



**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: Tammy Hansborough**

**PHONE# 703-628-5472**

**OR**

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

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