



**LABCORP WEB COC
COLLECTION AUTHORIZATION FORM**

Donor Name - _____

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

COLLECTOR:

***** Employer Name : SIGN LANGUAGE USA, LLC**

***** LabCorp Account # 605907**

Location Code -N/A

***** Test(s) To Be Performed – 10 DRUGS + MDMA + OXY**

***** REQUIRED FIELDS*****

- **REASON FOR TEST:** **PRE-EMPLOYMENT** **RANDOM**
- **REASONABLE SUSPICION/FOR CAUSE** **POST ACCIDENT**
- **PERIODIC** **OTHER**

Collection Site Location (optional):

**Collection site name
Street Address
City, State Zip
Phone**

Collector-If you have any questions, please contact:

Client Contact: J.ANTHONY CRABTREE

PHONE# 703-628-5472

OR

OTS Customer Operations: 1 800 833-3984 option #5

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