



LABCORP WEB COC
COLLECTION AUTHORIZATION FORM

Donor Name- _____

Please present this authorization form to the collection site upon arrival.

COLLECTOR:

*** Account Name -BERGEN COMMUNITY COLLEGE RM HS100

*** LabCorp Account #29447520 -FACULTY COC ACCOUNT

Location Code-

*** Test(s) To Be Performed- ()768889 -12+0xycodone

*** REQUIRED FIELDS

- REASON FOR TEST: DPRE-EMPLOYMENT DRANDOM
- 0REASONABLE SUSPICION/FOR CAUSE 0POST ACCIDENT
- DPERIODIC 0OTHER

Collection Site Location (optional):

Collection site name
Street Address
City, State Zip
Phone

Collector-If you have any questions, please contact:

Client Contact: Dania Huie-Pasigan, RN
Phone# 201-447-9257

OR

OTS Customer Operations: 1800 833-3984 option #5

LabCorp Web COC Authorization Form Revised: 10/25/2009