



**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:

*******CASH SALES ACCOUNT ONLY*******
Collect \$45 for urine test (768889-\$30.00; 708008-\$10.00; 708776-\$5.00)

***** Account Name: BERGEN COMMUNITY COLLEGE RM HS100**
***** LabCorp Account # : 29925705-NURSING COC ACCOUNT**
***** Test(s) To Be Performed (please check off):**

768889 12+Oxycodone

***** 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: Darlene Zales-Russamano 201-301-1594
OR

OTS Customer Operations: 800 833-3984 option #5