



**LABCORP WEB COC
COLLECTION AUTHORIZATION FORM**

Donor Name : _____

***Attn Donor:* Please present this authorization form to the collection site upon arrival. Make sure you have a photo ID, and a credit card to pay for the testing or a money order for the exact amount. NO CASH WILL BE ACCEPTED**

Attn Collector:

**CASH SALES ACCOUNT ONLY
Collect \$45 for urine test**

***** Account Name: BERGEN COMMUNITY COLLEGE RM HS100**

***** LabCorp Account # : 29925705-NURSING COC ACCOUNT**

***** Dr. Neil Dash NPI 1760573398**

***** REASON FOR TEST:**

PRE-EMPLOYMENT

768889 12+Oxycodone (\$30)

708008 (\$10)

708776 (\$5)

Collection Site Locations (only):

Collector: If you have any questions, please contact:

Client Contact: Carmen Cruz-Torres 201-879-7958

OR

OTS Customer Operations: 800 833-3984 option #5