

**LABCORP SOLUTIONS WEB COC COLLECTION AUTHORIZATION FORM**

---

Donor Name: **Click or tap here to enter text.**

Collection Authorization Expiration Date/Time: **Click or tap here to enter text.**

**Donor Instructions:**

- Bring a printed copy of this form with you to the collection site and present it to the staff upon arrival
- Bring a valid photo ID with you to the collection

**Collector Instructions:** \*required fields

- **NON-FEDERAL URINE COLLECTION**
  - Use the following information to create a Donor Registration in LabCorp Corporate Solutions
  - Complete a NON-FEDERAL Urine Collection

**Account Information**

\*LabCorp Account #: **938343** Location Code (if applicable): **Click or tap here to enter text.**

Account Name: **WHS Pre-Employment**

Account Contact: **Click or tap here to enter text.**

Account Phone Number: **Click or tap here to enter text.**

**\*Test(s) To Be Performed: (Profiles)**

- |   |   |
|---|---|
| <input type="checkbox"/> Click or tap here to enter text. | <input type="checkbox"/> Click or tap here to enter text. |
| <input type="checkbox"/> Click or tap here to enter text. | <input type="checkbox"/> Click or tap here to enter text. |
| <input type="checkbox"/> Click or tap here to enter text. | <input type="checkbox"/> Click or tap here to enter text. |
| <input type="checkbox"/> Click or tap here to enter text. | <input type="checkbox"/> Click or tap here to enter text. |

**\*Reason For Test: (select one)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Conditional Reinstate | <input type="checkbox"/> Other                     | <input type="checkbox"/> Random                     |
| <input type="checkbox"/> Fitness for Duty      | <input type="checkbox"/> Periodic Medical          | <input type="checkbox"/> Reasonable Suspicion/Cause |
| <input type="checkbox"/> Follow-up             | <input type="checkbox"/> Post Accident             | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Not Indicated         | <input checked="" type="checkbox"/> Pre Employment |   |

**Collection Site Location (optional)**

Collection site name: **Click or tap here to enter text.**

Street Address: **Click or tap here to enter text.**

Phone: **Click or tap here to enter text.**

**Collector Questions:** Contact LabCorp Customer Operations at 1-800-833-3984