



To schedule your DRUG TEST or TITERS, please email or fax this completed form to:

FAX: 803-256-9405

Email: columbia@surescreenlabs.com

Remember, you can take a picture of this completed form with your smartphone and email it from your phone!

STUDENT INSTRUCTIONS: DO NOT TAKE THIS FORM TO LAB CORP

Once we receive this completed form, your card will be charged and a registration # will be emailed to the email address you provide within 48 hours. If you have not received the email in 48 hours of sending in this form, please contact us at 803-256-9535 (*Please check your junk folder first*). Your registration email should be taken, along with a **PICTURE ID**, to the nearest Lab Corp patient service center. If you have any questions or need your registration updated, please call 803-256-9535.

SCHOOL NAME: Self Pay, HB Ursuline College

STUDENT NAME: _____ PHONE: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

YOUR ZIP CODE: _____

- | | |
|--|---|
| <input type="checkbox"/> Varicella Titer (\$50.00) | <input type="checkbox"/> QuantiFERON (TB Test) (\$125.00) |
| <input type="checkbox"/> MMR Titer (\$75.00) | <input type="checkbox"/> 10 Panel Drug Test (726950, prof 14) (\$55.00) |
| <input type="checkbox"/> Hepatitis B Titer (\$50.00) | <input type="checkbox"/> TDAP Titer (163253 & 161745) (\$135.00) |

CREDIT, DEBIT / PREPAID CARD (Visa or MasterCard Only) PLEASE WRITE NEATLY

NUMBER: _____ EXP DATE: _____ 3 DIGIT SEC CODE: _____

COMPLETE BILLING ADDRESS for CARD : _____

AMOUNT TO CHARGE: \$ _____

SIGNATURE: _____
*(Card Holder's Signature is Required) *All Sales Final**

Would you like the credit card receipt emailed? (Indicate YES or NO): _____

Card Holder email address if different than student's email: _____

I hereby authorize SureScreen Labs to release my drug test and/or titer results to Ursuline College and its designated representatives: graduateadmissions@ursuline.edu. In the event of a positive drug test, the student can request a Medical Review. Per that request, our physician will call the student to review any prescriptions and provide a final result based on their findings. The fee for this service is \$75.00. To initiate the request, the student should email us at columbia@surescreenlabs.com, provide their name and request their results are sent to Medical Review.

SIGNATURE: _____ *(Required)*