



**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 #:** 758546 **Account Name:** Chevy Chase Presbyterian
Weekday Nursery School

Location Code (if required):

***Test(s) To Be Performed: (Profiles)** PROF-1 10 PNL+ ALCOHOL

***Reason For Test:** _____

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

Conditional Reinstatement	Other	Random
Fitness for Duty	Periodic Medical	Reasonable Suspicion/Cause
Follow-up	Post Accident	_____
Not Indicated	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.