



**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+Cr t

**\*\*\* 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**