



OFFICE ACCOUNT  
NUMBER

**labcorp**

OFFICE NAME

INTERNET ACCESS  
APPLICATION AND SECURITY

FORM

Using a black or blue ballpoint pen, please **PRINT** information requested below. Complete **ALL** items.

LabCorp Client Account Number:

LabCorp Client Name:

Applicant's Last Name:

Applicant's First Name:

Applicant's Phone Number (include Area Code):

APPLICANT INFORMATION

Applicant's E-Mail Address

City:

State:

Type of Access Requested:

☐ Client, Administrator Account  
(authorized to add, delete, and/or change users)

☐ User Account

To ensure the security of information accessed through the LabCorp e-Result System is subject to the terms and/or his or her authorized designee associated with the LabCorp e-Result System.

1. Information accessed through the LabCorp e-Result System is subject to the terms and/or his or her authorized designee associated with the LabCorp e-Result System.
2. Authorized information accessed through the LabCorp e-Result System is subject to the terms and/or his or her authorized designee associated with the LabCorp e-Result System.
3. The Client is responsible for all actions of each individual user resulting in the use/misuse of their user identification and password.
4. It is recommended that users change their passwords every ninety (90) days.
5. A user must never give their user identification and password to an unauthorized person for any reason and must take all precautions to ensure that their user identification and password are always secure.
6. Users may not disclose to unauthorized persons any information accessed on the LabCorp IdentiLink<sup>SM</sup> System.
7. In the event that a user's password is lost/stolen or upon the user's termination of employment, the Client Administrator must immediately revoke the user identification's e-Result privileges. If the Client Administrator's password is lost/stolen or upon his or her termination of employment, LabCorp must be notified immediately.

I hereby certify that I have read and understand my responsibilities as related to obtaining a LabCorp IdentiLink<sup>SM</sup> User Identification and password

|                                                                                                                          |                                         |                                                   |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------|
| Authorized Person Signature (defined as an individual under Federal and/or State Law to order tests or receive results): | Applicant's Signature                   | THE APPLICANT COMPLETES THIS PORTION OF THE FORM. |
| Authorized Person's Printed Name:                                                                                        | Applicant's Printed Name:               |                                                   |
| Authorized Person's Title:                                                                                               | Applicant's Title:                      |                                                   |
| Date:                                                                                                                    | Date: Authorized Person's Printed Name: |                                                   |

THE APPLICANT'S SUPERVISOR  
OR OFFICE MANAGER  
COMPLETES THIS PORTION.

|                                                                                                                             |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Account Number Access: ( <b>Note:</b> Access to accounts in this section will require the approval of an authorized person) |                                                                                                                                   |
| Account Number (other than above)                                                                                           | Signature of Authorized Person (defined as an individual under Federal and/or State Law to order tests or receive results of both |
|                                                                                                                             |                                                                                                                                   |
|                                                                                                                             |                                                                                                                                   |
|                                                                                                                             |                                                                                                                                   |
|                                                                                                                             |                                                                                                                                   |
| Check here if additional accounts are attached <input type="radio"/>                                                        |                                                                                                                                   |

|                                          |                                                                                                                               |                                |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>DO NOT WRITE IN THE AREA BELOW</b>    |                                                                                                                               |                                |
| <b>(REGIONAL COORDINATOR'S USE ONLY)</b> |                                                                                                                               |                                |
| IdentiLink User Name Assigned:           | IdentiLink User Name Assigned:                                                                                                | IdentiLink User Name Assigned: |
| Date Activated:                          | Date Activated:                                                                                                               | Date Activated:                |
| Regional Coordinator's Signature:        | The current representative is Prince Miles. His email address is <a href="mailto:Milese1@labcorp.com">Milese1@labcorp.com</a> |                                |

Upon completion of this form, please forward to your **LabCorp Regional Coordinator or Account Manager**.  
**Please allow at least 3 business days upon receipt for processing**