

# Identity Verification for Online Result Delivery

You must complete the requested information below.  
Requests will be processed within three (3) business days.

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**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: \_\_\_\_\_

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## 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.

