LabCorp Solutions Collector Registration Form

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

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

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

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

Authorizer's E-mail Address: _____ **Date Submitted:** _____

First Name (required)	**Last Name** (required)	**OTS Site ID #** *(required)*	**Employee ID** *(required)*	**E-mail Address** *(If applicable)*

Submit form to OTS Customer Care via fax 919.481.5413 or e-mail registerLCS@labcorp.com

OTS USE ONLY *Date Login(s) Received:* _____ *Date Submitted to Authorizer:* _____ *Completed By:* _____