



Identity Verification for Online Result Delivery

You must complete the requested information below.

Requests will be processed within 3 business days.

A copy of a Driver's License or other Government Issued Photo ID must accompany this document.

E-mail document and copy of ID to: VerifyID@LabCorp.com OR Fax to: 877-259-1386

OR Mailing address: LabCorp Corporate Contact Center
Mail Stop #30
3060 South Church Street
Burlington, NC 27215

Patient Name:	
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Date of Birth:		Daytime Phone:	
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Email Address:	
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For dependent individuals:

Caregiver (Primary Registered User) Name:	
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Note: Lab test results will not be forwarded to the online account if the information provided is illegible.

Patient/Caregiver
Signature:

Date:
