

LabCorp Corporate 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: _____

REQUIRED: Submit this form with your certificate of completion after you receive a passing score on the quiz at the end of the appropriate required LabCorp collector training course(s).

First Name <i>(required)</i>	Last Name <i>(required)</i>	OTS Site ID # <i>(required)</i>	E-mail Address <i>(required)</i>

Submit form to OTS Customer Care via fax 855.478.3460 or e-mail CollectorRegistration@labcorp.com

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