

Clinical Waste Collection Referral

TO BE COMPLETED BY A HEALTHCARE PROFESSIONAL – STRICTLY CONFIDENTIAL

We ask for this information to ensure the patient's waste is correctly classified and that the appropriate collection service is provided in accordance with legal requirements. For assistance with completing this form, please contact us.

1. PATIENT'S DETAILS (*denotes required field):

Title		Name*	
Address*			
Telephone		Email	

2. DETAILS OF WASTE (please tick appropriate box)

DESCRIPTION	TICK	CONTAINER
Infectious sharps contaminated with medicines or cytotoxic / cytostatic products		YELLOW SHARPS BOX
Infectious waste that can be treated (please give details below)		ORANGE SACK
Waste that is not infectious and does not require specialist treatment or disposal		SEPARATE COLLECTION NOT REQUIRED
<i>Please add relevant details, if any:</i>		
<i>For definitions refer to HTM 0701 Safe Management Healthcare Waste (Sector Guides) Community Nursing Para 17-34 inclusive</i>		
PLEASE TICK TO CONFIRM THIS IS THE PATIENT'S WASTE		

3. ADDITIONAL INFORMATION (IF KNOWN)

Pick up point <i>(e.g. side gate, front door, please knock etc)</i>	
Likely number of sacks/boxes per collection	
Likely frequency <i>(e.g. weekly, on request)</i>	
Likely duration of requirement <i>(e.g. up to 1 month, over 6 months etc.)</i>	

4. ORIGINATOR'S DETAILS

Name of healthcare professional			
Organisation			
Contact telephone number		Email address	
Address			
Date completed		Signature	

Please return this form to:

Exeter City Council
Environment Support Team
Civic Centre
Paris St
EXETER EX1 1JN

cleansing@exeter.gov.uk

Tel 01392 265010