LabCorp Solutions User Registration Form

User Category: ____ Employer ____ Service Provider ____ Medical Review Officer

Type of Request: New User ____ Additional User ____ Remove User ____

CLIENT INFORMATION (* *required fields)*

* Client/Account Name:			* Date:	
* Primary Contract and/or Account #:				
Other Contract and/ or Account #'s:				
* Street Address:				
* City, State, Zip Code:			FOR LABCORP USE ONLY	
* Telephone #:			LabCorp Assigned Group ID:	
* Fax #:				

Client authorizes the persons listed below to access LabCorp Corporate Solutions Web Tools

_____ (* Client Authorizer's signature)

_____ (* Client Authorizer's printed name)

* User First and Last Name	*Ability to Register (Yes/No)	*View Results (Yes/No)	* Email Address	*Contract or Account Number/ Location Code	FOR LABCORP USE ONLY: User ID	Password

For assistance, contact Technical Support at 800-833-3984, ext. 5380 **Submit signed form via fax 919-481-5444 or e-mail registerLCS@LabCorp.com**