

Register for Biometric Screening at LabCorp



1. Register at www.ehealthscreenings.com
2. Click on Login.



HOME SERVICES HOW IT WORKS OUR TECHNOLOGY

Careers Contact

LOGIN

3. If previously registered, enter Username and Password, then Submit. Skip to step 6.
4. If not previously registered, enter Screening Key (LCH36) and Submit.

A screenshot of the eHealthScreenings website's login and registration interface. The page has a purple background. At the top, there's a navigation bar with links for HOME, SERVICES, HOW IT WORKS, OUR TECHNOLOGY, Careers, and Contact. A red arrow points from the "LOGIN" button in the navigation bar to the "LOGIN" button on the page. The main content area is titled "SIGN IN TO YOUR ACCOUNT". It contains two input fields for "Username" and "Password", followed by a green "Submit" button. Below the "Submit" button is a link for "Forgot your username or password?". There is also a section for "NOT YET REGISTERED?" with a "Screening Key" input field and a green "Submit" button. A red arrow points from the "Screening Key" input field to a red-bordered box on the right that contains the text "Screening Key is LCH36".

User Name is your first initial, last initial and date of birth
(example - TP01231954)

Password is your last name then last 4 digits of your social security number
(example - Smith1234)

5. Set up your account profile.

6. Enter the Screening Key - LCH36 and Click to Select.



Step 1
Schedule a screening
Request physician screening form

[CLICK TO SELECT](#)



Step 2
Manage appointments
Access forms
Upload physician screening form

[CLICK TO SELECT](#)



Step 3
View current results
View historical results

[CLICK TO SELECT](#)

7. Select Offsite Lab Screening.

SELECT SCREENING TYPE



PHYSICIAN SCREENING

click below to use your own physician

[Click to Select](#)



OFFSITE LAB SCREENING

click below to schedule a lab screening

[Click to Select](#)

8. Enter your address and click Find By Address.

Offsite Lab Screening

Use this form to find the lab closest to you.

Find Labs by Address

Street

City

State

Zip

[Find By Address](#)

Find Labs by Location

[Using My Current Location](#)

9. Select your desired Labcorp location.

Distance < 25 miles	Name	Address	Hours	Phone	
2.9 miles	LABCORP		MONDAY-FRIDAY 8:00A-5:00P LUNCH 12:30P-1:30P		Select
4.0 miles	LABCORP		MON-FRI 8AM-5PM LUNCH 12:30P-1:30P SATURDAY 8AM-12PM		Select
6.6 miles	LABCORP		MON-FRI 8:00A-5:00P		Select
	COMING		MON-FRI 8:00A-5:00P LUNCH 12:30P-1:30P		

10. Read the consent, sign and click continue.

Health Screening Consent

Your employer has contracted with Premise Health Employer Solutions, LLC, on behalf of its affiliate eHealthScreenings ("Premise Health") to provide certain health and/or wellness services in connection with voluntary health screen program.

If applicable, by participating in the biometric screening, you consent to the collection of a blood specimen and/or bodily fluids. You understand and acknowledge that the collection of blood through a needle or fingerstick may cause pain, a bruise or, rarely, an infection. You also consent to the collection of additional biometrics (height, weight, blood pressure, waist circumference, and perhaps other measurements, as per

☐ I Agree (must scroll through consent)

Printer Friendly

Signature (First and Last Name):

Today's Date:

02/15/2021

Continue

11. Receive Confirmation and reserve and appointment time at LabCorp.

[Home](#)
[My Information](#)
Jodi
[Logout](#)

Confirmation

Selected Lab

Name: LABCORP

Address:

[Get Directions](#)

Hours: MONDAY-FRIDAY 8:00A-5:00P LUNCH 12:30P-1:30P

Phone:

Thank you for registering to participate in a screening at an offsite lab location! Your lab order form will be emailed to you within one hour.

If you selected a LabCorp location to complete your screening, please click the link below to reserve an appointment time.

- Select *Employee wellness with body measurement* as your reason for visit.
- Select *I have already paid or someone else is responsible* when prompted for payment.

[Reserve a LabCorp Appointment Time](#)

If you have any questions please contact eHealthScreenings at help@ehealthscreenings.com or by phone at 1.888.708.8807.

As a reminder, the email address that we have on file for notifications is:

To edit, simply go to the 'My Information' tab. If that field is not modifiable, you need to edit it with your employer.