP packages on site are the Combat Support Hospital (CSH) located at Korea, one CSH in Japan, one CSH in Qatar, and six MCDs. Excluding the 44-BED CSH, the P&D materiel for the afloat program is maintained on site in Charleston, SC. P&D materiel for Brigade sets, Operational Projects, and Sustainment is managed at each of the sites by the USAMMA Forward Site Managers.

CURRENT LOCATION OF APS STOCKS
APS-1 Health and Human Services, Perry Point, MD, KellyUSA, San Antonio, TX
APS-3 Various afloat ships and Army Materiel Command (AMC) Army Strategic Logistics Activity Charleston-Afloat (ASLAC-Afloat), Charleston, SC
NOTE: Exclusionary items such as controlled substances, refrigerated, or P&D items are not uploaded onto the ships. This materiel is maintained at Charleston as a push package. Two methods exist to provide these items: (1) The deploying medical unit will bring them To Accompany Troops (TAT), and/or (2) These items will be provided to the receiving medical unit by the Logistics Support Element (LSE), Medical Logistics Support Team (MLST), if a push package from Charleston is required.
APS-4 Camp Carroll, Waegan, Korea Sagami Army Depot, Sagami, Japan Camp Kinser, Okinawa, Japan
APS-5 Camp AsSaliyah, Qatar

c. The USAMMA has Memorandums of Agreement (MOAs), Interservice Support Agreements (ISSAs), and Statements of Work (SOWs) with the activities to govern APS operations at the storage sites. In addition, the USAMMA personnel make periodic visits to the activities in order to resolve issues and view APS assets. APS locations 3, 4 and 5 conduct and maintain daily operations with USAMMA on-site managers.

3-3. SC VIII APS ASSETS

a. The USAMMA has the SC VIII materiel below prepositioned to support the war fight.
(1) Brigade sets:
- Two Armored Brigade Combat Teams (ABCT): one stored in Korea and one stored in Qatar;
- Two Sustainment Support Brigades (SSB): one stored in Korea and one stored in Japan;
- Two Infantry Brigade Combat Teams (IBCT): one stored in Qatar and one stored Afloat.

(2) Medical and support units / Unit Sets:

- Six 248-BED Corps Combat Support Hospital (CSH): one stored in Korea, four stored in Japan, and one stored in Qatar
- Eight Minimal Care Detachments (MCDs) stored in Japan
- Two Forward Surgical Teams (FST) stored Afloat
- Two Area Support Medical Companies (ASMC) stored Afloat
- Two MEDLOG Companies stored Afloat
- Two Preventive Medicine Detachments (PM DET) stored Afloat
- Two Food Processing Squads stored Afloat
- Two Veterinary Service Support Squads stored Afloat
- Two 44-bed CSHs stored Afloat

The APS program has additional medical assets held in all sites. The required units, by Standard Requirement Codes (SRCs), are constantly reviewed and updated. The medical assets in APS-3 and APS-5 were issued for Operation Iraqi Freedom (OIF). APS-5 Brigade sets were replaced in FY07 and the HBCT and Infantry Battalion (Afghan) were re-issued in support of OIF in FY08. The APS-5 HBCT and IBCT were rebuilt in FY11. The Infantry Battalion (Afghan) and the Fires Brigade are scheduled to be rebuilt by FY16. The remainder of the reset of APS-3 and APS-5 is outlined in APS Strategy 2020 guidance from DA. There are additional brigade sets, medical and support units/Unit sets also outlined in that guidance.

(3) Line Item and Set Configured Sustainment Stocks: Sustainment stocks are stored at the APS sites in Korea, Japan, Afloat, and Qatar.

(4) Operational Projects (OPROJ): Currently, OPROJ are stored at the APS sites in Korea, Japan, and Qatar. Materiel is also being stored at Health and Human Services (Perry Point, MD) and KellyUSA (San Antonio, TX) waiting approval of a pending OP.

b. Units can contact their higher headquarters to obtain visibility of APS assets. The APS assets are reported through the Unit Status Report (USR) systems into the Army Readiness Management System (ARMS) and the AWRDS. Additionally, the AMC (Army Materiel Command) and USAMMA are improving the Automated Battlebook System (ABS) for each theater. Official requests for information can be submitted through higher headquarters to the Force Projection Directorate (FPD) at the USAMMA. Most information concerning APS readiness is classified.

3-4. ADDITIONAL INFORMATION

a. Deploying units identified to receive APS medical assets are strongly encouraged to contact their higher headquarters. The higher headquarters, in turn, will contact the USAMMA OPS Center (DSN 343-4408 or Commercial 301-619-4408). The OPS Center will provide asset visibility down to the National Stock Number (NSN) level for all APS medical supplies and equipment and will recommend supplies and equipment the unit must bring as to accompany troops (TAT).

USAMMA
ATTN: MCMR-MMF-E
693 Neiman Street
Fort Detrick, MD 21702-5001
Telephones: DSN 343-4408 or Commercial 301-619-4408
NIPR: USArmy.Detrick.MEDCOM-USAMMA.MBX.OPS-Center@mail.mil

b. Additionally, personnel from the OPS Center can discuss operational and logistical issues for consideration during pre-deployment, deployment, and re-deployment.

USAMMA
ATTN: MCMR-MMF-E
693 Neiman Street
Fort Detrick, MD 21702-5002
Telephones: DSN 343-4408 or Commercial 301-619-4408

c. Additionally, personnel from the FPD can discuss asset information.

USAMMA
ATTN: MCMR-MMO-PM
693 Neiman Street
Fort Detrick, MD 21702-5002
Telephones: DSN 343-4518 or Commercial 301-619-4518

CHAPTER 4. THE ARMY CENTRALLY MANAGED MEDICAL POTENCY AND DATED (P&D) MATERIEL PROGRAM

4-1. INTRODUCTION

a. Operations Desert Shield/Storm After Action Reports (AARs) and Lessons Learned (LL) revealed that units did not deploy with their Unit Basic Load of medical P&D materiel.

b. Funding constraints, both at the unit and DoD levels, along with current commercial industry business practices, prompted the CSA to approve TSG recommendation that the Office of The Surgeon General (OTSG) assume responsibility for the centralized funding, management, and distribution of medical P&D materiel for Force Packages 1 and 2 (FP 1&2) deploying medical units at Echelons Above Division (EAD). Note: Recent changes modified the recommendation, changing FP 1&2 and EAD to early deploying (ED) medical unit at Echelons Above Brigade (EAB) deploying in the first 31 days of a conflict. In January 1997 the OTSG, in turn, designated USAMMA to execute the program.

c. To support this DoD mission, the USAMMA developed the Centrally Managed Medical P&D Materiel Program that now provides ED, EAB medical units, deploying from CONUS home stations with their basic load of medical P&D materiel. Strategies for providing this materiel include acquiring and positioning medical materiel at various CONUS and OCONUS locations and utilizing multiple Prime Vendor (PV) acquisition tools for specific NSN items. Based on the Time Phased Force Deployment List (TPFDL) and projected funding, USAMMA develops Unit Deployment Package (UDP) requirements by P&D NSNs in unit assemblages (UA) for generic ED EAB medical units through day 31. The term “Unit Deployment Package” is a term coined within the Centrally Managed Medical P&D Materiel Program that represents a unit’s basic load of medical P&D materiel.

d. A UDP consists of medical and non-medical potency and dated materiel with Medical Unit Assemblage Group Codes (MUAG) 1, 4-9, A, B, D, E, G-I, and N and a shelf life code (SLC) of less than 60 months (Type I NSNs SLC A-H, J-N, P-S and Type II NSNs SLC 1-9). Active Component (AC), Reserve Component (RC), and National Guard (NG) ED EAB units will receive Type I and II medical and non-medical UDP items (MUAG 1) with a shelf life of less than 60 months based on the initial 31-day declared contingency TPFDL requirement.

e. The Centrally Managed P&D Materiel Program does not provide support kits for authorized UA equipment. Medical P&D support kit components are now recognized components of the UA and are included as components of UDPs. The USAMMA recognizes the difficulty of identifying each piece of equipment and consumables/reagents required for such equipment as all EAB medical units have not undergone equipment modernizations. ED EAB medical units should “scrub” their equipment list and identify unit-specific medical equipment reagents and consumables. Unit personnel can also access the Consumable/Support Item report, which provides a medical equipment list and associated NSNs, via the USAMMA website: **www.usamma.amedd.army.mil**. Click “MEDSILS/Unit Assemblages” in the banner near top of page and click “Consumable/Support Items Report” on left side of the page to bring up the Consumable/Support Items Report. One can print the entire report, export in Excel format or scroll to the desired equipment NSN.

f. In the event of contingency deployments, the UDP program gives USAMMA the ability to “push” UDPs to ED EAB medical units at home station or other designated location. UDP quantities are based on the same unit “Days of Supply” (DOS) schedule as the UA the unit is authorized. The USAMMA Army War Reserve Sustainment (AWRS) stocks program, in conjunction with Theater Logistics Army Medical Materiel (TLAMM) operations, will support and maintain the medical requirements of deployed units after initial issue of a UDP.

g. While the Centrally Managed Medical P&D Materiel Program will provide materiel to those EAB medical units deploying on or before day 31 of a declared contingency, units must keep in mind that the TPFDL is a flexible and fluctuating schedule. Should a unit with an initial deployment date sooner than day 31 suddenly find itself deploying beyond day 31, that unit will be deleted from USAMMA's list of units scheduled to receive a UDP. Therefore, units must plan appropriately.

4-2. PROCUREMENT STRATEGIES

a. The USAMMA utilizes a combination of acquisition and management strategies to acquire and maintain medical and non-medical P&D materiel for ED EAB medical units. Purchased medical P&D materiel may be stored and managed as a pre-positioned UDP at a government or contractor managed facility. These stocks are not "flagged" to any specific unit or Unit Identification Code (UIC). They will be used as swing stocks for issue to EAB medical units deploying within the first 31 days of a contingency operation.

b. The pre-positioning of UDPs enables USAMMA to quickly outfit ED EAB medical units with their basic load of medical and non-medical P&D items. During FY97, the USAMMA built and stored 10 Combat Support Hospital (CSH) UDPs and two Area Support Medical Battalion (ASMB) UDPs at various strategic locations worldwide. However, changes in the force structure as well as significant changes in funding levels and the deployment planning process has resulted in different techniques to manage and maintain the mix of anticipated prepositioned ED EAB medical unit requirements.

c. UDPs are stored at various locations in CONUS and OCONUS. The storage activity manager is responsible for administering all actions associated with the Care of Supplies in Storage (COSIS) and receiving guidance from the Program Manager. They are responsible for acquiring, receiving, and storing new materiel components of UDPs, replacing expired materiel, extending materiel and re-labeling, as appropriate, and preparing and shipping UDPs when required. The current UDP inventory and storage sites for the Centrally Managed Medical P&D Program include the following but are subject to change based on Command guidance:

Perry Point (Health and Human Services Supply Services Center), MD
- 1 – Area Medical Laboratory UDPs
- 2 – Corps CSH UDPs (248 Beds)
- 2 – Dental Service Company UDPs
- 7 – Forward Surgical Team (FST) UDPs
- 2 – Ground Ambulance UDPs
- 2 – Head and Neck Team UDPs
- 1 – Medical Detachment Blood Support UDP
- 2 – Minimal Care Detachment UDPs
- 5 – Preventive Medicine Sanitation Team UDPs
- 1 – Renal Hemodialysis Team UDP
- 1 – Veterinary Detachment Veterinary Medicine UDP
- 2 - Veterinary Services Detachment UDPs

KellyUSA, TX
- 2 – Corps CSH UDPs (248 Beds)
- 12 - Area Support Medical Company (ASMC) UDPs
- 3 – Forward Surgical Teams (FST) UDPs
- 1 - Ground Ambulance Company UDP
- 2 – Head and Neck Team UDPs
- 2 – Minimal Care Detachment UDPs

Camp Carroll, Waegan, Korea
- 1 – Corps CSH UDP (248 Beds)
- 2 - 44-Bed Early Entry Hospital Element (EEHE) CSH UDPs

Sagami Army Depot Japan
- 1 – Corps CSH UDP (248 Beds)
- 6 - Minimal Care Detachment UDPs

Qatar
- 1 – Corps CSH UDP (248 Beds)

d. Current medical and non-medical P&D components for any given UDP may not specifically align with the ED EAB medical unit's authorized unit assemblages. ED EAB medical units are encouraged to contact the Operations (OPS) Center, via telephone, DSN 343-4408, commercial 301-619-4408, or electronic mail (email) message to: USArmy.Detrick.MEDCOM-USAMMA.MBX.OPS-Center@mail.mil, with specific questions relative to a UDP they might receive. The UDP Program Manager will coordinate corrective actions to ensure the most optimal UDP will be issued to support the unit's mission.

4-3. RELEASE AUTHORITY (HUMANITARIAN RELIEF ONLY)

a. In addition to declared contingency operations when UDPs are released to ED EAB medical units providing medical support to the Warfighter, UDPs may be released to support Humanitarian Relief/Severe Weather efforts, Defense CBRN (Chemical, Biological, Radiological, Nuclear) Response Force (DCRF) support or other non-contingency events. In such instances, medical units must make their request for release of a UDP to the OPS Center. The request will be validated with the OTSG for approval. Approval to release UDPs in other than contingency operations is at the OTSG level. Upon approval, either as a free-issue or a reimbursable issue, the UDP will be shipped to a location as directed by the receiving unit. A Unit POC, telephone number, and email address must be provided for coordination of the shipment. Prior to the release of a reimbursable issue UDP, medical units or their higher headquarters are accountable for providing an approved funding source for the materiel.

b. The following elements should be provided to the OPS Center via telephone, DSN 343-4408 or commercial 301-619-4408, and followed up with a confirming email message to: USArmy.Detrick.MEDCOM-USAMMA.MBX.OPS-Center@mail.mil.

- Requesting Unit
- Purpose of the Request
- Under What Authority the Request is Made (Deployment Order)
- Higher Headquarters Point of Contact (POC) Information, e.g., POC name, commercial and DSN telephone numbers and email address
- Unit Commander and/or Medical Supply POC Information, e.g., POC name, commercial and DSN telephone numbers and email address

c. Please see Appendix B that contains a template entitled "Template for Release of a Unit Deployment Package " to use for the release of a UDP.

4-4. RELEASE AUTHORITY (DEPLOYMENTS)

a. OTSG is the release authority for this materiel and the UDP is released at no cost for validated EAB units that deploy on or before day 31 of a declared contingency operation or

conflict. The OPS Center is the central point of entry for tracking all questions relative to the issue and receipt of a UDP. The following OPS Center information is provided:

US Army Medical Materiel Agency
ATTN: MCMR-MMF-E
693 Neiman Street
Fort Detrick, MD 21702-5001

Telephone: DSN 343-4408 or commercial 301-619-4408
NIPR: USArmy.Detrick.MEDCOM-USAMMA.MBX.OPS-Center@mail.mil

b. Please see Appendix B that contains a template entitled "Template for Release of a Unit Deployment Package to use for the release of a UDP.

4-5. ADDITIONAL INFORMATION

For additional information pertaining to the Centrally Managed P&D (UDP) Program, contact:

US Army Medical Materiel Agency
ATTN: MCMR-MMO-PM
693 Neiman Street
Fort Detrick, MD 21702-5001
Telephones: DSN 343-4461/4518 or
Commercial 301-619-4461/4518

CHAPTER 5. INITIAL ISSUE MEDICAL, CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR (CBRN) DEFENSE MATERIEL (MCDM)

5-1. INTRODUCTION

a. The US Army Office of The Surgeon General (OTSG) sustains the initial issue inventory of consumable medical CBRN materiel countermeasures for all Army forces, to include the Military Working Dogs (MWD) that deploy in support of geographic Combatant Commands theater-strategic and operational requirements. These countermeasures provide the individual Soldier with the capability to give self aid or buddy aid to treat injuries resulting from CBRN warfare agents. The OTSG also sustains the initial issue of Potency & Dated (P&D) CBRN items for the Medical Equipment Set (MES) Chemical Agent, Patient Treatment [Line Item Number (LIN) M23673]. These CBRN warfare agents provide deploying medical units with the capability to treat and protect chemical casualties.

b. The USAMMA was designated by the OTSG to execute the program and act as the Army Program Manager for the Initial Issue MCDM for individual Soldiers/MWDs and the P&D MCDM for the MES, Chemical Agent Patient Treatment. The USAMMA is responsible for the acquisition, storage, release and overall accountability of Army-owned initial issue MCDM stock. USAMMA tracks materiel stockpiles by lot number, expiration date and shelf life and provides this information to OTSG for budgeting, replacement of the materiel and readiness.

c. The Supply Support Activity (SSA)/Medical Treatment Facility (MTF) MCDM POCs are the Accountable Item Managers for the initial issue MCDM stock. They are responsible for the physical accountability and management of materiel placed in their care. The SSA/MTF MCDM POC will identify MCDM stock levels at their locations according to their deployment forecast, and will release initial issue MCDM to deploying and forward deployed forces as required, at no cost, and when authorized by OTSG.

d. The management of initial issue MCDM stock is now part of the USAMEDCOM Command Logistics Review Team (CLRT) inspection program, see www.medlogspt.army.mil.

e. Initial issue MCDM for Soldiers and the MES, Chemical Agent Patient Treatment, is maintained under three separate projects:

(1) DH1 - Initial issue MCDM for Deployable Force Packages (DFP)

(2) DH5 -Potency and Dated (P&D) MCDM for the MES, Chemical Agent Patient Treatment (LIN M23673)

(3) Y3R1 - Initial issue MCDM for Defense CBRN Response Force (DCRF)

5-2. DH1 AND Y3R1 PROJECTS – DFP & CBRN

a. The DFP/DCRF is the initial issue of individual Soldier and Military Working Dog MCDM for deploying and forward deployed forces in accordance with Theater Force Health Protection guidance. The OTSG is the release authority for this materiel and MCDM is released at no cost for validated US Army deployers. For forward deployed forces, MCDM is already considered released (USFK is considered a forward deployed force with regard to the MCDM program) and as such, the theater stockage is available to the COCOM for use. This materiel will support the initial stages of a contingency while allowing the industrial base adequate time to move into full production. The OTSG program (Projects DH1 & Y3R1) is for initial issue of MCDM items only. Projects DH1 & Y3R1 do not provide for replacement of MCDM once issued. Replacement of MCDM requires a funded requisition from the requesting unit/organization. DFP & DCRF packages consist of the items listed in Table 5-1.

TABLE 5-1. DFP/DCRF COMPONENTS (DH1 & Y3R1) – INDIVIDUAL SOLDIERS

NSN	NOMENCLATURE	BASIS OF ISSUE per Soldier	AAC
6505-01-362-7427	Antidote Treatment, Nerve Agent Auto injector (ATNAA)	3 EA	D
6505-01-274-0951	Diazepam Injection 5 mg/ml 2ml, Syringe Needle Unit, Convulsant Antidote Nerve Agent (CANA)	1 EA	D
6505-01-491-5506 Or 6505-01-529-6640	Doxycycline 100 mg tablets, 30's Ciprofloxacin 500 mg tablets, 30's Doxycycline will be issued unless specific requirement exists for Ciprofloxacin. ISM records will indicate if they are allergic to Doxycycline. Persons on flight status will be issued Doxycycline (Ciprofloxacin may cause drowsiness). **Antibiotics will be issued at the ratio of 85% Doxycycline and 15% Ciprofloxacin**	15 days of supply (bottle of 30 tablets)	Z Z
7610-01-492-7703	Individual Soldier's Guide to MCDM	1 EA	R
6505-01-178-7903	Pyridostigmine Bromide Tablets 30 mg, 210's Soman Nerve Agent Pretreatment Pyridostigmine (SNAPP) Contingency stockage maintained at select DFPs. **NOTE: SSA/MTF will not issue SNAPP unless expressly authorized by OTSG. CCMRF exception in para 5-8**	42 tablets	A
6505-01-496-4916	Potassium Iodide tablets, (KI) 14 tablets, strip. Contingency stockage maintained at select DFPs. **NOTE: SSA/MTF will not issue KI unless expressly authorized by OTSG. CCMRF exception in para 5-8**	14 tablets / 1 strip	L
6505-01-565-5550	Reactive Skin Decontamination Lotion (RSDL) NOTE: RSDL replaces the M291 Skin Decontamination Kit.	1 Pouch of 3 packets	A

b. The DFP & DCRF projects also include initial issue MCDM for Military Working Dogs and consists of the items listed in Table 5-2.

TABLE 5-2. DFP/DCRF COMPONENTS (DH1 & Y3R1) – MILITARY WORKING DOG

NSN	NOMENCLATURE	Basis Of Issue per MWD	AAC
6505-01-362-7427	Antidote Treatment, Nerve Agent Auto injector (ATNAA)	3 EA	D
6505-01-274-0951	Diazepam Injection 5 mg/ml 2ml, Syringe Needle Unit. Convulsant Antidote Nerve Agent (CANA)	4 EA	D
6505-01-491-5506	Doxycycline 100 mg tablets, 30's	60 tablets (2 Bottles of 30's)	Z
6505-01-178-7903	Pyridostigmine Bromide Tablets 30 mg, 210's Soman Nerve Agent Pretreatment Pyridostigmine (SNAPP) **NOTE: SSA/MTF will not issue SNAPP unless expressly authorized by OTSG.**	See para 5-4a.(4)	A
7610-01-564-2341	MWD Handlers Guide to MCDM	1 EA	R
6505-00-926-9083	Atropine Injection Aqueous, 0.7ml	5 EA	D
6505-01-565-5550	Reactive Skin Decontamination Lotion (RSDL) **NOTE**: RSDL replaces the M291 Skin Decontamination Kit.	1 Pouch of 3 packets	A

c. DFP & DCRF assets are strategically stored at select SSA/MTFs throughout the world based on the Army Campaign Plan. DFP sites are listed in Table 5-3 of this Supply Bulletin. The DFP MCDM POC is responsible for submitting to USAMMA the forecast of MCDM required to support their deployment rotations. USAMMA will assist to determine MCDM inventory at each SSA/MTF and issue MCDM from stockpile based on just in time requirements to support deploying units and forward deployed forces. Select DFP locations (*****) will have specified minimum stockage levels, as directed by OTSG, to support the DCRF or other Quick Reaction Forces and will be required to develop procedures to immediately issue to the DCRF.

TABLE 5-3. MCDM DFP LOCATIONS

Camp Arifjan, Kuwait	Fort Dix, NJ	Fort Leonard Wood, MO	Sagami, Japan
*****Camp Atterbury, IN	Fort Drum, NY	Fort McCoy, WI	Tripler AMC, HI
*Fort Benning, GA	Fort Eustis, VA	*Fort Polk, LA	USAMMC-K, Korea
*****Fort Bliss, TX	*****Fort Gordon, GA	*Fort Riley, KS	USAMMCE, Germany
*****Fort Bragg, NC	*****Fort Hood, TX	Fort Sill, OK	******Aberdeen Proving Ground, MD
*****Fort Campbell, KY	Fort Huachuca, AZ	*****Fort Stewart, GA	Fort Irwin, CA
Fort Carson, CO		*****Fort Wainwright, AK	****** Fort Meade, MD
**Fort Belvoir, VA	*Fort Knox, KY	*Fort Lee, VA	*Joint Base Lewis-McChord, WA
**Fort Sam Houston, TX			

***Designated DFP location for DCRF initial issue** (others may be designated by separate OTSG/MEDCOM OPORD)

**** Designated as DCRF site only**

5-3. MANAGEMENT AND ACCOUNTABILITY OF INITIAL ISSUE DFP MCDM

a. The SSA/MTF will maintain and account for MCDM assets in the Defense Medical Logistics Standard Support-Assemblage Management (DMLSS-AM)/Theater Enterprise Wide Logistics System (TEWLS) and the DoD/FDA Shelf Life Extension Program (SLEP) databases as follows:

(1) Soldier/MWD assets (Project DH1) will be identified using:
- Assemblage ID “YMBC” in DMLSS-AM
- Category “CBRN”, Project Code “DH1” in the SLEP database

(2) Soldier/MWD assets (Project Y3R1) will be identified using:
- Assemblage ID “Y3R1” in DMLSS-AM
- Category “CBRN”, Project Code “Y3R1” in the SLEP database

b. Issues, receipts, destructions, and turn-in transactions will be entered in the DMLSS-AM/TEWLS and SLEP databases **as they occur** to ensure real time MCDM inventory stock status.

c. The SSA/MTF will update the SLEP inventory within 72 hours of any change (i.e., receipt, issues or destructions) and provide the USAMMA a monthly inventory status report by the 5th of each month. For additional USAMMA POC information, go to para 5-13 (g), of this chapter.

d. The SSA/MTF will develop management controls to provide reasonable assurance that all MCDM is safeguarded against waste, loss and unauthorized use. Additionally, MCDM must be properly recorded to maintain an audit trail of all issues, receipts, destructions, and turn-ins of DFP assets (*AR 11-2*).

e. Lost, stolen, or damaged MCDM must be investigated IAW *AR 735-5*. A survey officer (at the SSA/MTF) must be appointed to begin an investigation. The Survey Officer must provide a Financial Investigation of Property Loss (FLIPL) DD Form 200 [go to the following website to retrieve the form: http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0200] and follow the steps described in the *DoD Financial Management Regulation Volume 12, Chapter 7, April 1998* (see website at http://www.defenselink.mil/comptroller/fmr/12/12arch/12_07_Apr1998.pdf).

f. A chain of custody for MCDM will be maintained from the SSA/MTF to the unit or to the individual Soldier. The SSA/MTF will also maintain copies of all release documents annotated with the document number, unit designation, quantity, lot numbers and expiration dates.

(1) Diazepam (CANA) is a controlled substance, security code Q and accountability must be maintained in accordance with *AR 40-61, Medical Logistics Policies*, and applicable security regulations.

(2) In the event a unit/individual Soldier/MWD handler returns from deployment to home station with MCDM in their possession, they must turn in their MCDM to the supporting SSA/MTF as soon as possible. Turn in of MCDM assets will be accomplished via Request for Issue and Turn In (DA Form 3161 or equivalent form).

(3) MCDM issued to units/individual Soldiers/MWD handlers and maintained outside the prescribed storage temperatures or for which the storage conditions is unknown, are considered unserviceable and **will** be destroyed by the SSA/MTF. Assets that were maintained in central management by the units and stored IAW manufacturer's storage guidelines (see Para 5-9) will be returned to stock. When applicable, inventory will be adjusted in DMLSS-AM/TEWLS and SLEP databases. Copies of destruction documents will be sent to USAMMA [Para 5-13 (g)].

5-4. ADDITIONAL PRODUCT INFORMATION - SNAPP

a. Soman Nerve Agent Pretreatment Pyridostigmine (SNAPP) also known as PB TABS.

(1) The FDA approved this item as a pretreatment against Soman Nerve Agent Poisoning (SNAPP) on 5 February 2003. The approved product has a 10-year shelf life.

(2) The depot will not issue SNAPP to Army units. SNAPP is an Acquisition Advice Code (AAC) A item and requires express approval from OTSG for release.

(3) The Chain of Command will inform troops when it is time to use SNAPP. This decision will be based on the threat of exposure to nerve agents. There is no known advantage to taking extra PB right before Soman Nerve Agent exposure and no extra PB should be taken after nerve agent exposure has occurred

(4) Pre-issue counseling and issue of SNAPP tablets will be recorded in the automated Medical Protection System (MEDPROS) for all personnel receiving SNAPP. Unit commanders will ensure that all issued SNAPP tablets are turned into servicing medical logistics unit for destruction 90 days after initial issue. During post-deployment processing actual use of SNAPP must also be annotated in MEDPROS.

(5) For MWDs, SNAPP will only be used when authorized by a responsible veterinarian and MWD unit commanders. The DoD Military Working Dog Veterinary Service (DOD MWDVS) does not recommend the use of SNAPP because the effect on MWDs performance has not been evaluated. If SNAPP is used, the handler must evaluate the

ability of the MWD to perform in assigned tasks prior to performance of assigned duties. Treated MWDs should be identified as under the influence of the SNAPP prior to entry into a contaminated environment and other protective measures should be taken when possible. When used, the recommended SNAPP dose is one half (½) tablet (15 mg) every 8 to 12 hours. Refer to *FM 4-02.18* (*Veterinary Services Tactics*) and *FM 4-02.285* (*Multiservice Techniques and Procedures for Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries*) for other precautions when using SNAPP.

b. Reactive Skin Decontamination Lotion (RSDL).

(1) RSDL (NSN 6505-01-507-5074) replaces the M291 Skin Decontamination Kit (NSN 4230-01-276-1905 and 6505-01-276-1905).

(2) RSDL is intended to remove or neutralize Chemical Warfare Agents (CWA) on the skin, and used only if chemical agent exposure is suspected. Basis of issue is one pouch of three packets per individual Soldier/MWD unless otherwise directed.

(3) The RSDL pouch contains three packets that are green in color and designed for individual carry and immediate use on skin, individual equipment and weapons. RSDL packets contain a pre-impregnated pad that is used to apply an active, viscous liquid to the suspected contaminated area. One RSDL packet is designed to cover 1300 square centimeters. Additional information can be found in Army *TM 3-6505-001-10*.

(4) RSDL CAUTION: Use only as directed, not for prophylactic or whole body decontamination. RSDL ingredient is absorbed through the skin and may cause adverse effects; prolonged skin contact should be avoided. It is a Fire Hazard; do not discard used RSDL components into strong oxidizing chemicals or their containers (e.g., Super Tropical Bleach).

5-5. DH5 PROJECT - INITIAL ISSUE POTENCY & DATED (P&D) MCDM FOR THE MEDICAL EQUIPMENT SET, CHEMICAL AGENT PATIENT TREATMENT (LIN M23673)

a. The P&D MCDM are components of the MES LIN M23673 and are issued to deploying/forward deployed support units, e.g., medical support company, Infantry Brigade Combat Teams, and Brigade Support Battalions, to complete their MES LIN M23673. Initial issue P&Ds are listed in Table 5-4.

TABLE 5-4. P&Ds FOR MES, CHEMICAL AGENT PATIENT TREATMENT, LIN M23673

NSN	NOMENCLATURE	BASIS OF ISSUE Per SET	AAC
6505-00-926-9083	Atropine Injection Aqueous, 0.7ml	150 EA	D
6505-01-125-3248	Pralidoxime Chloride for Injection, (2-PAM)	60 EA	D
6505-01-274-0951	Diazepam Injection 5 mg/ml 2ml Convulsant Antidote Nerve Agent (CANA)	100 EA	D
6505-01-454-2525	Atropine Sulfate Ophthalmic Ointment	12 TU	L
6505-01-538-2871	Albuterol Sulfate Inhalant	5 EA	L
Antidote Treatment, Cyanide (3)* components below:			
*6505-00-106-9000	Amyl Nitrite Inhalant Ampoules	1 PG	L
*6505-01-533-4408	Sodium Nitrite Injection 2's	15 PG	L

NSN	NOMENCLATURE	BASIS OF ISSUE Per SET	AAC
*6505-01-533-4417	Sodium Thiosulfate 50ml Single Dose	30 VI	L
6515-00-754-0412	Syringe Hypodermic	1 PG	L
6515-00-754-2834	Needle Hypodermic	2 PG	L
6515-01-164-3038	Syringe Hypodermic 60ml	1 PG	D
6515-01-168-8108	Syringe Hypodermic 10ml	1 PG	L
6515-01-492-9182	Infusion Set	1 PG	L
6515-01-532-8056	Hypothermia Blanket	30 EA	L
8415-01-138-2503	Gloves Chem Protect Lge	4 PR	D
6545-01-577-1047	Kit, Chemical Patient Wrap	1 KT	D
Chemical Patient Wrap Kit Components			
6530-01-577-1091	Patient Wrap	12 per kit	
4720-01-577-5616	Hose Assembly	12 per kit	
6530-01-543-7916	C-240 Single Speed Blower	12 per kit	
6130-01-577-5620	NIMH One Position Battery Charger	6 per kit	
6140-01-500-9672	NIMH Battery	24 per kit	
4240-01-574-9568	M-96 Filter	48 per kit	
6640-01-500-7721	Indicator Airflow	1 per kit	
5340-01-577-5631	Snap Cap	24 per kit	
4240-01-497-5068	LWMB Tester	1 per kit	

b. Initial Issue of P&D MCDM assets are strategically stored at select SSA/MTF location throughout the world. DFP MCDM POCs are responsible for submitting to USAMMA the forecast of MCDM required to support their deployment rotations. USAMMA will assist to determine MCDM inventory at each SSA/MTF and issue MCDM from stockpiles based on just in time requirements to support deploying units and forward deployed forces.

5-6. MANAGEMENT AND ACCOUNTABILITY FOR INITIAL ISSUE POTENCY & DATED (P&D) MCDM FOR THE MEDICAL EQUIPMENT SET, CHEMICAL AGENT PATIENT TREATMENT (LIN M23673)

a. The SSA/MTF will maintain and account for MCDM assets in DMLSS-AM/TEWLS and SLEP databases.

(1) The MES assets will be identified using:
- Assemblage ID “CPTS” in DMLSS-AM
- Category “CBRN”, Project Code DH5 in the SLEP database

(2) Issues, receipts, destructions and turn-in transactions will be entered into the DMLSS-AM/TEWLS and SLEP database **as they occur** to ensure real-time MCDM inventory stock status.

(3) The SSA/MTF will update the SLEP inventory within 72 hours of any change (i.e., receipt, issues, or destructions) and provide USAMMA a monthly inventory status report NLT the 5th of each month. Reports are to be sent to the USAMMA [see USAMMA contact information at Para 5-13 (g)].

b. The SSA/MTF will maintain an audit trail of all issues, receipts, destructions and turn-ins of P&D assets for MES LIN M23673.

c. A chain of custody for MCDM will be maintained from the SSA/MTF to the Unit. The SSA/MTF will maintain copies of all release documents annotated with the document number, unit designation, quantity, lot numbers and expiration dates for all P&D MCDM assets released.

Special Note: Diazepam (CANA) is a controlled substance, security code Q and accountability must be maintained in accordance with *AR 40-61*, *Medical Logistics Policies,* and applicable security regulations.

5-7. RELEASE PROCEDURES FOR ALL INITIAL ISSUE MCDM IN PROJECTS DH1/DH5

a. MCDM will be issued no earlier than 2 weeks prior to actual movement date of deploying Soldier/MWD, (if being carried by individual Soldiers/handler) or 2 weeks prior to unit equipment load date if the unit will bulk ship.

b. All requests for release of the centrally funded MCDM must be validated and approved by The Directorate of Health Care Operations, Office of The Surgeon General (except as noted in paragraph h, below). Contact OTSG by calling:

DSN 761-8052/1785, Commercial 703-681-8052/1785 or
Toll free 1-866-677-2128, or by email to USArmy.NCR.HQDA-OTSG.MBX.OTSG--OPSCenter21-OPNS@mail.mil

c. The Directorate of Health Care Operations (HCO), OTSG will only authorize release of the initial issue MCDM assets based on deployment order, Temporary Change of Station Order (TCS), World Wide Individual Augmentation System (WWIAS) task number or a message or letter giving the unit a deployment mission requiring MCDM (except as noted in paragraph h, below).

d. Units will request release of MCDM through their SSA/MTF. The SSA/MTF will forward the unit's request by email to USArmy.NCR.HQDA-OTSG.MBX.OTSG--OPSCenter21-OPNS@mail.mil and include the following information:

(1) Subject of the **email must include** "MCDM REQUEST" along with abbreviated unit name, deploying DFP and number of personnel (PAX), e.g., "Request MCDM Release for 1st MP Co, FT USA ARMY, 130 PAX".

(2) Body of the email must contain **ALL** of the following items listed below:

- Unit Name and UIC
- Department of Defense Activity Address Code (DODAAC)
- Subordinate Units receiving MCDM (Names and UICs)
- Deployment DFP Installation
- Number of PAX

- Number of PAX on flight status
- Date Materiel is required for personnel to deploy
- Number of Military Working Dogs
- Unit Order Number, TCS, or WSAIS number

- Name and title of the Point of Contact
- DSN Phone Number
- Email address
- Number of MES LIN M23673 unit will deploy with

e. The Directorate of Health Care Operations, OTSG, will respond to the SSA/MTF request by email to approve, disapprove, or request additional information.

f. SSA/MTF will issue MCDM items listed in Table 5-1, 5-2, and/or Table 5-4 upon receipt of approval notification from Directorate of Health Care Operations, OTSG. Transactions will be posted to the DMLSS-AM/TEWLS and the SLEP database as they occur. SNAPP, also known as PB TABS, will not be issued without expressed authorization from OTSG.

g. In order to ensure the most efficient use of all assets, SSA/MTF will review all deployment orders to assess length of tour. If length of tour is specified, then utilize the shortest shelf life materiel that will meet the entire length of tour. If deployment orders do not indicate length of tour, then provide unit/Soldier/MWD Handler with materiel in accordance with established CENTCOM theater deployment policy for active Army units. At the time of this publication the CENTCOM deployment tour length is approximately 12 months.

h. During installation or local emergency situations where access to MCDM is critical to lifesaving treatment of casualties, the storing SSA/MTF commander may authorize release of MCDM for that purpose. The SSA/MTF commander must provide a Commander's Critical Information Requirement (CCIR) report to include quantities by type issued, to OTSG OPS21 in accordance with prescribed reporting format and timeline.

5-8. RELEASE PROCEDURES FOR INITIAL ISSUE DCRF MCDM IN PROJECT Y3R1

a. MCDM will be released immediately to deploying DCRF units/individual Soldiers/MWD Handlers and Quick Reaction Forces (QRF) upon request.

b. Requests for release of the centrally-funded DCRF or QRF MCDM do not require approval by The Directorate of Health Care Operations, OTSG (as required for Projects DH1 and DH5).

c. Potassium Iodide and Soman Nerve Agent Pretreatment Pyridostigmine (SNAPP), also known as PB TABS, will be issued if required/requested and do not require authorization from OTSG (as required for Projects DH1 and DH5).

d. DCRF/QRF servicing DFP locations are required to develop procedures to immediately issue to the DCRF or QRF. As a planning factor, DCRF units are expected to mobilize, draw MCDM from closest DFP site and deploy within 72 hours of notification.

e. Notify the Directorate of Health Care Operations, Office of The Surgeon General, within 24 hours when MCDM is issued to DCRF or QRF units/individual Soldiers/MWD Handlers. Contact OTSG at DSN 761-8052/1785, Commercial 703-681-8052/1785; Toll free 1-866-677-2128; or email to: USArmy.NCR.HQDA-OTSG.MBX.OTSG--OPSCenter21-OPNS@mail.mil

5-9. STORAGE REQUIREMENTS & SPECIAL PRECAUTIONS

a. All auto injectors (ATNAA, CANA, Atropine, and 2-PAM Chloride) require a storage temperature between 59-86 degrees Fahrenheit. Ensure these items are not frozen. Additionally, CANA is a controlled substance (note Code Q) that requires vault or cage storage.

b. Pyridostigmine Bromide (PB) Tablets - also called SNAPP - requires refrigeration at a temperature between 36-46 degrees Fahrenheit (2-8 degrees Celsius). Potency loss will increase when PB is exposed to temperatures above the refrigerated range. If removed from refrigeration and stored at controlled room temperature [59-86 degrees Fahrenheit (15-30 degrees Celsius)], PB must be issued to individual Soldiers or discarded/destroyed within 90-days. Once issued to individual Soldiers, PB will be replaced every 90-days.

Note: PB stored at temperatures above controlled room temperature must be discarded/destroyed.

c. Amyl Nitrite Ampoules require refrigeration at a temperature between 36-46 degrees Fahrenheit; capsule content is FLAMMABLE and should be protected from light.

d. Antibiotics (Ciprofloxacin/Doxycycline) require a storage temperature between 59-86 degrees Fahrenheit.

e. Albuterol Inhalant requires storage temperature between 59-77 degrees Fahrenheit; exposure to temperatures above 120 degrees Fahrenheit may cause bursting; never throw container into fire or incinerator.

f. Potassium Iodide (KI) tablets require a storage temperature between 59-86 degrees Fahrenheit.

g The Sodium Thiosulfate, Sodium Nitrite, and Atropine Ophthalmic Ointment require a storage temperature between 59-89 degrees Fahrenheit.

h. The storage requirements are reflected on the items; additional storage data can be found in the notes code of the automated logistics products:

- Universal Data Repository (UDR)
- Federal Logistics Data on Compact Disc (FEDLOG), and
- Medical Services Information Logistics Systems (MEDSILS)

5-10. RE-LABELING OF MCDM

a. Extended materiel will be re-labeled in accordance with (IAW) the Food & Drug Administration (FDA) requirements and be in compliance with the Federal Food, Drug and Cosmetic (FD&C) Act of 1938 and the Food and Drug Modernization Act (FDMA) of 1997. The FDA has authorized a deferral of the requirement to have every individual unit of issue relabeled only while the materiel is maintained under centralized control to reduce the cost for multiple relabeling efforts, as SLEP products may be extended multiple times.

b. The FDA will permit DoD to label only the outer cartons of products with the updated information so long as they remain in centralized storage, control, and management.

c. This materiel must be re-labeled completely, down to the individual units of issue, before being issued to deploying/forward deployed units, individual Soldier, and MWD Handlers. It is the responsibility of the SSA/MTF MCDM POC to ensure that all extended MCDM assets are re-labeled and issued ahead of MCDM not yet expired or tested, to ensure maximum use of Army owned MCDM.

d. An order for labels will be generated when the FDA sends the results of a Shelf Life Extension Project to the Defense Medical Materiel Program Office (DMMPO) [formerly the Defense Medical Standardization Board (DMMB)]. Labels will only be sent to SSA/MTF that have:

(1) Updated their inventory in SLEP in the last 30 days

(2) Updated their address in the SLEP system to a FEDEX address. A FEDEX address must include the street address, building number, City, State and Zip Code.

e. An email will be sent to the SSA/MTF notifying them that an order has been placed for labels. Activities will comply with the SLEP message instructions.

5-11. DESTRUCTION OF MCDM

a. All MCDM requiring destruction will be destroyed at the SSA/MTF. DMLSS-AM/ TEWLS, and SLEP databases will be adjusted within 72 hours of determination of destruction. Copy of the destruction document will be sent to USAMMA [see USAMMA contact information at Para 5-13 (g)].

b. Small amounts of auto injectors may be placed in a "Sharps" container and disposed of through normal biowaste channels, in accordance with local policies.

c. For larger amounts of MCDM, SSA/MTF may use the Pharmaceutical Returns Management Program/Guarantee Returns Program or the installation waste management facility/incinerator plant. Destruction at local level must be IAW Military Item Disposal Instructions (MIDI).

(1) Military Item Disposal Instructions (MIDI). Disposal instructions are available on CD-ROM or online at http://usachppm.amedd.army.mil/MIDI/. The MIDI CD-ROM system is a database application designed to provide methods of destruction for the disposal of hazardous and non-hazardous items used within the Department of Defense (DOD).

(2) The information in the MIDI system provides guidance for safe and proper disposal of outdated items. Disposal of chemicals and medical items must meet requirements set forth by the Environmental Protection Agency (EPA) and state environmental agencies. The MIDI database also contains information extracted from the product's Material Safety Data Sheet (MSDS) for many items used in the DOD.

d. If SSA/MTF cannot dispose of MCDM by any of the methods above, contact the USAMMA MCDM POC for assistance [see USAMMA contact information in Para 5-13 (g)].

5-12. UNIT-FUNDED REQUISITIONS

Unit funded Requisitions for AAC "D" MCDM will be submitted through regular supply channels directly to the managing Source of Supply (SOS) SMS.

5-13. ADDITIONAL INFORMATION

a. *SB 8-75-S7*, Chapter 9 [DoD/FDA Shelf Life Extension Program (SLEP)] and *AR 40-61* (*Medical Logistics Policies*), provide policy for the centrally managed MCDM.

b. USAMMA web site (http://www.usamma.amedd.army.mil). The USAMMA Website contains informational papers and SLEP guidance relative to MCDM.

c. OTSG will disseminate the policy guidance via Medical Materiel Information (MMI) messages.

d. Other required data may be disseminated via DoD Medical Materiel Quality Control (MMQC) messages.

e. MEDCOM distributes guidance via Operations Management bulletins.

f. Additional information relative to the policy guidance can be directed to:

Office of The Surgeon General
ATTN: MCOP-PEP
5111 Leesburg Pike, Suite 401A
Falls Church VA 22041-3258
Telephones: DSN 761-8185/8188/4201 or
Commercial 703-681-8185/8188/4201

g. Additional information relative to MCDM asset management or SLEP can be directed to:

USAMMA
ATTN: MCMR-MMO-PM
693 Neiman Street
Fort Detrick MD 21702-5001
Telephones: DSN 343-4306/4462 or Commercial 301-619-4306/4462
Fax DSN 343-9340 or Commercial 301-619-9340

CHAPTER 6. RESERVE COMPONENT HOSPITAL DECREMENT (RCHD) / MEDICAL MATERIEL READINESS PROGRAM (MMRP) AND 121ST COMBAT SUPPORT HOSPTIAL (CSH)

6-1. BACKGROUND

ANNOUNCEMENT:

Since 1993, the USAMMA has been tasked with the mission of managing the RCHD program. IAW HQDA EXORD 058-13, beginning in FY13, the RCHD program was formally disestablished and a time-phased transition to a centrally-managed Medical Materiel Readiness Program (MMRP) medical equipping solution that is aligned with the AMEDD equipping strategy began.

6-2. MMRP COMPOSITION

a. The Medical Materiel Readiness Program (MMRP) is the deliberate process to reduce unit-owned equipment while increasing the unit leased concept through proven business processes established among other centrally-managed medical equipping programs. This program leverages best business practices of the Army/OTSG Class VIII strategic centrally managed programs proven in APS and UDP.

b. The MMRP is an OTSG program that is planned and centrally managed by the United States Army Medical Materiel Agency (USAMMA) to improve support to the Warfighter. This initiative began in 2007 as part of the AMEDD Investment Strategy (AIS) to support the Army Force Generation Model (ARFORGEN). The program was designed to ensure MMRP CSHs were maintained in a maximum state of readiness as part of the entire life cycle management. Many lessons learned from the APS and other centralized programs allowed this program to maintain a distinctive advantage in management of the selected CSHs and to maximize resource efficiency.

c. As a centrally managed program, MMRP provides focused effort in maintaining full CSH requirements in equipment and supplies, for rapid deployment worldwide. It also leverages pooled maintenance efforts and efficient purchasing to deliver the highest readiness level possible.

d. IAW HQDA EXORD 058-13 the CSH equipment sets maintained by MEDCOM at Sierra Army Depot in the RCHD program will lose association with numbered Reserve Component CSH units. CSH equipment sets maintained in the MMRP program will be available for MEDCOM as the medical Lead Materiel Integrator to align with units in the ARFORGEN trained/ready and available phases. Those sets that are maintained by MEDCOM in the MMRP will continue to be managed, funded, and maintained by MEDCOM and made available to CSH Commanders based on ARFORGEN requirements.

e. These hospitals will be intensively managed to ensure they are consistently upgraded and appropriately serviced, e.g., annual maintenance inspections and services.

f. The current program located at SIAD has four fully modernized 248 Bed CSHs, but is scheduled to grow by adding five 164 Bed Companies over FY14-20.

6-3. MMRP RELEASE AUTHORITY (DEPLOYMENTS)

OTSG is the release authority for this materiel and if required a UDP is released at no cost for validated EAB units that deploy on or before day 31 of a declared contingency operation or conflict. The USAMMA Operations (OPS) Center is the central point of entry for tracking all questions relative to the issue and receipt of a MMRP hospital and UDP. The following OPS Center information is provided:

US Army Medical Materiel Agency
ATTN: MCMR-MMF-E
693 Neiman Street
Fort Detrick, MD 21702-5001
Telephone: DSN 343-4408 or commercial 301-619-4408
NIPR: USArmy.Detrick.MEDCOM-USAMMA.MBX.OPS-Center@mail.mil . Please see Appendix C that contains a template entitled "Template for Release of the MMRP". Email all requests in the template format to the USAMMA OPS Center email address above.

6-4. GENERAL INFORMATION

a. MEDCOM will no longer provide RCHD Feeder Data to USARC CSHs. USAMMA will provide Feeder Data Reports through OTSG for FORSCOM. The report is displayed to the LIN level of detail. Further guidance will be published in an OPORD at a later date.

b. OTSG will direct release of MMRP materiel in coordination with the United States Forces Command (FORSCOM) to meet contingency, emergency, and peacetime requirements. Once OTSG has advised USAMMA of approved release, then the USAMMA will coordinate with the applicable storage facility, FORSCOM, and the receiving unit for the shipment of materiel. An MMRP shortage list will be provided to the unit prior to movement.

6-5. 121st CSH PROGRAM COMPOSITION

a. The USAMMA, Director of Force Projection (FPD) presented the concept of centralized equipment management to the Commander, 18th Medical Command, on 2 August 2006 and received approval. Specifically, the 121st CSH and the 150th Minimum Care Detachment can utilize USAMMA's core competencies to ensure effective long-term storage (LTS) and management of SC VIII equipment. On a reimbursable basis, the USAMMA will provide the personnel and oversight required for managing long-term storage of materiel and the Biomedical Maintenance Significant Equipment stored indoors and also installed in ISO shelters. The 121st CSH staff can more effectively focus on the Armistice Healthcare and training mission, rather than the tasks involved in routine (peacetime) materiel management of their MTOE equipment. This will ensure more cost-effective life-cycle management of the MTOE equipment issued to the 121st CSH and further develop the materiel management policies in the ARFORGEN model.

b. The 121st CSH Commander has the release authority and USR responsibility for this CSH.

6-6. ADDITIONAL INFORMATION

a. For MMRP USR or asset information contact:
U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-PM
693 Neiman Street
Fort Detrick MD 21702-5001
Telephone DSN 343-4462 or Commercial 301-619-4462

b. For additional information on operational and logistical issues relative to pre-deployment, deployment, and redeployment contact the USAMMA OPS Center:
U.S. Army Medical Materiel Agency
ATTN: MCMR-MMF-E
693 Neiman Street
Fort Detrick MD 21702-5001
Telephone DSN 343-4408 or Commercial 301-619-4408

CHAPTER 7. ARMY PREPOSITIONED STOCK (APS), MEDICAL MATERIEL READINESS PROGRAM (MMRP), AND UNIT DEPLOYMENT PACKAGE (UDP) AUTOMATED SYSTEMS

7-1. BACKGROUND

As SC VIII APS, MMRP and UDP Program Manager, the USAMMA maintains all accountable property records on the enterprise system, Theater Enterprise Wide Logistics System (TEWLS). To accomplish the day-to-day management of SC VIII APS, MMRP and UDP materiel, the USAMMA uses units with on-the-ground assets to maintain and manage prepositioned assets. With the exception of KellyUSA, all APS, MMRP and UDP accountable property records and component level asset management are currently being maintained on the TEWLS Assemblage Management Module (TEWLS AMM). KellyUSA currently maintains all accountable property records and component level detail on the Defense Medical Logistics Standard Support (DMLSS) System Assemblage Management (AM) (DMLSS-AM) but will be converting to TEWLS AMM 1st quarter FY14.

7-2. ARMY WAR RESERVE DEPLOYMENT SYSTEM (AWRDS)

a. The storage sites also report APS Brigade/Unit Sets to the AWRDS. AWRDS feeds data through USAMMA to the ABS, and is maintained by AMC (Army Sustainment Command - ASC).

b. Data for SC VIII materiel stored at APS-3 Afloat (all stocks) component level of detail for each container and end items is provided by the USAMMA Forward Site Manager to the Army Strategic Logistics Activity Charleston-Afloat (ASLAC-Afloat), for inclusion in AWRDS during a ship cycle. Data is also updated on the SC VIII AWRDS Feeder Data report and provided to the USAMMA POC to review and then forwarded to the ASLAC for loading into AWRDS. The ASLAC sends information via File Transfer Protocol {FTP} to LOGSA.

c. Data for SC VIII materiel stored at APS-4 Korea Brigade/Unit Set and APS-4 Japan Unit Sets end items is updated in the SC VIII AWRDS Feeder Data Report by the USAMMA Forward Site Manager and provided to the USAMMA POC for review and then forwarded to ASFBn-Korea & the AFSBn-Japan for loading into AWRDS. The AFSBn-Korea sends Korea and Japan information via File Transfer Protocol {FTP} to LOGSA.

d. Data for SC VIII materiel stored at APS-5 Qatar Brigade/Unit Sets end items will be reported by the USAMMA Forward Site Manager and provided to the USAMMA POC for review and then forwarded to AFSBn-Qatar, for loading in AWRDS. The AFSBn-QA sends information via File Transfer Protocol {FTP} to LOGSA.

e. Data for SC Class VIII Sustainment Line Items, Sustainment SKOs and Operational Projects is currently provided by the USAMMA sending a file to LOGSA to load to AWRDS. USAMMA is currently working to also automate this feed and the AWRDS data for the Brigade/Unit Sets.

7-3. APS STORAGE SITES

As of June 2013, APS, MMRP, and UDP storage sites are using the following information management systems:

a. APS-1: Health and Human Services – TEWLS AMM
KellyUSA - DMLSS-AM 3.0
Sierra Army Depot – DMLSS Medical Maintenance and TEWLS AMM

b. APS-3: Army Strategic Logistics Activity Charleston-Afloat (ASLAC-Afloat), Charleston, SC – TEWLS-AMM and DMLSS Medical Maintenance

c. APS-4: Camp Carroll, Korea – TEWLS AMM and DMLSS Medical Maintenance
Sagami Army Depot, Sagami, Japan – TEWLS AMM and Field Maintenance Tracking System (FMTS) (converting to DMLSS Medical Maintenance Oct 13)
Camp Kinser, Okinawa – TEWLS AMM

d. APS-5: Camp AsSaliyah, Qatar – TEWLS AMM and DMLSS Medical Maintenance

7-4. ASSET VISIBILITY

a. IAW *AR 710-1*, the USAMMA is required to report APS asset visibility for the Joint Medical Asset Repository (JMAR) and Joint Total Asset Visibility (JTAV). The APS assets are currently reported to Total Asset Visibility (TAV) by Force Projection Directorate data transfer through systems at San Antonio, TX, to the Logistics Support Activity (LOGSA) by record type with a Document Identifier Code (DIC) of 'BF7'. This reporting is only at the end item level of detail and NOT the component level of detail for the sets, kits and outfits (SKOs).

b. The BF7 FTP data was replaced with data from the Army War Reserve Deployment System (AWRDS) for Brigade/Unit Sets. The Business Support Office, Deputy Commander for Support, USAMMA, reports APS line-item and component-level of detail for SKOs to JMAR. USAMMA also reports MMRP and UDP assets to JMAR.

c. Information is also extracted from TEWLS AMM for the UDP component level of detail.

7-5. ADDITIONAL INFORMATION

For additional information on this subject, contact:

USAMMA
ATTN: MCMR-MMO-PL
693 Neiman Street
Fort Detrick MD 21702-5001
Telephone: DSN 343-4400/4428 or Commercial 301-619-4400/4428
Website: **www.usamma.amedd.army.mil**

CHAPTER 8. INTERNATIONAL LOGISTICS OFFICE (ILO) AND FOREIGN MILITARY SALES (FMS)

8-1. ILO AND FMS PROGRAM BACKGROUND

a. The U.S. Army Medical Materiel Agency serves as The Army Surgeon General's Executive Agent for all strategic medical logistics programs and initiatives including the Security Assistance Program (SAP) mission for the MEDCOM. The ILO serves as the command case manager for FMS and is the sole Army contact for the sale of complex, service-unique medical materiel.

b. The mission of the International Logistics Office is to administer the FMS portion of the Security Assistance Program for Class VIII medical materiel and/or supplies, defense articles, services, training, disaster relief efforts, and humanitarian assistance. Foreign Military Sales is a non-appropriated component of the Security Assistance Program, which is authorized by the Arms Export Control Act.

c. Security Assistance is a group of six programs authorized by the Foreign Assistance Act of 1961 and the Army Export Control Act of 1976, as well as other related statutes by the United States and provides defense articles, military training, and other defense related services, by grant, loan, credit, or cash sales in furtherance of national policies and objectives.

d. USAMMA's ILO staff interfaces with foreign governments, security assistance organizations and other U.S. Government agencies to define the requirements, offer technical and logistical expertise, provide clinical engineers to survey facilities and existing equipment, designing and making recommendations based upon the type and number of facilities, patient capability, and location.

e. The ILO develops, coordinates and monitors formal Letters of Offer and Acceptance (LOA), which are contractually binding agreements between the United States Government (USG) and a foreign government. Additionally, the ILO provides:

– Price and Availability (P&A): Develops P&A data, which is provided to a foreign government for planning purposes only, and reflects estimated costs and projected availability of defense articles and services.

– Research and Product Integration: As part of the total package approach, advises FMS customers on product design, capabilities and compatibility with other USG equipment, installation, maintenance and repair parts.

– Case Management Reviews: Performs case management reviews to ensure compliance with contract terms, financial commitments, long lead times and customer satisfaction. Represents the Command by participating in Program Management Reviews (PMRs), Financial Management Reviews (FMR) and Security Assistance Reviews (SARs) and Synchronization Conferences.

– Related Activities: Provides policy and procedural guidance and coordinates the actions related to requests for disaster relief and/or humanitarian assistance.

8-2. ADDITIONAL INFORMATION

Activities requiring additional information on Foreign Military Sales are strongly encouraged to contact the Force Projection Directorate, FMS Office, at the following address:

USAMMA
ATTN: MCMR-MMO-PL
693 Neiman Street
Fort Detrick MD 21702-5001
Telephones: DSN 343-4419/2058/4428 or Commercial 301-619-4419/2058/4428

CHAPTER 9. DOD/FDA SHELF LIFE EXTENSION PROGRAM (SLEP)

9-1. BACKGROUND

a. The DoD/FDA Shelf Life Extension Program is a key component of the Medical Readiness Strategic Plan (MRSP) as developed by the Office of the Secretary of Defense for Health Affairs and the Military Medical Departments in response to Congressional concern over the conservation of military medical resources. The program's focus is to defer drug replacement costs for **date-sensitive, pre-positioned stocks** by extending their useful life. The following organizations participate in the program:

- The Food and Drug Administration (FDA)
- The Defense Medical Materiel Program Office (DMMPO)
- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Defense Supply Center-Troop Support (DLA-TS)
- The Center for Disease Control's Strategic National Stockpile (SNS)
- The Veteran's Administration Emergency Preparedness Program
- Department of State

b. The FDA evaluates selected materiel for shelf-life extension by testing samples submitted from the SLEP Participants. The DMMPO coordinates the program and acts as the single interface between the SLEP Participant and the FDA. The SLEP Participant funds the program, manages their portions of the program, and receives the benefit of deferred materiel replacement costs. SLEP assures only safe and effective drugs are provided to personnel during war or other contingencies.

9-2. TESTING CRITERIA

a. The FDA is the independent evaluator and proponent for quality control of medical materiel, performing all required testing of items entered into the DoD/FDA SLEP. The FDA uses the U.S. Pharmacopoeia or the original manufacturer's test data on each item to establish a protocol for testing. Accelerated testing (also called stress testing) is the method used most often to predict the extension period. The accelerated testing protocols are designed to increase the rate of chemical or physical degradation of the drug substance by using exaggerated storage conditions. Each item is "stressed" (placed in chamber which maintains a temperature of 50 degrees centigrade and 75% humidity) for 60 days. The potency of the stressed samples is compared with the standard for each item, and using the comparison, the FDA estimates the extendable life of the product. The FDA testing process, from the time the DMMPO presents the project's candidate list until the results are received by the DMMPO, requires approximately six months.

b. The FDA will not test all items presented to them as program candidates. The FDA's Center for Biologics Research (CBER) has never permitted the testing of any biological products (vaccines, toxoids, serums, blood products, etc.) in the SLEP. In addition, nutritional products and products with a history of poor performance in the SLEP testing process, (e.g., mefloquine, water purification tablets, and amoxicillin with clavulanate potassium) are not accepted for testing nor are items where the testing is time and/or cost prohibitive.

c. The testing conducted by the FDA is comprehensive and scientifically sound. The FDA bases their expiration date extensions on conservative estimates of the useful life of the product as substantiated by the test results. Statistical methods are employed to predict when each product would be expected to breach the acceptable potency specification, and a date less than that expected breach is chosen. The FDA grants the extensions for all SLEP Participates having declared inventory as specified by lot number, expiration date, and manufacturer that has been stored under appropriate conditions. Testing of SLEP products is an ongoing process. Annually or biannually the materiel is retested to confirm extended dating (or permitted further extensions). This is a mandatory requirement for all materiel remaining in the SLEP. Products that fail testing at any time will be destroyed. Products that are not tested or do not receive additional extensions are destroyed upon reaching their final expiration date.

9-3. THE SLEP PROCESS

a. All pre-positioned stocks should be rotated when possible; however, quantities often exceed normal requirements. In June 2005, the DoD/FDA Shelf Life Extension Program moved from an Access database that could only be accessed by users on Ft Detrick to a Web-based Oracle database that may be accessed by all users of the SLEP system through the internet. The system requires all Army users **to enter their on-hand inventory of Medical Chemical Defense Materiel (MCDM) medical materiel** and anti-malaria medicals **as soon as they receive those items**. The lots are loaded into the system under different categories as shown in Table 9-1. You are required to update your inventory once a quarter. You will be sent an email at the end of each month for each lot that has not been updated in the last 90 days. Efforts are currently being worked to provide an automatic feed from your materiel accounting systems, e.g., DMLSS-AM, into SLEP for stockpiled items. This will free you from entering the items into DMLSS and SLEP; you will only have to enter it in to DMLSS. You still will have to use SLEP to view messages, process sample requests, check for lot dispositions, provide pictures of new lots, and process receipt of labels. OTSG and USAMMA use the data in SLEP for budgeting, reporting, and management of MCDM and anti-malaria materiel.

b. On a quarterly basis a list is generated of all materiel that is going to expire in the next 180 days. This list is scrubbed against the total on-hand quantities and the original expiration date of the item. The FDA will test a lot for three test cycles (Original test and 2 retests). Some items many not be extended for that many years, e.g., silver sulfadiazine cream which turns brown after 5 years of testing. The FDA and the Services require that there be at least $10,000.00 of a lot still on hand to test; otherwise, testing is not cost effective. You, as the Army SLEP User at the stockpile location, are critical to the program. You have been tasked by USAMMA or USAMEDCOM to ensure that all stock is identified correctly in the SLEP website. There are exceptions to the above rules when an item is in short supply and required for possible/actual event/operation; exceptions will be handled on a case by case basis.

c. Once a lot has been identified as a possible test candidate the sample requests through the automated system will be sent to the Army SLEP POC. The Army SLEP POC will notify one of the Activities that they are to provide “xxx” amount of materiel (by lot and NSN) to the FDA and where to ship it. How to package and ship samples is in SLEP message number 2005-0057 (available on the SLEP Web site at https://slep.dmsbfda.army.mil). This is normally when the FDA requires receipt of requested samples within 30 days of the notice. If a lot’s samples are not received within 30 days, the item is dropped from the project and testing on the samples that were received begins. Timely submission of samples is critical to successful completion of a project. The SLEP user must also enter into the SLEP Database - as a minimum - the date the sample is shipped and the mode of shipment (e.g., FEDEX, USPS, and DHL).

d. When the FDA has received all the samples for new testing, or it has been 30 days since the request for samples was sent, the FDA assigns a project number and sends the list by lot numbers of products that will be tested to DMMPO. DMMPO enters this information into the SLEP database. A SLEP New Test message is prepared and sent via email to all users of the SLEP system. The list of the lots being tested in a project can also be checked by going to the Reports and Queries section of the Web Site (https://slep.dmsbfda.army.mil) and selecting FDA Projects.

e. Upon completion of testing, the FDA forwards the results to the DMMPO who inputs them into the SLEP database. A SLEP-Test Results message is released and SLEP participants are notified via email that SLEP results are posted. Any SLEP participating activity having that declared inventory by lot number may extend that materiel to the new expiration date, but only if that materiel has been properly stored in accordance with the manufacturer's specifications. Once a product has been tested, it will be re-tested biannually or annually until the product fails testing and has been tested a total of three times, or stocks are depleted.

f. The direction of the program has changed since its inception. The switch from a large DoD depot supply system to one supported predominantly by prime vendor suppliers and just-in-time deliveries for day-to-day requirements has refocused the program to pre-positioned stockpiles of Chemical Biological Radiological Nuclear (CBRN), pandemic and anti-malaria materiel. The prime vendor system has reduced the need for centrally controlled warehousing of drugs therefore reducing the pool of products that are eligible for testing. Additionally, all medical facilities in DoD have the ability to return goods for credit or replacement. The Return Goods Program allows replacement of expiring products with little or no cost to the facility.

g. The DoD enjoys a high rate of success with the SLEP because only products known to have a high probability of being extended are included in test projects. Due to the DoD's history and knowledge gained with the program, items with low probability of being extended are not included unless there is a compelling reason for the testing.

h. Table 9-1 (on the next page) shows the Shelf Life Extension Program Categories for Army Materiel.

Table 9-1. SHELF LIFE EXTENSION PROGRAM CATEGORIES FOR ARMY MATERIEL

NAME OF PROGRAM	PROJECT CODE FOR DMLSS	ASSEMBLY CODE FOR DMLSS	SLEP CATEGORY	OWNED/ FUNDED BY	RELEASED BY
Medical Chemical, Biological, Radiological, and Nuclear Defense Materiel (MCDM)	DH1	YMBC	CBRN	OTSG NBC Readiness	OTSG Health Care Operations
Potency & Dated (P&D) MCDM components of the MES LIN M23673	DH5	CPTS	CBRN	OTSG NBC Readiness	OTSG Health Care Operations
Army Emergency First Responder Program (AEFRP) CBRN Pharmaceutical Countermeasures (CPCs)	DH3	YAFR	Installation	ARMY JP Guardian	Installation Commander
Installation Protection Program (IPP) CBRN Pharmaceutical Countermeasures (CPCs)	DH3	YIPP	Installation	DoD JP Guardian	Installation Commander
DOD Nuclear Pharmaceutical Counter-measures (Prussian Blue)		YBLU	HA	DOD Health Affairs	TBD
MCDM in SMART Teams	DH2		Contingency	USAMEDCOM	OTSG Health Care Operations
Army Prepositioned Stocks (APS)	Multiple	Multiple	War Reserve	Army G-4	OTSG Health Care Operations
Unit Deployment Packages (UDP)	Multiple	Multiple	Retail	OTSG Logistics	OTSG Health Care Operations
Antibiotics		YABX	HA	DOD Health Affairs	Combatant Commander (COCOM)
Anti-Virals		YAV1	HA	DOD Health Affairs	HA

9-4. LABELING REQUIREMENTS AND GUIDANCE

a. The FDA requires that products be labeled and re-labeled in accordance with the Food, Drug and Cosmetic Act of 1938 (or subsequent amendments) or the Food and Drug Modernization Act of 1997. Products not relabeled in accordance with these laws or FDA regulations are considered misbranded if they are sold, distributed, or dispensed and are in violation of these Acts.

b. The FDA Center for Drugs (CDER) Compliance Office recommends for the DoD, that the extended product be relabeled with the lot number, new expiration date, and FDA project number. The extension label does not have to be the same font and color as the old label. However, the extension label must not obscure the writing on the original label and the extension label must be legible. In addition, the extension label must adhere to the old label in

such a way that if it was peeled off, what was underneath it would also peel off. It is not necessary nor is it advised to remove the original label on a product and put on a new label. DMMPO currently has a label agreement with Health and Human Services (HHS) Perry Point and extension labels are automatically requested for DoD extended inventories. The FDA does not want the original product label removed. Putting a new label on the product will require approval by the FDA Compliance Office. The intent of this is to instill confidence in the ultimate user that the products they are given or administered are of high quality and safety and will work effectively as expected

c. The FDA has authorized a deferral of the requirement to have every individual unit of issue relabeled, but only while the materiel is maintained under centralized SLEP participants' control. This was requested in order to reduce the cost for multiple relabeling efforts, as SLEP products may be extended multiple times prior to being issued to individual service members. The FDA will permit SLEP Participants to label only the outer cartons of products with the updated information so long as they remain in centralized storage, control, and management. This materiel **must be relabeled completely**, down to the individual units of issue, **before being distributed/issued to activities or individuals.**

d. The printing and distribution of the extension labels is automated in SLEP. When the FDA sends the results of a Shelf Life Extension Project to the DMMPO an order for labels will be generated. Activities will only receive labels if:

- They have updated their inventory in SLEP in the last 90 days.
- They have updated their address in the SLEP system to a FEDEX address or a full US Postal address.
- A FEDEX address must include a street and building number, city, state, and zip code.
- A US Postal address must include a city, state, and zip code. For non-US address, include the country.

e. Activities will receive an email when the order has been placed for their labels. Activities will comply with the SLEP message instructions and will acknowledge receipt for the labels in the SLEP database when they are received.

9-5. WEBSITE INFORMATION

a. On-line access is now available to the DoD/FDA Shelf Life Extension Program. Registration is required for access to the site. The site is: https://slep.dmsbfda.army.mil . The site features the SLEP messages, interactive query, and quantity reporting capability for SLEP eligible materiel.

b. SLEP message before June 2005 are at the USAMMA's home page at http://www.usamma.amedd.army.mil/. Select the DOD MMCQ Messages box.

9-6. ADDITIONAL INFORMATION

For additional information on this subject, see the contacts on the next page:

USAMMA
ATTN: MCMR-MMO-PM
693 Neiman Street
Fort Detrick MD 21702-5001
Telephone: DSN 343-4306 or commercial 301-619-4306
Website: www.usamma.amedd.army.mil

Defense Medical Materiel Program Office (DMMPO)
ATTN: SLEP
693 Neiman Street
Fort Detrick MD 21702-5013
Telephone: DSN 343-8886 or commercial 301-619-8886
Website: https://slep.dmsbfda.army.mil
EMAIL: dmsbdod-fdaslep@amedd.army.mil

APPENDIX A.

SUPPLY CLASS VIII SUSTAINMENT REQUIREMENTS PROCESS

APPENDIX A. SUPPLY CLASS VIII SUSTAINMENT REQUIREMENTS PROCESS

A-1. This Appendix provides the algorithm used to develop SC VIII Sustainment Stock requirements.

A-2. Process:

a. The USAMMA uses two models to develop SC VIII sustainment requirements for war reserve and Logistics Plans (LOGPLAN).

(1) The first is a classified personal computer-based system known as Resupply by Unit Type (ReBUT). It is a front-end system that computes the quantity of SKOs needed to support the warfight over a given period of time.

(2) The second unclassified model is called Medical Requirements and Capabilities Assessment Program (MRCAP). MRCAP takes the output from ReBUT and develops the NSN level requirements from the number of sets and the components of the set.

b. The basic requirements formula is:

(# sets required) X (SKO Turnover) X (intensity Rate) X (Component Allowance) X (Consumption Percent) = Requirement

c. The ReBUT Model

(1) Assumptions:

- The Required Delivery Date (RDD) is the valid day consumption begins.
- The MTOE is accurate.
- The unit deploys with its basic load of medical supplies.
- The SKOs authorized to a unit represents the types of supplies the unit will need to perform its military mission.
- Each SKO is designed to last a particular number of days. Usually this number is found in the supply catalog for that SKO.
- Intensity rate is the way to influence requirements based upon a ratio of actual vs. set design.

(2) Model input: A time-phased force list containing at least the UIC and RDD.

(3) Model process:

The ReBUT model performs 3 functions.

(a) The ReBUT builds part of the requirement record by taking the time-phased force list (UIC, personnel strength, and RDD), and matches the UIC on the force list to the UIC in the authorization file. The authorization file is an extract of the Force Management System Web Site (FMSWEB). ReBUT then builds a separate record for each line item number (LIN) authorized to that UIC. The LIN, required quantity, authorized quantity and on hand quantity are written to each record.

(b) The ReBUT computes a resupply start date (RSD) for each set as the RDD plus the number of days of supply contained in the SKO.

(c) The ReBUT computes the number of times each set turns over for a given period. For war reserves, FPD computes in 30-day periods. For LOGPLANs, FPD computes in 10-day periods.

Example:

Unit has an RDD of 10 and the computation is for an Aidsman Bag (LIN U65480) that has five (5) days of supply.

RDD + DOS in set = Resupply Start Date (RSD)
10+5=15

This example computes for the first 30-day period.

$\frac{\text{Last Day in period - RSD}}{\text{Days in set}}$	=		Number of SKO turns
$\frac{30 - 15}{5}$	=	$\frac{15}{5}$ =	3

The final step is to multiply the number of SKO turns times the intensity rate for that period. Each 30-day period can have a different rate. For example, if the intensity rate is 71%, the final calculation would be:

(# of SKO turns)	X	(Intensity Rate)	=	Adjusted SKOs
3	X	.71	=	2.13

This means that we need to replace the consumable items within the set 2.13 times in this 30-day period. Remember, we only require 15 days of supply since the unit arrives on day 10 and has 5 days of basic load with it.

If more than one of the set is authorized, i.e., if the MTOE calls for 10 of these sets, then each of the 10 sets would turn over 2.13 times for a total of 21.3 sets worth of consumable items.

Authorized Qty	X	Adjusted SKO Turnover	=	# Sets
10	X	2.13	=	21.3

(d) Model output: The adjusted quantity of each SKO by period is the number of times the components in the set will have to be replaced or turned over.

d. The MRCAP model

(1) Assumptions: Consumption percentage reflects the “consumability” of components within a SKO. For example, a “one-time use” item such as a pressure bandage would be assigned a consumption percentage of 100%. A durable item such as a scalpel, however, would be used multiple times and therefore would be assigned a consumption percentage of less than 100%.

(2) Model input: Adjusted SKO turnover quantity by period from REBUT.

(3) Model Process: The quantity of each NSN required is a result of multiplying the adjusted SKO turnover times the allowance of each component times the consumption percent Consumable/Durable Code (CONDUR Code) for that NSN.

Set Turnover	Component NSN	Nomen	Component Allowance	X	Consumption Percent / CONDUR Code	=	NSN Rqmt
2.13	6505 00 926 9083	Atropine1	1	X	100	=	2
	6505 01 152 7626	Epinephrine	10	X	100	=	21
	6515 01 559 0741	Holder Inj	1	X	10	=	0
							(2 rounds down)

(4) Model output: The quantity of each NSN required.

A-3. In addition, the USAMMA computes war reserve requirements for individual NSNs that are not part of SKOs. It is done outside of these models. These separate requirements are based upon items that the COCOM or OTSG nominates and the formula provided by the requesting activity or *CTA 8-100* items such as chapstick, litters etc. Generally these items are computed based on population-at-risk times the treatment protocol for that item.

APPENDIX B.

TEMPLATE FOR RELEASE OF A UNIT DEPLOYMENT PACKAGE

DEPARTMENT OF THE ARMY
ORGANIZATION NAME
STREET ADDRESS
CITY, STATE, AND ZIP + 4 CODE

S: Suspense (DTG)

OFFICE SYMBOL Date

MEMORANDUM THRU (Higher Headquarters)

FOR Defense Health Headquarters, DASG-LOZ STE 5144, 7700 Arlington Blvd,, Falls Church, VA 22042-5144

SUBJECT: Request Release of _____ (Unit Type) Unit Deployment Package in Support of _____.

SECTION A

1. References: (SB 8-75-S7, OPORD xx-xx, FRAGO, SOP, Info Paper, etc.)

   a. SB 8-75-S7, Chapter 4, The Centrally Managed Medical Potency and Dated (P&D) Materiel Program

   b.

2. Purpose:

3. Justification:

   a. Mission / DEPORD #:

   b.

4. Identification of the UDP requested (*If known):

UNIT DEPLOYMENT PACKAGE REQUEST		
LIN	**SET NOMENCLATURE**	**QTY**

OFFICE SYMBOL
SUBJECT: Request Release of _____ (Unit Type) Unit Deployment Package in Support of _____.

5. Impact if the UDP is NOT released:

6. Coordinating Instructions:

a. Originating Organization Identification:

REQUIRED INFORMATION	
UNIT NAME	
UNIT IDENTIFICATION CODE	
PRIMARY POC NAME AND TELEPHONE NUMBER	
PRIMARY NIPR EMAIL	
PRIMARY SIPR EMAIL	
COMMANDER'S NAME AND TELEPHONE NUMBER	
COMMANDER'S EMAIL	
SRC	
SHIPPING ADDRESS	
SHIPPING POC NAME AND TELEPHONE NUMBER	
REQUIRED DELIVERY DATE (RDD)	
VERSION OF MEDICAL SET ON HAND, (i.e., N301, P301, 267B, 267C)	

OFFICE SYMBOL
SUBJECT: Request Release of _____ (Unit Type) Unit Deployment Package in Support of _____.

b. Reimbursement Information: (Release approval is free-issue or reimbursable issue. Military Interdepartmental Purchase Request (DD Form 448) or General Fund Enterprise Business System (GFEBS) Work Breakdown Structure (WBS) will be attached if designated as reimbursable issue.)

7. End State:

AUTHORITY LINE:

Encl

NAME
Rank / Branch
Position

OFFICE SYMBOL
SUBJECT: Request Release of _____ (Unit Type) Unit Deployment Package in Support of _____.

SECTION B

FOR (Higher Headquarters) USE ONLY:
1. DTG Received:
2. Approved / Disapproved:
3. Forwarded To: [Office of The Surgeon General, Health Care Operations] and provide a courtesy copy to the Operations (OPS) Center
   - OTSG, OPSCENTER21 OPNS, (703) 681-8052/4740, 7700, Arlington Blvd.,, Falls Church, VA 22042-5144
     NIPR: USArmy.NCR.HQDA-OTSG.MBX.OTSG--OPSCenter21-OPNS@mail.mil
     SIPR: OTSG.OPSCENTER21OPNS@DHHQ.smil.mil
4. STATUS: Open/Closed

SECTION C

FOR OFFICE OF THE SURGEON GENERAL, HEALTH CARE OPERATIONS, USE ONLY:
1. DTG Received: [Confirm receipt of memorandum with unit DCSLOG]
2. Forwarded To: [USAMMA for release of UDP]
3. Provide unit with the USAMMA POC and Shipment Tracking Information.
4. CUOPS POC:
5. STATUS: Open/Closed

APPENDIX C.

TEMPLATE FOR RELEASE OF MEDICAL MATERIEL READINESS PROGRAM (MMRP)

DEPARTMENT OF THE ARMY
ORGANIZATION NAME
STREET ADDRESS
CITY, STATE, AND ZIP + 4 CODE

S: Suspense (DTG)

OFFICE SYMBOL Date

MEMORANDUM THRU (Higher Headquarters)

FOR Defense Health Headquarters, DASG-LOZ STE 5144, 7700 Arlington Blvd., Falls Church, VA 22042-5144

SUBJECT: Request Release of MMRP _____ (Equipment Type: 248-CSH/164-A Co/84-B Co/P### or N### MMS/LIN/NIIN) in Support of _____.

SECTION A

1. References: (SB 8-75-S7, OPORD xx-xx, FRAGO, SOP, Info Paper, etc.)

   a. SB 8-75-S7, Chapter 6, Reserve Component Hospital Decrement (RCHD)/Medical Materiel Readiness Program and 121 Combat Support Hospital (CSH)

   b.

2. Purpose:

3. Justification:

   a. Mission / DEPORD #:

   b.

4. Identification of the MMRP requested (*If known):

MMRP REQUEST		
CSH/A Co/B Co/MMS/LIN/NIIN	**SET NOMENCLATURE**	**QTY**

OFFICE SYMBOL
SUBJECT: Request Release of MMRP _____ (Equipment Type: 248-CSH/164-A Co/84-B Co/P### or N### MMS/LIN/NIIN) in Support of _____.

5. Impact if the MMRP is NOT released:

6. Coordinating Instructions:

a. Originating Organization Identification:

REQUIRED INFORMATION	
UNIT NAME	
UNIT IDENTIFICATION CODE	
PRIMARY POC PHONE #	
PRIMARY NIPR EMAIL	
PRIMARY SIPR EMAIL	
COMMANDER'S NAME	
COMMANDER'S EMAIL	
SRC	
SHIPPING ADDRESS	
SHIPPING POC	
REQUIRED DELIVERY DATE (RDD)	
VERSION OF MEDICAL SET ON HAND, (i.e., P301, N301)	

OFFICE SYMBOL
SUBJECT: Request Release of MMRP _____ (Equipment Type: 248-CSH/164-A Co/84-B Co/P### or N### MMS/LIN/NIIN) in Support of _____.

b. Reimbursement Information: (Release approval is free-issue or reimbursable issue. Military Interdepartmental Purchase Request (DD Form 448) or General Fund Enterprise Business System (GFEBS) Work Breakdown Structure (WBS) will be attached if designated as reimbursable issue.)

7. End State:

AUTHORITY LINE:

Encl

NAME
Rank / Branch
Position

OFFICE SYMBOL
SUBJECT: Request Release of MMRP _____ (Equipment Type: 248-CSH/164-A Co/84-B Co/P### or N### MMS/LIN/NIIN) in Support of _____.

SECTION B

FOR (Higher Headquarters) USE ONLY:
1. DTG Received:
2. Approved / Disapproved:
3. Forwarded To: [Office of The Surgeon General, Health Care Operations] and provide a courtesy copy to the Operations (OPS) Center
   - OTSG, OPSCENTER21 OPNS, (703) 681-8052/4740, 7700 Arlington Blvd., Falls Church, VA 22042-5144
     NIPR: USArmy.NCR.HQDA-OTSG.MBX.OTSG--OPSCenter21-OPNS@mail.mil
     SIPR: OTSG.OPSCENTER21OPNS@DHHQ.smil.mil
4. STATUS: Open/Closed

SECTION C

FOR OFFICE OF THE SURGEON GENERAL, HEALTH CARE OPERATIONS, USE ONLY:
1. DTG Received: [Confirm receipt of memorandum with unit DCSLOG]
2. Forwarded To: [USAMMA for release of MMRP]
3. Provide unit with the USAMMA POC and Shipment Tracking Information.
4. CUOPS POC:
5. STATUS: Open/Closed

SB 8-75-S7 - 2013 GLOSSARY

Acronym	Definition
AAC	Aerial Ambulance Company; Acquisition Advice Code
ABCT	Armored Brigade Combat Team
ABS	Automated Battlebook System
AC	Active Component
ACOM	Army Command
AF	Afghanistan
AFSBn	Army Field Support Battalion
ASFBn-K	Army Field Support Battalion - Korea
AFSBn-KU	Army Field Support Battalion - Kuwait
AFSBn-QA	Army Field Support Battalion - Qatar
ASFBn-E	Army Field Support Battalion -Europe
AM	Assemblage Management
AMC	Army Materiel Command
AMEDD	Army Medical Department
APA	Army Prepositioned Afloat
APS	Army Prepositioned Stocks
ARCENT	Army Central Command
ARF	Army Regional Flotilla
ASC	Army Sustainment Command
ASF	Army Strategic Flotilla
ASIOE	Associated Support Items of Equipment
ASLAC-Afloat	Army Strategic Logistics Activity Charleston-Afloat(ASLAC-Afloat),
ASMB	Area Support Medical Battalion
ASMC	Area Support Medical Company
ASMP	Army Strategic Mobility Program
ATAV	Army Total Asset Visibility
ATNAA	Antidote Treatment - Nerve Agent Antidote
AWR	Army War Reserves
AWRDS	Army War Reserves Deployment System
AWRS	Army War Reserves Sustainment
BN	Battalion
C2	Command and Control
CAIRA	Chemical Accident/Incident Response Assistance
CANA	Convulsant Antidote Nerve Agent
CBRN	Chemical, Biological, Radiological, Nuclear
CEC	Corporate Exigency Contract
CINC	Commander-In-Chief
COCOM	Combatant Command
COES	Clinical Operation Equipment Set
CONUS	Continental United States
COSIS	Care of Supplies in Storage
CSA	Chief of Staff of the Army
CSH	Combat Support Hospital
CWA	Chemical Weapon Agent(s)
DA	Department of the Army
DCSLOG	Deputy Chief of Staff for Logistics
DCSOPS	Deputy Chief of Staff for Operations
DDHU	Defense Depot Hill Utah
DEPMEDS	Deployable Medical Systems

(Continued) SB 8-75-S7 - 2013 GLOSSARY

Acronym	Definition
DFP	Deployable Force Package
DIC	Document Identifier Code
DMLSS	Defense Medical Logistics Standard Support System
DMMPO	Defense Medical Materiel Program Office
DOD	Department of Defense
DOS	Days of Supply
DRU	Direct Reporting Units
DSCP	Defense Supply Center Philadelphia
EAB	Echelon Above Brigade
EAC	Echelon Above Corps
EAD	Echelon Above Division
EEHE	Early Entry Hospital Element
EOC	Emergency Operations Center
FDA	Food and Drug Administration
FMR	Financial Management Review
FMS	Foreign Military Sales
FMSWEB	Force Management System Web
FORSCOM	Forces Command
FPD	Force Projection Directorate
FSC	Federal Supply Class
FST	Forward Surgical Team
FTP	File Transfer Protocol
FY	Fiscal Year
GAC	Ground Ambulance Company
GFEBS	General Fund Enterprise Business System
HBCT	Heavy Brigade Combat Team
HQDA	Headquarters, Department of the Army
IAW	In Accordance With
IBCT	Infantry Brigade Combat Team
IBMC	Industrial Base Maintenance Contract
ILO	International Logistics Office
IND	Investigational New Drug
ISM	Individual Service Member
ISP	Installation Support Packages
ISSA	Interservice Support Agreement
JCS	Joint Chiefs of Staff
JMAR	Joint Medical Asset Repository
JSLIST	Joint Service Lightweight Suite Technology
JTAV	Joint Total Asset Visibility
LIN	Line Item Number
LOGPLAN	Logistics Plans
LOGSA	Logistics Support Activity
LSE	Logistics Support Element
LSE MLST	LSE Medical Logistics Support Team

(Continued) SB 8-75-S7 - 2013 GLOSSARY

Acronym	Definition
MCDM	Medical Chemical, Biological, Nuclear, and Chemical Defense Materiel
MEDMAINT	Medical Maintenance Module (DMLSS)
MEET	Minimum Essential Equipment for Training
MES	Medical Equipment Sets
METT-TC	Mission, Enemy, Terrain and weather, Troops and support available, Time available, and Civil considerations
MF2K	Medical Force 2000
MILSTRIP	Military Standard Requisitioning and Issue Procedures
MLST	Medical Logistics Support Team
MMI	Medical Materiel Information
MMQC	Medical Materiel Quality Control
MMRP	Medical Materiel Readiness Program
MMS	Medical Materiel Sets
MOA	Memorandum of Agreement
MRCAP	Medical Requirements Capability Assessment Program
MRI	Medical Re-engineering Initiative
MRS	Mobility Requirements Study
MRSL	Medical Recommended Stockage List
MTO&E	Modified Table of Organization and Equipment
MUAG	Medical Unit Assemblage Group
MWD	Military Working Dog
OCONUS	Outside Continental United States
OPORJ	Operational Projects
OTSG	Office of The Surgeon General
OTSG-CS	Office of The Surgeon General-Contingency Stocks
P&D	Potency and Dated Materiel
PAR	Population at Risk
PBT	Pyridogstigmine Bromide Tablets
PIC	Photo Imaging Contract
PMR	Program Management Review
PREPO	Prepositioned
PV	Prime Vendor
RC	Reserve Component
RCHD	Reserve Component Hospital Decrement
REBUT	Resupply By Unit Type
RF	Radio Frequency
RSD	Resupply Start Date
RSDL	Reactive Skin Decontamination Lotion
RSO&I	Reception, Staging, Onward Movement, and Integration
SAR	Security Assistance Review
SB	Supply Bulletin
SC	Supply Catalog, Supply Class
SDS	Standard Depot System
SERPACWA	Skin Exposure Reduction Paste Against Chemical Warfare Agents
SLC	Shelf Life Code
SLEP	Shelf Life Extension Program
SNAPP	Soman Nerve Agent Pretreatment Pyridostigmine
SOW	Statement of Work

(Continued) SB 8-75-S7 - 2013 GLOSSARY

Acronym	Definition
SSA	Supply Support Activity
TAT	To Accompany Troops
TAV	Total Asset Visibility
TCS	Temporary Change of Station
TEWLS	Theater Enterprise Wide Logistics System
TLAMM	Theater Logistics Army Medical Materiel
TMDE	Test, Measurement, and Diagnostic Equipment
TO&E	Table of Organization and Equipment
TPFDD	Time-Phased Force Deployment Data
TPFDL	Time-Phased Force Deployment List
TSG	The Surgeon General
UA	Unit Assemblage
UAL	Unit Assemblage Listing
UBL	Unit Basic Load
UDP	Unit Deployment Package
UIC	Unit Identification Code
ULN	Unit Line Number
USAMEDCOM	U.S. Army Medical Command
USAMMA	U.S. Army Medical Materiel Agency
USAMMCE	U.S. Army Medical Materiel Center-Europe
USR	Unit Status Report
WR	War Reserves
WRAMC	Walter Reed Army Medical Center
WWIAS	World Wide Individual Augmentation System

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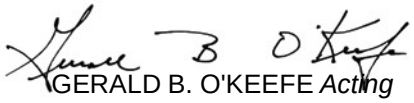
PARAGRAPH SUBJECT PAGE

By Order of the Secretary of the Army:

RAYMOND T. ODIERNO
General, United States Army
Chief of Staff

Official:



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1319724

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