



**LABCORP WEB COC  
COLLECTION AUTHORIZATION FORM**

« \_\_\_\_\_ »,

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

**COLLECTOR:**

*Specific account information for collection services for this donor:*

**\*\*\* «Client Account Name» ANGEL STAFFING INC.  
\*\*\* LabCorp Account #: 260802  
Location Code (if required): NONE  
\*\*\* Test(s) To Be Performed: PROFILE 1**

**\*\*\* REQUIRED FIELDS**

*Collection Site Location (optional):*

- **TO FIND THE NEAREST LABCORP WEB ENABLED COLLECTION SITE GO TO : [Collection Locations, pre-employment Drug Screening](#)**
- **CLICK ON PSC LOCATOR**
- **OVER TO THE LEFT AND DOWN CLICK ON FIND A WEBCOC COLLECTION SITE**
- **ENTER THE ZIP CODE AND HIT SEARCH.**

**Collector-If you have any questions, please contact:  
Stephanie Lawrence Angel Staffing 210-616-9526**

**OTS TECH SUPPORT HOTLINE: 1 800 833-3984 extension 5380**