

LabCorp Corporate Solutions User Registration Form

Type of Request:	<input type="checkbox"/> NEW USER <input type="checkbox"/> MODIFY USER <input type="checkbox"/> REMOVE USER
User Category:	<input type="checkbox"/> Employer <input type="checkbox"/> Service Provider <input type="checkbox"/> Medical Review Officer(MRO)

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:	
* Telephone #:	
* Fax #:	

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

(* Client Authorizer's signature)

(* Client Authorizer's printed name)

NOTE: Only MRO may view federal/DOT test result data.

* User First and Last Name	View non-DOT data only, unless MRO					Result Email Notice (Y/N)	*Email Address	*Contract or Account Number	Location Code	User ID (enter for modifications)	Password (LabCorp use Only)
	*View COC (Y/N)	*View Positive Results (Y/N)	*View Negative Results (Y/N)	*View Abnormal Results (Y/N)	*View Cancel Results (Y/N)						

For assistance, contact Technical Support at 800-833-3984 x 5380

Submit signed form via fax 833-598-0384 or email registerLCS@LabCorp.com

As of 06/11/2021