

Identity Verification for Online Result Delivery

You must complete the requested information below.
Requests will be processed within three (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: **ATTN: Customer Contact Center**
212 Cherry Lane
New Castle DE 19720

Patient Name: _____

Date of Birth: _____ Daytime Phone: _____

For Dependent Individuals:

Caregiver (Primary Registered User)

Name: _____

Email Address: _____

Note: Lab test results will not be forwarded to the online account if the information provided is illegible.

