



**NON-FEDERAL WEB COC
COLLECTION AUTHORIZATION FORM**

DONOR INSTRUCTIONS:

Please take this form with you to the collection site and present it to the staff upon arrival. Also ensure you take a valid photo ID with you to the collection.

COLLECTOR INSTRUCTIONS: *required fields

Use the following information to create a donor registration in LabCorp Corporate Solutions Web COC and complete the applicable specimen collection.

***LabCorp Account #: 060743 Account Name: Forbo**

Location Code (if required): _____

***Test(s) To Be Performed: (Profiles) Profile 1**

***Reason For Test: _____**

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Conditional Reinstatement | <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"/> _____ |
| <input type="checkbox"/> Not Indicated | <input type="checkbox"/> Pre Employment | |

Collection Site Location (optional):

Collection site name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

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