



**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 (765753-\$30.00; 708008-\$10.00; 708776-\$5.00**

- *** Account Name: BERGEN COMMUNITY COLLEGE RM HS100**
- *** LabCorp Account # : 29032700 –HLTH PROFESSIONS COC ACCT**
- *** Test(s) To Be Performed (please check off):**

765753 12+Oxycodone+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**

OTS Customer Operations: 800 833-3984 option #5