

LABCORP WEB COC COLLECTION AUTHORIZATION FORM

Donor Name:
Attn Donor: Please present this authorization form to the collection site upon arrival. Make sure you have a photo ID, and a credit card to pay for the testing or a money order for the exact amount. NO CASH WILL BE ACCEPTED
Attn Collector:

*** Account Name: BERGEN COMMUNITY COLLEGE RM HS100 *** LabCorp Account #: 29032700 –HLTH PROFESSIONS COC ACCT *** Test(s) To Be Performed (please check off):
765753 12+0xycodone+Crt
*** REQUIRED FIELDS • REASON FOR TEST: PRE-EMPLOYMENT RANDOM • REASONABLE SUSPICION/FOR CAUSE POST ACCIDENT • PERIODIC OTHER
Collection Site Locations (only):
Collector: If you have any questions, please contact:
Client Contact: Susan Barnard/Office 201-879-7938 OR
OTC C4 O4' 900 922 20044' #F

OTS Customer Operations: 800 833-3984 option #5 LabCorp Web COC Authorization Form Revised: 10/25/2009