



**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.

Attn Collector:

*******CASH SALES ACCOUNT ONLY*****
Collect \$32.00 for urine test 793127 U9+SVT-Bund**

***** Account Name: NASSAU COUNTY TAXI AND LIMOUSINE
*** LabCorp Account # : 31507980 for Renewals / 31507985 for New
*** Test(s) To Be Performed (please check off):**

793127 - U9+SVT-Bund

***** 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: Vic Leung 516-571-6017

OTS Customer Operations: 800 833-3984 option #5
LabCorp Web COC Authorization Form Revised: 10/25/2009