LabCorp Solutions Collector Registration Form

Collection Site Name: _____ **Telephone #:** _____

Street Address: _____ **Fax #:** _____

City: _____ **State:** _____ **Zip code:** _____

Authorizer's Printed Name: _____ **Authorizer's Signature:** _____

First Name	**Last Name**	**E-mail** *(if applicable)*	**May Register** ***(Y or N)***	**Site ID #** *(If known)*	**Login Assigned** *(Completed by OTS/IS)*	**Comments**

Submit signed form to OTS Customer Care via fax 919-481-5444 or e-mail registerLCS@LabCorp.com