OFFICE SYMBOL Date

MEMORANDUM FOR RECORD

SUBJECT: Request of Medical Chemical Defense Material (MCDM)

**(Send MFR to** usarmy.ncr.hqda-otsg.mbx.medcom-ops-center@militaryhealth.onmicrosoft.us **)**

1. **Unit Name and UIC** (Highest Echelon that is deploying)**:**
2. **Department of Defense Activity Address Code (DODAAC):**
3. **Subordinate Units receiving MCDM** (Full Unit Names and UICs)**:**
4. **Deployment DFP Installation:**
5. **Number of PAX (Needs to align with orders):**
6. **Number of PAX on flight status (Pilots, Flight Medic, Flight Doc, etc.):**
7. **Date Materiel is required for personnel to deploy:**
8. **Number of Military Working Dogs:**
9. **Unit Order Number, TCS, or WSAIS number (Deployment Order):**
10. **Name, title, phone number and email address of the POC:**
11. **Number of MES LIN M23673 (CHEM Protective Wrap)** unit will deploy with**:**
12. **Number of MES LIN M25865 (CHEM DECON & Treatment)** unit will deploy with**:**
13. **Have you reviewed SB 8-75-S7 and understand the handling requirements?**
14. The point of contact for this memorandum is

Name

Rank/Branch

Position