

LABCORP WEB COC COLLECTION AUTHORIZATION FORM

Donor Name -

Please present this authorization form to the collection site upon arrival.

COLLECTOR

- *** Account Name: HQRC MANAGEMENT SERVICES
- *** LabCorp Account 950930-NON-DOT
- * Test(s) To Be Performed 10 PANEL

*** REQUIRED FIELDS

- REASON FOR TEST: X PRE-EMPLOYMENT RANDOM
- REASONABLE SUSPICION/FOR CAUSE POST ACCIDENT
- PERIODIC OTHER

Collection Site Location (optional):

Collection site name Street Address City, State Zip Phone

Collector-If you have any questions, please contact:

Client Contact DANASIA WARDLOW Phone # 845-369-3703

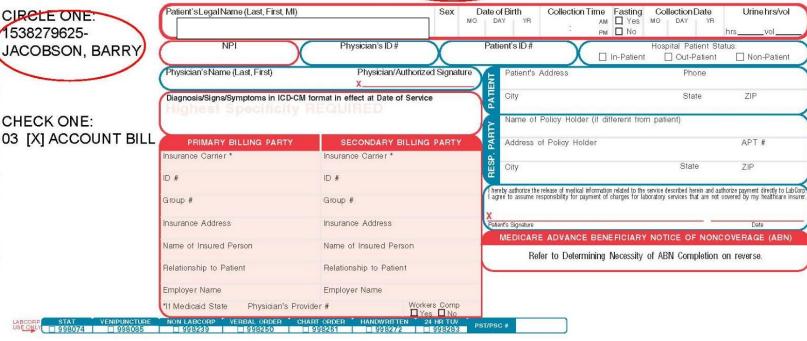
OR

OTS Customer Operations: 1 800 833-3984 option #5
LabCorp Web COC Authorization Form Revised: 10/25/2009

HQRC Management Services
LABCORP WELLNESS VERIFIED
29 North Airmont Road
SUFFERN NY 10901(845) 369-3709

□ Fax	Send additional copy of report to:	7 5	
□ Call	Client Number/Physician's Name	Phone/Fax Number	0700.04
□ Mail	Physician's Address	City, State, Zip	0/03.21
			-

ENTER ONLY THE ACCOUNT NUMBER CIRCLED
LABCORP ACCOUNT NUMBER: 31027855



- [] 006395 Hep B Surface Ab
- [] 058495 Measles/Mumps/Rubella Immunity
- [X] 182873 QuantiFERON TB Gold (In Tube)
- [] 096206 Varicella-Zoster V Ab, IgG

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